

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF KANSAS

Case number (if known) _____

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Mark

First name

D

Middle name

McKee

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-6005

Debtor 1 Mark D McKee

Case number (if known) _____

About Debtor 1:**4. Your Employer Identification Number (EIN), if any.**

EIN _____

5. Where you live**2324 W. 127th Street
Leawood, KS 66209**

Number, Street, City, State & ZIP Code

Johnson

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

About Debtor 2 (Spouse Only in a Joint Case):

EIN _____

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code _____

County _____

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

6. Why you are choosing this district to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee *■ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.*

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No. Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number, Street, City, State & ZIP Code _____

Check the appropriate box to describe your business:

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

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number, Street, City, State & Zip Code _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

Debtor 1 **Mark D McKee**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input checked="" type="checkbox"/> No. Go to line 16b.		
	<input type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>		
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Mark D McKee**Mark D McKee**

Signature of Debtor 1

Signature of Debtor 2

Executed on January 26, 2026

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 **Mark D McKee**

Case number (if known)

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.**/s/ Jeffrey L. Wagoner**

Signature of Attorney for Debtor

Date

January 26, 2026

MM / DD / YYYY

Jeffrey L. Wagoner

Printed name

WM Law, PC

Firm name

**15095 West 116th Street
Olathe, KS 66062**

Number, Street, City, State & ZIP Code

Contact phone **(913) 422-0909**

Email address

bankruptcy@wagonergroup.com**17489 KS**

Bar number & State

Fill in this information to identify your case and this filing:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF KANSAS			
Case number			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1

2324 W. 127th Street

Street address, if available, or other description

Leawood **KS** **66209-0000**

City State ZIP Code

Johnson

County

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$320,800.00	\$320,800.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Property value is \$785,800 based on Johnson County Tax Appraisal. Secured Debt of approximately \$425,000 (1st mortgage) and \$40,000 (2nd mortgage) solely in estranged, non-filing spouse's name exist on this property, therefore net equity is shown.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$320,800.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Mark D McKee**

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for .pages you have attached for Part 2. Write that number here.....=>

\$0.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Household goods: furniture, kitchen items, home decor, knick knacks, televisions, washer, dryer, refrigerator, small appliances, lawn mower, etc.

\$5,000.00**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

Personal computer, cell phone**\$800.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

Debtor 1 Mark D McKee

Case number (if known) _____

Clothing**\$1,000.00****12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe.....**Wedding ring, watches, minimal costume jewelry of very minimal value****\$1,000.00****13. Non-farm animals***Examples: Dogs, cats, birds, horses* No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$7,800.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**16. Cash***Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition* No Yes.....**Cash****\$100.00****17. Deposits of money***Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.* No Yes.....

Institution name:

17.1. Checking account Bank of America**\$250.00****18. Bonds, mutual funds, or publicly traded stocks***Examples: Bond funds, investment accounts with brokerage firms, money market accounts* No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1 Mark D McKee

Case number (if known) _____

Epic Holiday, LLC dba Jingle: This company has tremendous business debt resulting from poor attendance at a 2024 holiday time festival. Its only assets are some "Jingle" branded merchandise such as cups, t-shirts, novelties, small Christmas decor with a total liquidation value in the range of \$10,000 to \$15,000. This inventory has been located in rented storage units in Kansas City, Missouri and St. Charles, Missouri, and Debtor is attempting to locate cheaper storage options. It has a bank account at 1st State Bank with approximately \$200. Because its debts far outweigh its assets, the business has negative value.

100	%	\$0.00
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Epic Road Productions, LLC: Debtor's consulting company whose sole business operations currently are the wrapping up of the business issues of Epic Holiday, LLC dba Jingle. Epic Road has received approximately \$20,000 in cash from the sale of leftover Jingle merchandise in the past year and those funds were used to pay Epic Holiday, LLC's storage bills for its leftover Jingle branded merchandise and legal bills. It has no other assets than a bank account at Bank of America with a de minimis balance.

100%	%	\$0.00
------	---	--------

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them...

Debtor 1 **Mark D McKee**

Case number (if known) _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information..

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$350.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debtor 1 **Mark D McKee**

Case number (if known) _____

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$320,800.00
56. Part 2: Total vehicles, line 5		\$0.00
57. Part 3: Total personal and household items, line 15		\$7,800.00
58. Part 4: Total financial assets, line 36		\$350.00
59. Part 5: Total business-related property, line 45		\$0.00
60. Part 6: Total farm- and fishing-related property, line 52		\$0.00
61. Part 7: Total other property not listed, line 54	+	\$0.00
62. Total personal property. Add lines 56 through 61...	\$8,150.00	Copy personal property total \$8,150.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$328,950.00

Fill in this information to identify your case:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF KANSAS		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
2324 W. 127th Street Leawood, KS 66209 Johnson County Property value is \$785,800 based on Johnson County Tax Appraisal. Secured Debt of approximately \$425,000 (1st mortgage) and \$40,000 (2nd mortgage) solely in estranged, non-filing spouse's name exist Line from <i>Schedule A/B</i>: 1.1	\$320,800.00	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Kan. Stat. Ann. § 60-2301
Household goods: furniture, kitchen items, home decor, knick knacks, televisions, washer, dryer, refrigerator, small appliances, lawn mower, etc. Line from <i>Schedule A/B</i> : 6.1	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Kan. Stat. Ann. § 60-2304(a)
Personal computer, cell phone Line from <i>Schedule A/B</i> : 7.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Kan. Stat. Ann. § 60-2304(a)

Debtor 1 **Mark D McKee**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Clothing Line from <i>Schedule A/B</i> : 11.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Kan. Stat. Ann. § 60-2304(a)
Wedding ring, watches, minimal costume jewelry of very minimal value Line from <i>Schedule A/B</i> : 12.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Kan. Stat. Ann. § 60-2304(b)

3. **Are you claiming a homestead exemption of more than \$214,000?**

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF KANSAS		
Case number (if known)			

Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Fill in this information to identify your case:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF KANSAS	
Case number (if known)			

Check if this is an amended filing

Official Form 106E/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 claims and Part 2 for creditors with NONPRIORITY 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: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1	Last 4 digits of account number	\$592.21	\$0.00	\$592.21
Aiden Diaz				
Priority Creditor's Name				
160 N 71st St				
Kansas City, KS 66112				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input checked="" type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input checked="" type="checkbox"/> Disputed				
Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations				
<input type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions				
Business Debt - Business Employee				

Debtor 1 **Mark D McKee**

Case number (if known)

2.2	Alex Liggett Priority Creditor's Name 2036 Meramec Meadows Dr Fenton, MO 63026 Number Street City State Zip Code	Last 4 digits of account number	\$602.23	\$0.00	\$602.23
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.3	Aliyah Klaus Priority Creditor's Name 2360 Bastean Rd Wentzville, MO 63385 Number Street City State Zip Code	Last 4 digits of account number	\$524.17	\$0.00	\$524.17
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.4	Allianna Morales Priority Creditor's Name 1070 Prince Albert Ct O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$713.58	\$0.00	\$713.58
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.5	Allison Thaman Priority Creditor's Name 707 Cranbrook Dr Saint Louis, MO 63122 Number Street City State Zip Code	Last 4 digits of account number	\$1,275.00	\$0.00	\$1,275.00
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions					
Business Debt - Business Employee					
2.6	Alyson Whitney Priority Creditor's Name 14551 S Mullen St Olathe, KS 66062 Number Street City State Zip Code	Last 4 digits of account number	\$354.61	\$0.00	\$354.61
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions					
Business Debt - Business Employee					
2.7	Amanda Warnack Priority Creditor's Name 10558 Litz Ave Saint Ann, MO 63074 Number Street City State Zip Code	Last 4 digits of account number	\$336.00	\$0.00	\$336.00
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions					
Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.8	Amelia Lener Priority Creditor's Name 4052 Broad St Saint Charles, MO 63301 Number Street City State Zip Code	Last 4 digits of account number	\$612.00	\$0.00	\$612.00
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions					
Business Debt - Business Employee					
2.9	Amelia Reeves Priority Creditor's Name 105 Ripple Creek Dr Lake Saint Louis, MO 63367 Number Street City State Zip Code	Last 4 digits of account number	\$1,058.96	\$0.00	\$1,058.96
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions					
Business Debt - Business Employee					
2.10	Anastasia Douglas Priority Creditor's Name 90 Country Life Dr O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$424.90	\$0.00	\$424.90
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions					
Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 1	Andrew Jordan Priority Creditor's Name 3 Oak Ridge Ct O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$1,376.00	\$0.00	\$1,376.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 2	Angelo Abbott Priority Creditor's Name 5549 Webster Ave Kansas City, KS 66104 Number Street City State Zip Code	Last 4 digits of account number	\$459.00	\$0.00	\$459.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 3	Anna Rimar Priority Creditor's Name 9049 Cordoba Ln Saint Louis, MO 63126 Number Street City State Zip Code	Last 4 digits of account number	\$750.00	\$0.00	\$750.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 4	Annie Hicks Priority Creditor's Name 124 Arundel Dr Troy, MO 63379 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$494.33 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee	\$0.00	\$494.33
2.1 5	Anthony Larocco Priority Creditor's Name 10558 Litz Ave Saint Ann, MO 63074 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$360.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee	\$0.00	\$360.00
2.1 6	Ariana Alterman Priority Creditor's Name 2410 N 51st St Kansas City, KS 66104 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$663.32 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee	\$0.00	\$663.32

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 7	<p>Asher Mikesic Priority Creditor's Name 207 S 2nd St Lansing, KS 66043 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$619.25</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 8	<p>Ashlynn Henke Priority Creditor's Name 808 Brookwood Bend Trl Saint Peters, MO 63376 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$261.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 9	<p>Ashton Frisbie Priority Creditor's Name 5 Moonstone Ct O Fallon, MO 63366 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$1,016.03</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>

Debtor 1 **Mark D McKee**

Case number (if known)

2.2 0	Audrey Davis Priority Creditor's Name 531 Deer Brook Dr O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number \$203.63 \$0.00 \$203.63
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee		
<hr/> Austin Scott Priority Creditor's Name 999 Stone Spring Dr Eureka, MO 63025 Number Street City State Zip Code		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee		
<hr/> Ava Crabtree Priority Creditor's Name 74 Country Life Dr O Fallon, MO 63366 Number Street City State Zip Code		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee		

Debtor 1 **Mark D McKee**

Case number (if known)

2.2 3	Ava Schwane Priority Creditor's Name 7209 Westfield Woods Dr O Fallon, MO 63368 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$188.38 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee	\$0.00	\$188.38
2.2 4	Blane Branscum Priority Creditor's Name 1507 Heritage Valley Dr High Ridge, MO 63049 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$829.02 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee	\$0.00	\$829.02
2.2 5	Brad Hayes Priority Creditor's Name 145 E Washington Ave Clifton Heights, PA 19018 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$3,045.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee	\$0.00	\$3,045.00

Debtor 1 **Mark D McKee**

Case number (if known)

2.2
6**Brady French**

Priority Creditor's Name

**1374 Mosswoods Dr
Fenton, MO 63026**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$192.23****\$0.00****\$192.23**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.2
7**Breauna Deslo**

Priority Creditor's Name

**4801 Deer Crossing Ln
Catawissa, MO 63015**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$419.10****\$419.10****\$0.00****\$419.10**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.2
8**Brody Sutton**

Priority Creditor's Name

**230 Flint Brook Dr
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$831.38****\$831.38****\$0.00****\$831.38**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.2
9**Brooke Riley**

Priority Creditor's Name

**217 Townview Ct
Wentzville, MO 63385**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$840.15** **\$0.00** **\$840.15**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.3
0**Bryce Kollack**

Priority Creditor's Name

**824 Nottingham
Waterloo, IL 62298**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$188.39** **\$0.00** **\$188.39**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.3
1**Brynnley Branscum**

Priority Creditor's Name

**1507 Heritage Valley Dr
High Ridge, MO 63049**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$438.23** **\$0.00** **\$438.23**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.3
2**Caitlin Harrington**

Priority Creditor's Name

6409 Beverly Dr**Mission, KS 66202**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only

 At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **\$713.48****\$0.00****\$713.48**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated

Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.3
3**Caitlyn Boyle**

Priority Creditor's Name

93 Maplelead Ct**Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only

 At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **\$384.01****\$0.00****\$384.01**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated

Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.3
4**Caitlyn Schmidt**

Priority Creditor's Name

3012 Cedarshade Ct**Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only

 At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **\$297.62****\$0.00****\$297.62**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated

Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.3
5**Caleb Fletcher**

Priority Creditor's Name

**5216 Fuller Dr
Kansas City, MO 64133**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$493.88** **\$0.00** **\$493.88**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.3
6**Calvin Gray**

Priority Creditor's Name

**313 Jessie Marie Ln
Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$603.22** **\$0.00** **\$603.22**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.3
7**Camden Rodriguez**

Priority Creditor's Name

**6 Oak Point Ct
Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$1,070.92** **\$0.00** **\$1,070.92**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.3
8**Cameron Burris**

Priority Creditor's Name

**418 Newkirk Cir
Saint Charles, MO 63303**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$91.80** **\$0.00** **\$91.80**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.3
9**Caroline Geringer**

Priority Creditor's Name

**204 W Rose Ln
Waterloo, IL 62298**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$1,275.00** **\$0.00** **\$1,275.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.4
0**Caroline Shellenberger**

Priority Creditor's Name

**4303 Aston Ln
Mansfield, TX 76063**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$262.50** **\$0.00** **\$262.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.4 1	Carter Hollingsworth Priority Creditor's Name 609 River Moss Dr Saint Peters, MO 63376 Number Street City State Zip Code	Last 4 digits of account number	\$189.61	\$0.00	\$189.61	
	Who incurred the debt? Check one.	When was the debt incurred?				
	<input type="checkbox"/> Debtor 1 only					
	<input type="checkbox"/> Debtor 2 only					
	<input type="checkbox"/> Debtor 1 and Debtor 2 only					
	<input checked="" type="checkbox"/> At least one of the debtors and another					
	<input type="checkbox"/> Check if this claim is for a community debt					
	Is the claim subject to offset?					
	<input checked="" type="checkbox"/> No					
	<input type="checkbox"/> Yes					
		As of the date you file, the claim is: Check all that apply				
		<input checked="" type="checkbox"/> Contingent				
		<input type="checkbox"/> Unliquidated				
		<input checked="" type="checkbox"/> Disputed				
		Type of PRIORITY unsecured claim:				
		<input type="checkbox"/> Domestic support obligations				
		<input type="checkbox"/> Taxes and certain other debts you owe the government				
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
		<input checked="" type="checkbox"/> Other. Specify	Wages, salaries, and commissions			
		Business Debt - Business Employee				
2.4 2	Carter Warren Priority Creditor's Name 30 Quail Woods Dr Fenton, MO 63026 Number Street City State Zip Code	Last 4 digits of account number	\$231.85	\$0.00	\$231.85	
	Who incurred the debt? Check one.	When was the debt incurred?				
	<input checked="" type="checkbox"/> Debtor 1 only					
	<input type="checkbox"/> Debtor 2 only					
	<input type="checkbox"/> Debtor 1 and Debtor 2 only					
	<input type="checkbox"/> At least one of the debtors and another					
	<input type="checkbox"/> Check if this claim is for a community debt					
	Is the claim subject to offset?					
	<input checked="" type="checkbox"/> No					
	<input type="checkbox"/> Yes					
		As of the date you file, the claim is: Check all that apply				
		<input checked="" type="checkbox"/> Contingent				
		<input type="checkbox"/> Unliquidated				
		<input checked="" type="checkbox"/> Disputed				
		Type of PRIORITY unsecured claim:				
		<input type="checkbox"/> Domestic support obligations				
		<input type="checkbox"/> Taxes and certain other debts you owe the government				
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
		<input checked="" type="checkbox"/> Other. Specify	Wages, salaries, and commissions			
		Business Debt - Business Employee				
2.4 3	Cash Morehead Priority Creditor's Name 10 Woodleaf Ct O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$202.79	\$0.00	\$202.79	
	Who incurred the debt? Check one.	When was the debt incurred?				
	<input type="checkbox"/> Debtor 1 only					
	<input type="checkbox"/> Debtor 2 only					
	<input type="checkbox"/> Debtor 1 and Debtor 2 only					
	<input checked="" type="checkbox"/> At least one of the debtors and another					
	<input type="checkbox"/> Check if this claim is for a community debt					
	Is the claim subject to offset?					
	<input checked="" type="checkbox"/> No					
	<input type="checkbox"/> Yes					
		As of the date you file, the claim is: Check all that apply				
		<input checked="" type="checkbox"/> Contingent				
		<input type="checkbox"/> Unliquidated				
		<input checked="" type="checkbox"/> Disputed				
		Type of PRIORITY unsecured claim:				
		<input type="checkbox"/> Domestic support obligations				
		<input type="checkbox"/> Taxes and certain other debts you owe the government				
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
		<input checked="" type="checkbox"/> Other. Specify	Wages, salaries, and commissions			
		Business Debt - Business Employee				

Debtor 1 **Mark D McKee**

Case number (if known)

2.4
4**Catherine Moore**

Priority Creditor's Name

**5504 Dressel Dr
Cottleville, MO 63304**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$2,000.00** **\$0.00** **\$2,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.4
5**Charles Zeik**

Priority Creditor's Name

**4 Bingham Ct
Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$232.81** **\$0.00** **\$232.81**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.4
6**Chase Henson**

Priority Creditor's Name

**6906 Orchard St
Pleasant Valley, MO 64068**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$625.95** **\$0.00** **\$625.95**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.4
7**Christian Nelson**

Priority Creditor's Name

23902 W 70th St**Shawnee, KS 66226**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$1,078.75**\$0.00****\$1,078.75**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.4
8**Christine Fullington**

Priority Creditor's Name

3313 Highgate Ln**Saint Charles, MO 63301**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$110.66**\$0.00****\$110.66**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.4
9**Christine Hicks**

Priority Creditor's Name

124 Arundel Dr**Troy, MO 63379**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$660.98**\$0.00****\$660.98**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.5
0**Christopher Hansen**

Priority Creditor's Name

**523 Orville Ave
Kansas City, KS 66101**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$1,566.00** **\$0.00** **\$1,566.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.5
1**Clara Heiken**

Priority Creditor's Name

**5314 Stanton Dr
Kansas City, MO 64133**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$748.22** **\$0.00** **\$748.22**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.5
2**Clayton Givens**

Priority Creditor's Name

**6 Summer Ct
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$723.44** **\$0.00** **\$723.44**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.5	Colin Seerey Priority Creditor's Name 50 Addyston Place Ct Wentzville, MO 63385 Number Street City State Zip Code	Last 4 digits of account number	\$2,021.31	\$0.00	\$2,021.31
3	Who incurred the debt? Check one.	When was the debt incurred?			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.5	Collin Fernau Priority Creditor's Name 3645 Arpent Ln Florissant, MO 63034 Number Street City State Zip Code	Last 4 digits of account number	\$640.88	\$0.00	\$640.88
	Who incurred the debt? Check one.	When was the debt incurred?			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
5	Colton Wolff Priority Creditor's Name 3376 Old Oak Ln O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$234.07	\$0.00	\$234.07
	Who incurred the debt? Check one.	When was the debt incurred?			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.5
6**Connor Polsak**

Priority Creditor's Name

**1215 Spring Lilly Drive
High Ridge, MO 63049**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$343.21** **\$0.00** **\$343.21**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.5
7**Connor Zerr**

Priority Creditor's Name

**1376 Crimson Creek Dr
High Ridge, MO 63049**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$102.23** **\$0.00** **\$102.23**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.5
8**Craig Fitzgerald**

Priority Creditor's Name

**2107 Huntington Ave
Saint Louis, MO 63114**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$420.00** **\$0.00** **\$420.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.5
9**Daniel McClellan**

Priority Creditor's Name

**9 Country Crossing Estates Dr
Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$305.51** **\$0.00** **\$305.51**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee2.6
0**Danielle McGee**

Priority Creditor's Name

**81 Mallard Pointe Dr
O Fallon, MO 63368**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$845.88** **\$0.00** **\$845.88**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee2.6
1**Danielly Batista**

Priority Creditor's Name

**16252 W 158th St
Olathe, KS 66062**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$738.00** **\$0.00** **\$738.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.6
2**Danny Taylor**

Priority Creditor's Name

6508 Twin Circle Ln**Simi Valley, CA 93063**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$1,500.00** **\$0.00** **\$1,500.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.6
3**Dante Benson**

Priority Creditor's Name

114 Westleigh Manor Dr**Wentzville, MO 63385**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$279.34** **\$0.00** **\$279.34**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.6
4**Daphany Edwards**

Priority Creditor's Name

507 NW 15th St**Blue Springs, MO 64015**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$415.49** **\$0.00** **\$415.49**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.6
5**David Serrani**

Priority Creditor's Name

**112 Blanchard Ave
West Rutland, VT 05777**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$4,300.00** **\$0.00** **\$4,300.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.6
6**Denise Maldonado Batista**

Priority Creditor's Name

**16252 W 158th St
Olathe, KS 66062**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$1,800.00** **\$0.00** **\$1,800.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.6
7**Denise Mitchell**

Priority Creditor's Name

**19407 W 199th Ter
Spring Hill, KS 66083**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$689.43** **\$0.00** **\$689.43**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.6
8**Devon O'Rando**

Priority Creditor's Name

**10817 Xavier St
Saint Ann, MO 63074**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$100.00** **\$0.00** **\$100.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.6
9**Diana Calzada**

Priority Creditor's Name

**929 Crestwood Ln
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$363.19** **\$0.00** **\$363.19**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.7
0**Diana Martinez**

Priority Creditor's Name

**741 Pratt Ave
Bonner Springs, KS 66012**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$283.96** **\$0.00** **\$283.96**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.7 1	Diane Vien Priority Creditor's Name 11947 Glenpark Dr Maryland Heights, MO 63043 Number Street City State Zip Code	Last 4 digits of account number	\$408.91	\$0.00	\$408.91
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.7 2	Dominic Gill Priority Creditor's Name 1610 Holt St Kansas City, KS 66102 Number Street City State Zip Code	Last 4 digits of account number	\$336.81	\$0.00	\$336.81
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.7 3	Drew Riley Priority Creditor's Name 217 Townview Ct Wentzville, MO 63385 Number Street City State Zip Code	Last 4 digits of account number	\$1,442.48	\$0.00	\$1,442.48
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.7
4**Edward Kemp**

Priority Creditor's Name

6651 Vinson Rd**Macon, GA 31216**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$930.00** **\$0.00** **\$930.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.7
5**Edward Mize**

Priority Creditor's Name

1200 Flagstone Ter**Lake Saint Louis, MO 63367**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$797.81** **\$0.00** **\$797.81**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.7
6**Elijah Edminster**

Priority Creditor's Name

2835 N 75th Ter**Kansas City, KS 66109**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$977.00** **\$0.00** **\$977.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.7
7**Elizabeth Nash**

Priority Creditor's Name

**1483 Schoal Creek Dr
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$526.09** **\$0.00** **\$526.09**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.7
8**Ellen Wilhelm**

Priority Creditor's Name

**535 Gentle Breeze Dr
Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$330.81** **\$0.00** **\$330.81**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.7
9**Emma Livesay**

Priority Creditor's Name

**1124 Water View Ln
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$200.87** **\$0.00** **\$200.87**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.8
0**Epiphany Johnican**

Priority Creditor's Name

**4116 Euclid Ave
East Chicago, IN 46312**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$956.25** **\$0.00** **\$956.25**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.8
1**Evelyn Butler**

Priority Creditor's Name

**301 W Armour Blvd
#308****Kansas City, MO 64111**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$580.97** **\$0.00** **\$580.97**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.8
2**Gabriella Diebold**

Priority Creditor's Name

520 Auburn Trace Ln**Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$1,275.00** **\$0.00** **\$1,275.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.8	Gabrielle Keithley	Last 4 digits of account number	\$538.48	\$0.00	\$538.48
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Priority Creditor's Name

20 Snowbird Ct**O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee

2.8	Gannon Crangle	Last 4 digits of account number	\$126.59	\$0.00	\$126.59
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Priority Creditor's Name

2 Queen Victoria Ct**O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee

2.8	Georgia Gray	Last 4 digits of account number	\$832.21	\$0.00	\$832.21
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Priority Creditor's Name

313 Jessie Marie Ln**Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.8
6**Gerald Stephens**

Priority Creditor's Name

43 Jackson Oaks Ct**Wentzville, MO 63385**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$450.00** **\$0.00** **\$450.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee2.8
7**Germarius Hunt**

Priority Creditor's Name

**1032 Pinewood Place Dr
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$594.00** **\$0.00** **\$594.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee2.8
8**Gianna Leonelli**

Priority Creditor's Name

**8604 Savoy Ln
O Fallon, IL 62269**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$1,275.00** **\$0.00** **\$1,275.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.8
9**Grace Philpot**

Priority Creditor's Name

1413 Uthoff Farm Trail**Fenton, MO 63026**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$418.22****\$0.00****\$418.22**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.9
0**Hailey Dunavant**

Priority Creditor's Name

4741 Ray Ave**Saint Louis, MO 63116**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$352.35****\$0.00****\$352.35**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.9
1**Hannah Glimpse**

Priority Creditor's Name

7308 Reynolds Ave**Kansas City, KS 66111**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$717.17****\$0.00****\$717.17**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.9
2**Haverly Cox**

Priority Creditor's Name

**225 Christina Marie Dr
O Fallon, MO 63368**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$598.36****\$0.00****\$598.36**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.9
3**Heidi Loubser**

Priority Creditor's Name

**6110 E 129th St
Grandview, MO 64030**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$393.75****\$0.00****\$393.75**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.9
4**Henry Coulson**

Priority Creditor's Name

**4434 Meadow View Dr
Shawnee, KS 66226**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$446.63****\$0.00****\$446.63**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.9
5**Hunter Page**

Priority Creditor's Name

**922 Saint Joseph Ave
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$510.48****\$0.00****\$510.48**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.9
6**Ian O'Brien**

Priority Creditor's Name

**1829 Northfield Dr
Saint Louis, MO 63114**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$448.00****\$448.00****\$0.00****\$448.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.9
7**Ignacio Pelico**

Priority Creditor's Name

**1602 Orleans Cir
Apt 1C
Kansas City, MO 64116**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$422.78****\$422.78****\$0.00****\$422.78**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.9
8**Imma Curl**Priority Creditor's Name
10516 E 26th St S
Independence, MO 64052
Number Street City State Zip CodeLast 4 digits of account number **\$2,779.22****\$0.00****\$2,779.22****Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.9
9**Internal Revenue Service**Priority Creditor's Name
PO Box 7346
Philadelphia, PA 19101-7346
Number Street City State Zip CodeLast 4 digits of account number **6005****Unknown****Unknown****Unknown****Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Federal income tax debt. Amount unknown, listed for notice purposes**

2.1
00**Isabella Kemp**Priority Creditor's Name
3331 Whispering Dr N
Largo, FL 33771
Number Street City State Zip CodeLast 4 digits of account number **\$3,451.88****\$0.00****\$3,451.88****Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 01	Jack Reeves Priority Creditor's Name 105 Ripple Creek Dr Lake Saint Louis, MO 63367 Number Street City State Zip Code	Last 4 digits of account number	\$695.32	\$0.00	\$695.32
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 02	Jaden Billups Priority Creditor's Name 2734 W Randolph St Saint Charles, MO 63301 Number Street City State Zip Code	Last 4 digits of account number	\$133.68	\$0.00	\$133.68
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 03	Jaeden Hernandez Priority Creditor's Name 7825 Haskell Dr Kansas City, KS 66109 Number Street City State Zip Code	Last 4 digits of account number	\$223.19	\$0.00	\$223.19
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 04	Jailan Thomas Priority Creditor's Name 24 Honey Locust Ln Saint Charles, MO 63303 Number Street City State Zip Code	Last 4 digits of account number	\$276.00	\$0.00	\$276.00
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Janae Bursey Priority Creditor's Name 1653 S 5th St Saint Charles, MO 63303 Number Street City State Zip Code					
Last 4 digits of account number \$656.39 \$0.00 \$656.39					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
Jane Portell Priority Creditor's Name 515 Stanton Ct Fenton, MO 63026 Number Street City State Zip Code					
Last 4 digits of account number \$211.50 \$0.00 \$211.50					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 07	Jasmine Chandler Priority Creditor's Name 8 Buckeye Place Ct Saint Peters, MO 63376 Number Street City State Zip Code	Last 4 digits of account number	\$1,084.98	\$0.00	\$1,084.98
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
<hr/>					
2.1 08	Jesse Wittkopp Priority Creditor's Name 5549 Webster Ave Kansas City, KS 66104 Number Street City State Zip Code	Last 4 digits of account number	\$388.58	\$0.00	\$388.58
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
<hr/>					
2.1 09	Jessica Dodd Priority Creditor's Name 454 Westglen Village Dr Ballwin, MO 63021 Number Street City State Zip Code	Last 4 digits of account number	\$121.74	\$0.00	\$121.74
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 10	<p>Jill Johnson Priority Creditor's Name 105 Castle Creek Ct O Fallon, MO 63366 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$199.49</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>	\$0.00	\$199.49
2.1 11	<p>Jill Marx Priority Creditor's Name 21 Jay Dee Ct O Fallon, MO 63368 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$411.90</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>	\$0.00	\$411.90
2.1 12	<p>Joanna Ferbrache Priority Creditor's Name 908 Apricot Dr Saint Charles, MO 63301 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$454.40</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>	\$0.00	\$454.40

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 13	Jonah Hamai Priority Creditor's Name 204 Broadview Ct O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$823.96	\$0.00	\$823.96
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
2.1 14	Jonathan Rustebakke Priority Creditor's Name 2219 1st Ave SW Cedar Rapids, IA 52405 Number Street City State Zip Code	Last 4 digits of account number	\$1,800.00	\$0.00	\$1,800.00
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
2.1 15	Joseph Taylor Priority Creditor's Name 14525 W 50th St Shawnee, KS 66216 Number Street City State Zip Code	Last 4 digits of account number	\$937.50	\$0.00	\$937.50
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 16	Joshua Patterson	Last 4 digits of account number	\$1,125.00	\$0.00	\$1,125.00
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Priority Creditor's Name
2240 Tracy Ave
Kansas City, MO 64108
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1 17	Justin Harris	Last 4 digits of account number	\$840.00	\$0.00	\$840.00
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Priority Creditor's Name
7605 Cornell Ave
Saint Louis, MO 63130
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1 18	Justin Harris	Last 4 digits of account number	\$840.00	\$840.00	\$0.00
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Priority Creditor's Name
7605 Cornell Ave
Saint Louis, MO 63130
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 19	Justin Heienickle Priority Creditor's Name 3150 La Baron Ln Saint Charles, MO 63303 Number Street City State Zip Code	Last 4 digits of account number	\$331.40	\$0.00	\$331.40
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 20	Kaden Dinges Priority Creditor's Name 1290 Hawkins Bend Ct Fenton, MO 63026 Number Street City State Zip Code	Last 4 digits of account number	\$237.32	\$0.00	\$237.32
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 21	KANSAS Department of Labor Priority Creditor's Name 401 SW Topeka BLVD Topeka, KS 66603 Number Street City State Zip Code	Last 4 digits of account number	Unknown	Unknown	Unknown
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Notice purposes for pending employee wage claims					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 22	Kansas Department of Revenue Priority Creditor's Name PO Box 12005 Topeka, KS 66612-2005 Number Street City State Zip Code	Last 4 digits of account number <u>6005</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
State Income Tax Debt. Amount unknown, listed for notice purposes					
2.1 23	Kansas Department of Revenue Priority Creditor's Name PO Box 12005 Topeka, KS 66612-2005 Number Street City State Zip Code	Last 4 digits of account number <u>0987</u>	<u>\$6,080.09</u>	<u>\$6,080.09</u>	<u>\$0.00</u>
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Sales taxes owed by Debtor's business					
2.1 24	Karis Hearne Priority Creditor's Name 1204 River Run Ct O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number <u>288.90</u>	<u>\$0.00</u>	<u>\$288.90</u>	
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Wages, salaries, and commissions</u> <u>Business Debt - Business Employee</u>					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1	Karlo Dennie	Last 4 digits of account number	\$634.25	\$0.00
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25	Priority Creditor's Name 27024 Mott Ave Brooksville, FL 34602	When was the debt incurred?	As of the date you file, the claim is: Check all that apply	\$634.25
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	Number Street City State Zip Code			
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Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

	Last 4 digits of account number	\$634.25	\$0.00	\$634.25
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	When was the debt incurred?			
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	As of the date you file, the claim is: Check all that apply			
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Contingent
 Unliquidated
 Disputed

	Type of PRIORITY unsecured claim:			
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Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1	Kathryn Marshall	Last 4 digits of account number	\$669.41	\$0.00	\$669.41
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26	Priority Creditor's Name 5709 N Denver Ave Kansas City, MO 64119	When was the debt incurred?			
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	Number Street City State Zip Code				
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Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

	Last 4 digits of account number	\$669.41	\$0.00	\$669.41
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	When was the debt incurred?			
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	As of the date you file, the claim is: Check all that apply			
--	---	--	--	--

Contingent
 Unliquidated
 Disputed

	Type of PRIORITY unsecured claim:			
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Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1	Keith Keeton	Last 4 digits of account number	\$450.00	\$0.00	\$450.00
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27	Priority Creditor's Name 518 Galway Dr O Fallon, MO 63366	When was the debt incurred?			
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	Number Street City State Zip Code				
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Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

	Last 4 digits of account number	\$450.00	\$0.00	\$450.00
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	When was the debt incurred?			
--	-----------------------------	--	--	--

	As of the date you file, the claim is: Check all that apply			
--	---	--	--	--

Contingent
 Unliquidated
 Disputed

	Type of PRIORITY unsecured claim:			
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Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.1	Kenna Harrington	Last 4 digits of account number	\$610.20	\$0.00	\$610.20
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Priority Creditor's Name

6409 Beverly Dr**Mission, KS 66202**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number

\$610.20**\$0.00****\$610.20**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated

Other. Specify Wages, salaries, and commissions**Business Debt - Business Employee**

2.1	Kevin Lanier Jr.	Last 4 digits of account number	\$582.54	\$0.00	\$582.54
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Priority Creditor's Name

9861 Dennis Dr**Saint Louis, MO 63136**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number

\$582.54**\$0.00****\$582.54**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated

Other. Specify Wages, salaries, and commissions**Business Debt - Business Employee**

2.1	Khai Thomas	Last 4 digits of account number	\$560.03	\$0.00	\$560.03
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Priority Creditor's Name

4614 N 111th St**Kansas City, KS 66109**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number

\$560.03**\$0.00****\$560.03**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated

Other. Specify Wages, salaries, and commissions**Business Debt - Business Employee**

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 31	<p>Kiana Diaz Priority Creditor's Name 216 N 72nd St Kansas City, KS 66112 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$280.36</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 32	<p>Kimberly McGuire Priority Creditor's Name 16805 Pike Clarksville, MO 63336 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$632.91</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 33	<p>Kimberly Patton Priority Creditor's Name 2404 Headland Dr Saint Charles, MO 63301 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$389.47</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 34	<p>Kobe Polk Priority Creditor's Name 1407 Ticonderoga Dr Saint Peters, MO 63376 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	\$696.00	\$0.00	\$696.00
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>					
2.1 35	<p>Kristin Gengier Priority Creditor's Name 11153 Rowland Ave Kansas City, KS 66109 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	\$1,023.74	\$0.00	\$1,023.74
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>					
2.1 36	<p>Landin Hoyle Priority Creditor's Name 19 Quail Woods Dr Fenton, MO 63026 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	\$568.44	\$0.00	\$568.44
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 37	Landon Ferber Priority Creditor's Name 7 Holly Ct O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$360.00	\$0.00	\$360.00
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 38	Landon Flaherty Priority Creditor's Name 308 Williams Dr Eureka, MO 63025 Number Street City State Zip Code	Last 4 digits of account number	\$1,325.67	\$0.00	\$1,325.67
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 39	Laron Gillis Priority Creditor's Name 2440 Brooklyn Ave Kansas City, MO 64127 Number Street City State Zip Code	Last 4 digits of account number	\$956.63	\$0.00	\$956.63
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 40	<p>Lauren Frazier Priority Creditor's Name 809 Raritan Rd Scotch Plains, NJ 07076 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u> \$1,275.00</p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 41	<p>Lauren Gluck Priority Creditor's Name 1371 Briar Creek Dr Saint Charles, MO 63304 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u> \$286.65</p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 42	<p>Lillian Goforth Priority Creditor's Name 19 Bridal Oak Ln O Fallon, MO 63366 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u> </u> \$346.02</p> <p>When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 43	Lily Porter Priority Creditor's Name 239 England Dr O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$458.74	\$0.00	\$458.74
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent					
<input type="checkbox"/> Unliquidated					
<input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations					
<input type="checkbox"/> Taxes and certain other debts you owe the government					
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions					
Business Debt - Business Employee					
2.1 44	Lucas Peich Priority Creditor's Name 187 Homefield Gardens Dr O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$473.45	\$0.00	\$473.45
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent					
<input type="checkbox"/> Unliquidated					
<input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations					
<input type="checkbox"/> Taxes and certain other debts you owe the government					
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions					
Business Debt - Business Employee					
2.1 45	Luke Tanner Priority Creditor's Name 74 Smoke Tree Dr Fenton, MO 63026 Number Street City State Zip Code	Last 4 digits of account number	\$118.57	\$0.00	\$118.57
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent					
<input type="checkbox"/> Unliquidated					
<input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations					
<input type="checkbox"/> Taxes and certain other debts you owe the government					
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions					
Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 46	Luzmarie Floyd	Last 4 digits of account number	\$529.01	\$0.00	\$529.01
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Priority Creditor's Name

11733 N 14th St**Tampa, FL 33612**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1 47	Madeline Arledge	Last 4 digits of account number	\$1,275.00	\$0.00	\$1,275.00
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Priority Creditor's Name

13574 Becker Place Dr**Saint Louis, MO 63128**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1 48	Madelyn Carrell	Last 4 digits of account number	\$703.31	\$0.00	\$703.31
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Priority Creditor's Name

1322 New Charter Ln**O Fallon, MO 63366-1570**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.1	Madisyn Sanborn	Last 4 digits of account number	\$544.07	\$0.00	\$544.07
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Priority Creditor's Name

6707 N Merrimac Ave**Kansas City, MO 64151**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1	Madison Walters	Last 4 digits of account number	\$658.49	\$0.00	\$658.49
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Priority Creditor's Name

223 Fairway Green Dr**O Fallon, MO 63368**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1	Maria Kennedy	Last 4 digits of account number	\$956.25	\$0.00	\$956.25
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Priority Creditor's Name

1011 SW Webster Ave**Topeka, KS 66604**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 52	Mason Redding Priority Creditor's Name 16 London Ct O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$1,070.82	\$0.00	\$1,070.82
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 53	Mason Rodriguez Priority Creditor's Name 6 Oak Point Ct Saint Peters, MO 63376 Number Street City State Zip Code	Last 4 digits of account number	\$773.82	\$0.00	\$773.82
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 54	Mason Schiele Priority Creditor's Name 125 Hillary Cir Wentzville, MO 63385 Number Street City State Zip Code	Last 4 digits of account number	\$998.54	\$0.00	\$998.54
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 55	Matthew Stufflebean Priority Creditor's Name 607 Barbara Dr O Fallon, MO 63366 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$528.76 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee	\$0.00	\$528.76
2.1 56	Matthew Townsel Priority Creditor's Name 89 Brewster Ct O Fallon, MO 63366 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$173.11 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee	\$0.00	\$173.11
2.1 57	McKenzie Norris Priority Creditor's Name 1414 Tennessee St Lawrence, KS 66044 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$319.06 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee	\$0.00	\$319.06

Debtor 1 **Mark D McKee**

Case number (if known)

2.1	Mia Rebstock	Last 4 digits of account number	\$329.06	\$0.00	\$329.06
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58	Mia Rebstock Priority Creditor's Name 1339 New Charter Ln O Fallon, MO 63366 Number Street City State Zip Code	When was the debt incurred?			
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Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1	Mikala Ball	Last 4 digits of account number	\$282.72	\$0.00	\$282.72
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59	Mikala Ball Priority Creditor's Name 1235 Begonia Dr O Fallon, MO 63366 Number Street City State Zip Code	When was the debt incurred?			
----	--	-----------------------------	--	--	--

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1	Mirabella Willbrand	Last 4 digits of account number	\$479.37	\$0.00	\$479.37
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60	Mirabella Willbrand Priority Creditor's Name 1603 Valley Hill Ct Dardenne Prairie, MO 63368 Number Street City State Zip Code	When was the debt incurred?			
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Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.1
61**Missouri Department of Revenue**

Priority Creditor's Name

**PO Box 475
Jefferson City, MO 65105-0475**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **6005** **Unknown** **Unknown** **Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

State income tax debt. Amount unknown. Listed for notice purposes2.1
62**Natalie Barnes**

Priority Creditor's Name

**677 Sheridan Ct
Lake Zurich, IL 60047**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$1,087.50** **\$0.00** **\$1,087.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee2.1
63**Nicholas Forrest**

Priority Creditor's Name

**1125 Saint Paul Ln
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$534.58** **\$0.00** **\$534.58**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**

Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 64	<p>Nishant Bhakta Priority Creditor's Name 133 Courtfield Dr O Fallon, MO 63366 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	Last 4 digits of account number	\$288.00	\$0.00	\$288.00
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
		<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee			
2.1 65	<p>Noah Mills Priority Creditor's Name 440 Hithergreen Dr Lansing, KS 66043 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	Last 4 digits of account number	\$859.61	\$0.00	\$859.61
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
		<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee			
2.1 66	<p>Noah Philpot Priority Creditor's Name 1413 Uthoff Farm Trail Fenton, MO 63026 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	Last 4 digits of account number	\$422.29	\$0.00	\$422.29
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
		<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee			

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 67	Nolan Bartels Priority Creditor's Name 101 Grand Slam Cir O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number \$84.60 \$0.00 \$84.60
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee		
2.1 68	Norma Rosales Priority Creditor's Name 1024 N Washington Blvd Kansas City, KS 66102 Number Street City State Zip Code	Last 4 digits of account number \$78.98 \$0.00 \$78.98
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee		
2.1 69	Normando Herrera Garcia Priority Creditor's Name 455 Serenity Mill Loop Ruskin, FL 33570 Number Street City State Zip Code	Last 4 digits of account number \$4,199.06 \$0.00 \$4,199.06
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee		

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 70	<p>Olivia Martin Priority Creditor's Name 1946 Hedge Dr O Fallon, MO 63366 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$113.27</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 71	<p>Olivia Orr Priority Creditor's Name 1330 Dayton Ln O Fallon, MO 63366 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$465.13</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 72	<p>Owen Schneider Priority Creditor's Name 1278 Hawkins Bend Ct Fenton, MO 63026 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$443.82</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 73	<p>Patrick Erekson Priority Creditor's Name 706 S Spoede Rd Saint Louis, MO 63131 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	\$225.00	\$0.00	\$225.00
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>					
2.1 74	<p>Peyton Hennager Priority Creditor's Name 11221 W 68th St Shawnee, KS 66203 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	\$2,317.50	\$0.00	\$2,317.50
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>					
2.1 75	<p>Peyton Jones Priority Creditor's Name 1225 The Crossings Dr O Fallon, MO 63366 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	\$681.22	\$0.00	\$681.22
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 76	Rebecca Laureano Priority Creditor's Name 455 Serenity Mill Loop Ruskin, FL 33570 Number Street City State Zip Code	Last 4 digits of account number	\$2,008.60	\$0.00	\$2,008.60
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Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1 77	Rebekah Dietrich Priority Creditor's Name 4323 Tyrolean Ave Saint Louis, MO 63116 Number Street City State Zip Code	Last 4 digits of account number	\$299.00	\$0.00	\$299.00
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Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.1 78	Rilee Fevurly Priority Creditor's Name 1252 Woodgrove Park Dr O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$710.63	\$0.00	\$710.63
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Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 79	Ruby Melendez Priority Creditor's Name 1611 S 49th Ter Kansas City, KS 66106 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$104.86 \$0.00 \$104.86 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee
2.1 80	Ryan Kliethermes Priority Creditor's Name 1404 Indigo Trail Ct Saint Peters, MO 63376 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$95.71 \$0.00 \$95.71 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee
2.1 81	Ryann Kruse Priority Creditor's Name 124 Jerome Henry Dr O Fallon, MO 63366 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$770.98 \$0.00 \$770.98 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 82	Rylie Lansford Priority Creditor's Name 2203 Homefield Grove Dr O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$605.87	\$0.00	\$605.87
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 83	Sam Hart Priority Creditor's Name 26 Parkview Dr Saint Peters, MO 63376 Number Street City State Zip Code	Last 4 digits of account number	\$462.92	\$0.00	\$462.92
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 84	Sandy Jerome Priority Creditor's Name 9042 Grateful Thomas Trl Apt 213 Tampa, FL 33626 Number Street City State Zip Code	Last 4 digits of account number	\$442.50	\$0.00	\$442.50
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 85	Saniyah Sykes Priority Creditor's Name 733 N 74th St Kansas City, KS 66112 Number Street City State Zip Code	Last 4 digits of account number	\$255.81	\$0.00	\$255.81
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 86	Scarlett Grinstead-Shroyer Priority Creditor's Name 238 Oakborough Dr Lake Saint Louis, MO 63367 Number Street City State Zip Code	Last 4 digits of account number	\$920.94	\$0.00	\$920.94
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.1 87	Shaley Harper Priority Creditor's Name 100 E 28th Ter Apt 5 Kansas City, MO 64108 Number Street City State Zip Code	Last 4 digits of account number	\$156.47	\$0.00	\$156.47
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 88	Sharon Bolterman Priority Creditor's Name 4432 Raven Pt High Ridge, MO 63049 Number Street City State Zip Code	Last 4 digits of account number	\$1,821.86	\$0.00	\$1,821.86
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>					
2.1 90	Shawnee Codianne Priority Creditor's Name 233 Juanita Cv Lonoke, AR 72086 Number Street City State Zip Code	Last 4 digits of account number	\$1,780.80	\$0.00	\$1,780.80
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>					
2.1 90	Shelby King Priority Creditor's Name 13321 Birch St Apt 825 Overland Park, KS 66209 Number Street City State Zip Code	Last 4 digits of account number	\$370.34	\$0.00	\$370.34
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					
<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>					

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 91	<p>Sierra Smith Priority Creditor's Name 142 River Rock Dr O Fallon, MO 63366 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$301.80</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 92	<p>Sydney Nelson Priority Creditor's Name 12457 Spruce Ct Rogers, MN 55374 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$956.25</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 93	<p>Tanner Stewart Priority Creditor's Name 5813 Edith Ave Kansas City, KS 66104 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$400.06</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 94	<p>Tasha Sommer Priority Creditor's Name 2029 Jeffery Martin Dr O Fallon, MO 63366 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$680.91</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 95	<p>Tehreem Chaudhry Priority Creditor's Name 12301 W 119th Ter Apt 327 Overland Park, KS 66213 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$425.51</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>
2.1 96	<p>Terrace Wyatt Priority Creditor's Name 4580 S Bass Pro Dr Apt 1115 Independence, MO 64055 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$57.50</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>

Debtor 1 **Mark D McKee**

Case number (if known)

2.1 97	Thomas Craft Priority Creditor's Name 3331 Whispering Dr N Largo, FL 33771 Number Street City State Zip Code	Last 4 digits of account number \$890.51 \$0.00 \$890.51
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee		
2.1 98	Tobie Turnbough Priority Creditor's Name 2107 Huntington Ave Saint Louis, MO 63114 Number Street City State Zip Code	Last 4 digits of account number \$420.00 \$0.00 \$420.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee		
2.1 99	Trey Parker Priority Creditor's Name 206 Wabash Woods Way O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number \$319.31 \$0.00 \$319.31
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee		

Debtor 1 **Mark D McKee**

Case number (if known)

2.2
00**Trisha Grinstead**

Priority Creditor's Name

**238 Oakborough Dr
Lake Saint Louis, MO 63367**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$785.58** **\$0.00** **\$785.58**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.2
01**Tyler Hawks**

Priority Creditor's Name

**1329 Redwood Dr
Saint Clair, MO 63077**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$691.51** **\$0.00** **\$691.51**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.2
02**Tyler Metz**

Priority Creditor's Name

**1687 Smizer Station Rd
Fenton, MO 63026**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **\$884.77** **\$0.00** **\$884.77**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.2 03	<p>Viany Hernandez Priority Creditor's Name 6341 N Klamm Rd Unit 7311 Kansas City, MO 64151 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	\$391.94	\$0.00	\$391.94
		<p>When was the debt incurred?</p>			
		<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>			
2.2 04	<p>Victoria Hilger Priority Creditor's Name 200 W Armour Blvd Apt 52 Kansas City, MO 64111 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	\$956.25	\$0.00	\$956.25
		<p>When was the debt incurred?</p>			
		<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>			
2.2 05	<p>William Dery Priority Creditor's Name 36 Hollandbush Ct Saint Charles, MO 63304 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p>	\$532.12	\$0.00	\$532.12
		<p>When was the debt incurred?</p>			
		<p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee</p>			

Debtor 1 **Mark D McKee**

Case number (if known)

2.2	William Molstad	Last 4 digits of account number	\$973.43	\$0.00	\$973.43
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Priority Creditor's Name
38 Coach Line Dr
O Fallon, MO 63368
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$973.43**\$0.00****\$973.43**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.2	Xavier Subramaniam	Last 4 digits of account number	\$396.90	\$396.90	\$0.00
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Priority Creditor's Name
657 Legends View Dr
Eureka, MO 63025
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$396.90**\$396.90****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

2.2	Zach Liggett	Last 4 digits of account number	\$581.67	\$0.00	\$581.67
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Priority Creditor's Name
2036 Meramec Meadows Dr
Fenton, MO 63026
 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$581.67**\$0.00****\$581.67**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Wages, salaries, and commissions**
Business Debt - Business Employee

Debtor 1 **Mark D McKee**

Case number (if known)

2.2 09	Zach Wyatt Priority Creditor's Name 1486 Heritage Valley Dr High Ridge, MO 63049 Number Street City State Zip Code	Last 4 digits of account number	\$1,138.16	\$0.00	\$1,138.16
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.2 10	Zachary Robertson Priority Creditor's Name 26 Brussels Valley Dr Troy, MO 63379 Number Street City State Zip Code	Last 4 digits of account number	\$819.32	\$0.00	\$819.32
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					
2.2 11	Zachary Watson Priority Creditor's Name 302 Burning Brook Dr O Fallon, MO 63366 Number Street City State Zip Code	Last 4 digits of account number	\$108.59	\$0.00	\$108.59
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Business Debt - Business Employee					

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

Debtor 1 **Mark D McKee**

Case number (if known)

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	CAPITAL ONE BANK USA NA Nonpriority Creditor's Name PO BOX 30281 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number xxxx When was the debt incurred? 8/16/1996 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$981.00
4.2	A Touch of Class Catering Nonpriority Creditor's Name 256 Stiles Drive Wentzville, MO 63385 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt	\$7,500.00
4.3	Allen Lee Holston Nonpriority Creditor's Name 582 Olive Street Pocahontas, IL 62275 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt	\$1,008.75

Debtor 1 **Mark D McKee**

Case number (if known)

4.4	Amari Simone Nonpriority Creditor's Name 7019 Parkview Avenue Kansas City, KS 66109 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1,020.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt _____
4.5	American Trailer & STO Nonpriority Creditor's Name 6900 E 39th St Kansas City, MO 64129 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$1,660.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt _____
4.6	Andrew Alexander Madden Nonpriority Creditor's Name 5610 Beverly Lane Mission, KS 66202 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$7,800.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt _____

Debtor 1 **Mark D McKee**

Case number (if known)

4.7	Arctic Glacier U.S.A. Inc. Nonpriority Creditor's Name 307 23rd Street Extension Suite 950 Sharpsburg, PA 15215 Number Street City State Zip Code	Last 4 digits of account number _____ \$1,191.20 When was the debt incurred? _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt		
<hr/>		
4.8	BCP Tech Nonpriority Creditor's Name 1511 Baltimore Avenue Suite 200 Kansas City, MO 64108 Number Street City State Zip Code	Last 4 digits of account number _____ \$12,037.00 When was the debt incurred? _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt		
<hr/>		
4.9	BeenzM Creative Nonpriority Creditor's Name 40 Heather Valley Circle Saint Peters, MO 63376 Number Street City State Zip Code	Last 4 digits of account number _____ \$1,720.00 When was the debt incurred? _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt		

Debtor 1 **Mark D McKee**

Case number (if known)

4.1
0**Berg Holdings, LLC**

Nonpriority Creditor's Name

17760 182nd Street**Tonganoxie, KS 66086**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$43,638.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
1**Berg Holdings, LLC**

Nonpriority Creditor's Name

17760 182nd Street**Tonganoxie, KS 66086**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$1,800,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
2**Best Garda World**

Nonpriority Creditor's Name

1699 South Hanley Road**Suite 350****Saint Louis, MO 63144**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$6,138.83

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known) _____

4.1
3**Bliss Events LLC**

Nonpriority Creditor's Name

6632 Belcrest Drive**Barnhart, MO 63012**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$1,450.44

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt** _____

4.1
4**Brandon Michael Gubricky**

Nonpriority Creditor's Name

1410 Tisbury Circle**O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$600.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt** _____

4.1
5**Brian Shalton**

Nonpriority Creditor's Name

12008 Overbrook Road**Leawood, KS 66209**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$34,171.06

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt** _____

Debtor 1 **Mark D McKee**

Case number (if known)

4.1
6**Brittney Donovan**

Nonpriority Creditor's Name

**1518 Still Forest Court
Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,925.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
7**Brock Holdings III, Inc.**

Nonpriority Creditor's Name

**10343 Sam Houston Park Drive
Suite 200
Houston, TX 77064**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$81,957.60

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
8**Budrovich**

Nonpriority Creditor's Name

**10328 Lake Bluff Drive
Saint Louis, MO 63123**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$3,520.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.1
9**Cally Beckman**

Nonpriority Creditor's Name

**711 Northeast 3rd Street
Blue Springs, MO 64014**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$600.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.2
0**Capital One Bank**

Nonpriority Creditor's Name

**PO Box 31293
Salt Lake City, UT 84131**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

XXXX**\$2,510.00**

When was the debt incurred?

3/4/2022

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

4.2
1**Caroling Saint Louis**

Nonpriority Creditor's Name

**5345 Pershing Avenue
Apt 1A
Saint Louis, MO 63112**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$6,985.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.2
2**CES Power**

Nonpriority Creditor's Name

**3500 Air Center Cove
Memphis, TN 38118**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$193,714.39

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.2
3**Chestnut Fine Arts Center**

Nonpriority Creditor's Name

**234 North Chestnut Street
Olathe, KS 66061**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$2,100.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.2
4**Christian Reed**

Nonpriority Creditor's Name

**214 Thorn Brook Drive
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$550.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.2
5**Circus Kaput**

Nonpriority Creditor's Name

**633 Shadowridge Dr.
Wildwood, MO 63011**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$12,850.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.2
6**Clayton DeLong**

Nonpriority Creditor's Name

**8509 Grande Pas
Kansas City, MO 64114**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$400.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.2
7**Clean Sheet Consulting**

Nonpriority Creditor's Name

**805 West Gregory Boulevard
Kansas City, MO 64114**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$15,370.29

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.2
8**Concourse Foods LLC**

Nonpriority Creditor's Name

4404 McPherson Avenue**Apt 706****Saint Louis, MO 63108**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$413.18

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.2
9**Contemporary Services Corp.**

Nonpriority Creditor's Name

17101 Superior Street**Los Angeles, CA 91325**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number

\$41,900.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.3
0**Cornerstone Consulting**

Nonpriority Creditor's Name

1176 N. Irving Street**Allentown, PA 18109**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt**Is the claim subject to offset?**

No
 Yes

Last 4 digits of account number

\$9,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.3
1**Cumulus Media Inc**

Nonpriority Creditor's Name

**3671 Momentum Place
Chicago, IL 60689**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$8,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.3
2**Dagan LLC**

Nonpriority Creditor's Name

**13200 Corporate Exchange Drive
Bridgeton, MO 63044**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$1,337.46

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.3
3**Dalton Koch**

Nonpriority Creditor's Name

**140 Hadley Grove Drive
Moscow Mills, MO 63362**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$350.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.3
4**Daniel David Shearer**

Nonpriority Creditor's Name

**8020 Northeast 103rd Street
Kansas City, MO 64157**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$2,250.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.3
5**David E Edwards**

Nonpriority Creditor's Name

**7990 Kaw Drive
Kansas City, KS 66111**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$9,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.3
6**David McNeil Stroud**

Nonpriority Creditor's Name

**2513 Northwest 84th Terrace
Kansas City, MO 64154**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$2,937.50

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.3
7**Davis Supply Inc.**

Nonpriority Creditor's Name

**655 Southwest 2nd Street
Lees Summit, MO 64063**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$3,792.76

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.3
8**Donald Valmont Drouin, Jr.**

Nonpriority Creditor's Name

**1330 Bossler Lane
O Fallon, IL 62269**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$2,750.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.3
9**Drake Nelsen**

Nonpriority Creditor's Name

**320 Condor Drive
Winfield, MO 63389**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,300.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.4
0**EIS Group**

Nonpriority Creditor's Name

**PO Box 1938
Frederick, MD 21702**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$250,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.4
1**Elsa Wagnon**

Nonpriority Creditor's Name

**4611 Clifton Terrace Road
Godfrey, IL 62035**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.4
2**Erin Wood**

Nonpriority Creditor's Name

**2342 Westchester Road
Lawrence, KS 66049**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$1,050.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known) _____

4.4
3**Eventworks**

Nonpriority Creditor's Name

**5901 California Avenue
Nashville, TN 37209**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$107,846.61

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt** _____

4.4
4**Everywhere An Entertainer! LLC**

Nonpriority Creditor's Name

**519 Ruggles Road
Ferguson, MO 63135**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$17,715.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt** _____

4.4
5**Family Media Group Inc**

Nonpriority Creditor's Name

**11937 West 119th Street
#335
Overland Park, KS 66213**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number _____

\$7,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt** _____

Debtor 1 **Mark D McKee**

Case number (if known) _____

4.4
6**Ferrell Gas**

Nonpriority Creditor's Name

**PO Box 173940
Denver, CO 80217-3940**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$4,389.13

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.4
7**Forklift America LLC**

Nonpriority Creditor's Name

**4316 Bridgeton Industrial Dr
Bridgeton, MO 63044**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$20,948.62

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.4
8**Freddie G Allenbrand**

Nonpriority Creditor's Name

**6712 Renner Road
Shawnee, KS 66217**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$1,250.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.4
9**Gateway Propane**

Nonpriority Creditor's Name

**PO Box 306
Dupo, IL 62239**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$9,322.77

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.5
0**Green Acres Lawn and Landscape**

Nonpriority Creditor's Name

**14539 150th Street
Bonner Springs, KS 66012**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$8,205.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.5
1**Herc Rentals**

Nonpriority Creditor's Name

**PO Box 936257
Atlanta, GA 31193**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,313.17

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.5
2**High Country Inspections LLC**

Nonpriority Creditor's Name

**196 North Cunningham Avenue
Inverness, FL 34453**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$2,475.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.5
3**Holiday FX Lighting Experts**

Nonpriority Creditor's Name

**939 Homestead Street
Excelsior Springs, MO 64024**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$68,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.5
4**Holly Garza**

Nonpriority Creditor's Name

**415 Hollowgate Court
Lake Saint Louis, MO 63367**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$600.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.5
5**In The Lead Marketing**

Nonpriority Creditor's Name

**501 Northeast Barnes Avenue
Kansas City, MO 64118**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$3,200.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.5
6**Jahi Eskridge**

Nonpriority Creditor's Name

**1067 Ferguson Avenue
Saint Louis, MO 63130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.5
7**Jamie Graves**

Nonpriority Creditor's Name

**3440 Tedmar Avenue
Saint Louis, MO 63139**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$600.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.5
8**Jan-Pro of Saint Louis**

Nonpriority Creditor's Name

**233 Millwell Drive
Maryland Heights, MO 63043**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$4,928.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.5
9**Jefferson Capital LLC**

Nonpriority Creditor's Name

**200 14th Ave E
Sartell, MN 56377-2198**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

XXXX**\$1,839.00**When was the debt incurred? **4/22/2022**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Account**

4.6
0**Joel Herr**

Nonpriority Creditor's Name

**9807 Eastbrook Drive
Saint Louis, MO 63114**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$375.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.6
1**Jonathan Ryan Weiland**

Nonpriority Creditor's Name

**7 Knoll Ridge Court
O Fallon, MO 63368**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$625.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.6
2**Joseph Straws**

Nonpriority Creditor's Name

**6741 Yecker Avenue
Kansas City, KS 66109**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$19,400.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.6
3**JPMCB - Card Services**

Nonpriority Creditor's Name

**PO Box 15369
Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

XXXX

When was the debt incurred?

6/5/2015

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Credit Card**

Debtor 1 **Mark D McKee**

Case number (if known)

4.6
4**KC Media**

Nonpriority Creditor's Name

**118 Southwest Boulevard
2nd Floor
Kansas City, MO 64108**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$5,400.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.6
5**KC Medical, Inc.**

Nonpriority Creditor's Name

**6100 Neiman Rd
Shawnee, KS 66203**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$3,140.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.6
6**KC Monarchs Hospitality**

Nonpriority Creditor's Name

**1800 Village West Parkway
Kansas City, KS 66111**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$94,388.21

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.6
7**Kevin Barron**

Nonpriority Creditor's Name

**4 Belgian Court
Saint Peters, MO 63376**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$250.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.6
8**Kira DiPietremantonio**

Nonpriority Creditor's Name

**94 Harvey Johnson Drive
Agawam, MA 01001**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$6,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.6
9**Kirkwood United Methodist**

Nonpriority Creditor's Name

**201 West Adams Avenue
Kirkwood, MO 63122**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.7
0**Klance Unlimited**

Nonpriority Creditor's Name

**1375 Jefferson Street
Pacific, MO 63069**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$370,515.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.7
1**Kolton Brown**

Nonpriority Creditor's Name

**527 Brookmeadow Road
Lansing, KS 66043**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$775.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.7
2**KPLR 11**

Nonpriority Creditor's Name

**2960 North Meridian Street
Debra Harris
Indianapolis, IN 46208**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$3,180.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known) _____

4.7
3**KSDK**

Nonpriority Creditor's Name

**PO Box 637386
Cincinnati, OH 45263-7386**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$15,525.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.7
4**KTBG-FM The Bridge**

Nonpriority Creditor's Name

**125 E. 31st Street
Kansas City, MO 64108**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$720.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.7
5**Laron Gillis**

Nonpriority Creditor's Name

**2440 Brooklyn Avenue
Kansas City, MO 64127**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$13.03

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.7
6**Lucas Boschert**

Nonpriority Creditor's Name

**2402 Highway Y
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$300.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.7
7**Madeline Falley**

Nonpriority Creditor's Name

**15780 Evans Road
Basehor, KS 66007**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$6,400.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.7
8**Madison Saverino**

Nonpriority Creditor's Name

**Northwest 81st Street
Parkville, MO 64152**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$375.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.7
9**Matthew Myers**

Nonpriority Creditor's Name

**84 Duncan Hill Court
Wentzville, MO 63385**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$725.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.8
0**Maverick Media**

Nonpriority Creditor's Name

**2240 Tracy Ave
Kansas City, MO 64108**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$3,500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.8
1**MaxFun**

Nonpriority Creditor's Name

**4601 College Boulevard
Suite 100
Leawood, KS 66211**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$419,770.91

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.8
2**Metro Electric**

Nonpriority Creditor's Name

**1400 S 130th Street Access Rd
Bonner Springs, KS 66012**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$125.49

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.8
3**MJH Media Group LLC**

Nonpriority Creditor's Name

**2505 Southwest 10th Terrace
Lees Summit, MO 64081**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$166,213.96

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.8
4**Montana Stephenson**

Nonpriority Creditor's Name

**260 Hammerstone Drive
Moscow Mills, MO 63362**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$600.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.8
5**Nathan Crutchley**

Nonpriority Creditor's Name

**303 Romaine Spring Vw
Fenton, MO 63026**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$200.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.8
6**O'Fallon Baseball Group, LLC**

Nonpriority Creditor's Name

**900 TR Hughes Boulevard
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$63,555.26

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.8
7**Play9 Sports LLC**

Nonpriority Creditor's Name

**170 Woodlawn Rd
Quincy, IL 62301**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$36,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.8
8**Priority EMS & Fire Rescue**

Nonpriority Creditor's Name

4028 Riverdell Drive**Wentzville, MO 63385**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$15,750.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.8
9**Ray Ray's Kettle Corn LLC**

Nonpriority Creditor's Name

1739 Rose Crest Drive**Hazelwood, MO 63042**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$7,656.98

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.9
0**Reddi Services Inc.**

Nonpriority Creditor's Name

4011 Bonner Industrial Drive**Shawnee, KS 66226**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$9,085.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.9
1**ReKinection LLC**

Nonpriority Creditor's Name

**3007 West 82nd Terrace
Leawood, KS 66206**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$7,500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.9
2**Rezound! Handbell Ensemble**

Nonpriority Creditor's Name

**PO Box 1803
Blue Springs, MO 64013**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$2,700.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.9
3**Robert F. Kendall**

Nonpriority Creditor's Name

**5306 Cherry Blossom Drive
O Fallon, MO 63368**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$1,575.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.9
4**RSH& Associates**

Nonpriority Creditor's Name

PO Box 14515**Lenexa, KS 66285**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

XXXX**\$582.00**

When was the debt incurred?

1/22/2023

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Account**

4.9
5**Russell McDermott**

Nonpriority Creditor's Name

21 Richard Scott Court**Wright City, MO 63390**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$1,550.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.9
6**Ryan Dunn**

Nonpriority Creditor's Name

637 Springfield Drive**Wentzville, MO 63385**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$1,300.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.9
7**Ryan P. Van Wave**

Nonpriority Creditor's Name

**1536 Hunters Meadow Drive
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,700.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.9
8**Ryan Wade**

Nonpriority Creditor's Name

**104 E 5th Street
Suite 204
Kansas City, MO 64106**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$9,183.09

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.9
9**S C Hosack Plumbing**

Nonpriority Creditor's Name

**PO Box 1143
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$6,375.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.1
00**Santa in the Lou, LLC**

Nonpriority Creditor's Name

7702 Comfort Avenue**Maplewood, MO 63143**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$773.75

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
01**Santa Roy**

Nonpriority Creditor's Name

6128 Monrovia Street**Shawnee, KS 66216**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$4,400.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
02**Schaeffer Electric Company Inc**

Nonpriority Creditor's Name

4667 Green Park Road**Saint Louis, MO 63123**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$69,850.64

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.1
03**Scott Michael Weeke**

Nonpriority Creditor's Name

**511 Rifle Ridge Drive
Wentzville, MO 63385**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$250.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
04**Security Detection of Iowa**

Nonpriority Creditor's Name

**2009 Northwest Kelsey Lynn Cir
Grimes, IA 50111**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$12,400.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
05**Seed Logic, LLC**

Nonpriority Creditor's Name

**1828 Walnut Street
Floor 3
Kansas City, MO 64108**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$10,053.34

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.1
06**Shawn Spiker**

Nonpriority Creditor's Name

**202 Northwest Michael Drive
Grain Valley, MO 64029**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
07**Single Source Printing**

Nonpriority Creditor's Name

**13915 West 107th Street
Lenexa, KS 66215**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

3625**\$65,488.93**

When was the debt incurred?

11/2024

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
08**SnowMagic**

Nonpriority Creditor's Name

**382 Lackawanna Avenue
East Stroudsburg, PA 18301**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$590,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.1
09**St. Louis KTVI**

Nonpriority Creditor's Name

2960 North Meridian Street**Debra Harris****Indianapolis, IN 46208**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$3,090.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
10**Staffit of Kansas City, LLC**

Nonpriority Creditor's Name

207 Westport Road**Suite 201****Kansas City, MO 64111**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$13,917.50

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
11**Steel City Media**

Nonpriority Creditor's Name

4045 Mill Street**Kansas City, MO 64111**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$12,350.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 12</div> Stephen J Schneider Nonpriority Creditor's Name 131 Long Shot Lane Old Monroe, MO 63369 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$900.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 13</div> Supporting Strategies Nonpriority Creditor's Name 4601 College Boulevard Leawood, KS 66211 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$46,907.69 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 14</div> Synovusbk / Greensky Nonpriority Creditor's Name 5565 Glenridge Connector Atlanta, GA 30342 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number XXXX \$31,653.00 When was the debt incurred? 9/18/2024 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Replacement windows for residence

Debtor 1 **Mark D McKee**

Case number (if known)

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 15</div> Tallgrass Freight Co, LLC Nonpriority Creditor's Name 6800 Hilltop Road #202 Shawnee, KS 66226 Number Street City State Zip Code	Last 4 digits of account number _____ \$6,695.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Business Debt <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 16</div> TD Innovative Solutions LLC Nonpriority Creditor's Name 7 Swisher Drive Suite B Cartersville, GA 30120 Number Street City State Zip Code	Last 4 digits of account number _____ \$10,350.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Business Debt <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 17</div> Teriyaki Tradesman LLC Nonpriority Creditor's Name 134 Tuscany Ln Wentzville, MO 63385 Number Street City State Zip Code	Last 4 digits of account number _____ \$840.37 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt

Debtor 1 **Mark D McKee**

Case number (if known)

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 18</div> The Best Wurst LLC Nonpriority Creditor's Name 9401 Zane Drive Afton, MO 63123 Number Street City State Zip Code	Last 4 digits of account number _____ \$2,103.77 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 19</div> The Hartford Nonpriority Creditor's Name PO Box 660916 Dallas, TX 75266-0916 Number Street City State Zip Code	Last 4 digits of account number _____ \$5,116.49 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 20</div> The Waldinger Corporation Nonpriority Creditor's Name PO Box 1612 Des Moines, IA 50306-1612 Number Street City State Zip Code	Last 4 digits of account number _____ \$1,017.25 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt

Debtor 1 **Mark D McKee**

Case number (if known)

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 21</div> TLBD, Inc Nonpriority Creditor's Name 12330 Cary Circle La Vista, NE 68128 Number Street City State Zip Code	Last 4 digits of account number _____ \$5,362.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 22</div> Tri-Hull Crane Rental Nonpriority Creditor's Name 24838 Loring Road Lawrence, KS 66044 Number Street City State Zip Code	Last 4 digits of account number _____ \$1,161.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 23</div> Unique Pest and Lawn Solutions Nonpriority Creditor's Name 1866 Summitview Drive Saint Charles, MO 63303 Number Street City State Zip Code	Last 4 digits of account number _____ \$124,725.35 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Debt

Debtor 1 **Mark D McKee**

Case number (if known)

4.1
24**Venue Smart LLC**

Nonpriority Creditor's Name

**11602 East 23rd Street South
Independence, MO 64050**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1456**\$49,716.79**

When was the debt incurred?

11/2024

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
25**Wallace Morris Kline Surveying**

Nonpriority Creditor's Name

**5740 South Arville Street
Suite 206****Las Vegas, NV 89118**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$21,800.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
26**Wesley Lohmeyer**

Nonpriority Creditor's Name

**175 Roxbury Drive
O Fallon, MO 63366**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,575.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Debtor 1 **Mark D McKee**

Case number (if known)

4.1
27**Whorlow Entertainment**

Nonpriority Creditor's Name

**512 Willowdale Court
Nixa, MO 65714**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$34,100.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
28**Wilkerson Crane Rental, Inc.**

Nonpriority Creditor's Name

**9131 Noland
Lenexa, KS 66215**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **0445****\$7,336.00**When was the debt incurred? **11/2024**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

4.1
29**Worldwide Beverage Group Inc**

Nonpriority Creditor's Name

**17501 West 98th Street
#17-62
Lenexa, KS 66219**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$18,030.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Debt**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Mark D McKee**

Case number (if known)

Name and Address
Benjamin A. Reed
Seigfried Bingham, PC
2323 Grand Boulevard, Ste 1000
Kansas City, MO 64108

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.124** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Harris Law Office, LLC
Thomas W. Harris
4900 Johnson Drive
Mission, KS 66205

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.107** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Attorney
500 State Ave 360
Kansas City, KS 66101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.99** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Wilkerson Crane Rental
Attn: Dan Novascone
14101 Gibbs Road
Bonner Springs, KS 66012

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.128** of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
		6a.	\$ 0.00
Total claims from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$ 6,080.09
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 142,275.99
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 148,356.08
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 5,295,924.56
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 5,295,924.56

Fill in this information to identify your case:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF KANSAS		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have 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:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name Number Street City State ZIP Code			
2.2			
Name Number Street City State ZIP Code			
2.3			
Name Number Street City State ZIP Code			
2.4			
Name Number Street City State ZIP Code			
2.5			
Name Number Street City State ZIP Code			

Fill in this information to identify your case:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF KANSAS	
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.108
 Schedule G _____
SnowMagic

3.2 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.81
 Schedule G _____
MaxFun

3.3 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.70
 Schedule G _____
Klance Unlimited

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.4 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.40
 Schedule G _____
EIS Group

3.5 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.22
 Schedule G _____
CES Power

3.6 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.83
 Schedule G _____
MJH Media Group LLC

3.7 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.123
 Schedule G _____
Unique Pest and Lawn Solutions

3.8 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.43
 Schedule G _____
Eventworks

3.9 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.66
 Schedule G _____
KC Monarchs Hospitality

3.10 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.17
 Schedule G _____
Brock Holdings III, Inc.

3.11 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.102
 Schedule G _____
Schaeffer Electric Company Inc

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.12 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.53
 Schedule G _____
Holiday FX Lighting Experts

3.13 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.107
 Schedule G _____
Single Source Printing

3.14 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.86
 Schedule G _____
O'Fallon Baseball Group, LLC

3.15 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.124
 Schedule G _____
Venue Smart LLC

3.16 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.113
 Schedule G _____
Supporting Strategies

3.17 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.10
 Schedule G _____
Berg Holdings, LLC

3.18 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.29
 Schedule G _____
Contemporary Services Corp.

3.19 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.87
 Schedule G _____
Play9 Sports LLC

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.20 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.15**
 Schedule G _____
Brian Shalton

3.21 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.127**
 Schedule G _____
Whorlow Entertainment

3.22 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.125**
 Schedule G _____
Wallace Morris Kline Surveying

3.23 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.47**
 Schedule G _____
Forklift America LLC

3.24 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.62**
 Schedule G _____
Joseph Straws

3.25 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.129**
 Schedule G _____
Worldwide Beverage Group Inc

3.26 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.44**
 Schedule G _____
Everywhere An Entertainer! LLC

3.27 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.88**
 Schedule G _____
Priority EMS & Fire Rescue

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.28 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.73
 Schedule G _____
KSDK

3.29 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.27
 Schedule G _____
Clean Sheet Consulting

3.30 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.110
 Schedule G _____
StaffIt of Kansas City, LLC

3.31 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.25
 Schedule G _____
Circus Kaput

3.32 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.104
 Schedule G _____
Security Detection of Iowa

3.33 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.111
 Schedule G _____
Steel City Media

3.34 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.8
 Schedule G _____
BCP Tech

3.35 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.116
 Schedule G _____
TD Innovative Solutions LLC

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors*Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.36 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.105**
 Schedule G _____
Seed Logic, LLC

3.37 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.49**
 Schedule G _____
Gateway Propane

3.38 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.98**
 Schedule G _____
Ryan Wade

3.39 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.90**
 Schedule G _____
Reddi Services Inc.

3.40 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.30**
 Schedule G _____
Cornerstone Consulting

3.41 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.35**
 Schedule G _____
David E Edwards

3.42 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.50**
 Schedule G _____
Green Acres Lawn and Landscape

3.43 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.31**
 Schedule G _____
Cumulus Media Inc

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.44 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.6
 Schedule G _____
Andrew Alexander Madden

3.45 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.89
 Schedule G _____
Ray Ray's Kettle Corn LLC

3.46 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.2
 Schedule G _____
A Touch of Class Catering

3.47 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.91
 Schedule G _____
ReKinection LLC

3.48 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.128
 Schedule G _____
Wilkerson Crane Rental, Inc.

3.49 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.45
 Schedule G _____
Family Media Group Inc

3.50 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.21
 Schedule G _____
Caroling Saint Louis

3.51 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.115
 Schedule G _____
Tallgrass Freight Co, LLC

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.52 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.77**
 Schedule G _____
Madeline Falley

3.53 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.99**
 Schedule G _____
S C Hosack Plumbing

3.54 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.12**
 Schedule G _____
Best Garda World

3.55 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.68**
 Schedule G _____
Kira DiPietrantonio

3.56 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.64**
 Schedule G _____
KC Media

3.57 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.121**
 Schedule G _____
TLBD, Inc

3.58 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.119**
 Schedule G _____
The Hartford

3.59 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.58**
 Schedule G _____
Jan-Pro of Saint Louis

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.60 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.101**
 Schedule G _____
Santa Roy

3.61 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.46**
 Schedule G _____
Ferrell Gas

3.62 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.37**
 Schedule G _____
Davis Supply Inc.

3.63 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.18**
 Schedule G _____
Budrovich

3.64 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.80**
 Schedule G _____
Maverick Media

3.65 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.55**
 Schedule G _____
In The Lead Marketing

3.66 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.72**
 Schedule G _____
KPLR 11

3.67 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.65**
 Schedule G _____
KC Medical, Inc.

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.68 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.109**
 Schedule G _____
St. Louis KTVI

3.69 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.36**
 Schedule G _____
David McNeil Stroud

3.70 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.38**
 Schedule G _____
Donald Valmont Drouin, Jr.

3.71 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.92**
 Schedule G _____
Rezound! Handbell Ensemble

3.72 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.52**
 Schedule G _____
High Country Inspections LLC

3.73 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.34**
 Schedule G _____
Daniel David Shearer

3.74 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.118**
 Schedule G _____
The Best Wurst LLC

3.75 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.23**
 Schedule G _____
Chestnut Fine Arts Center

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors*Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.76 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.16
 Schedule G _____
Brittney Donovan

3.77 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.9
 Schedule G _____
BeenzM Creative

3.78 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.97
 Schedule G _____
Ryan P. Van Wave

3.79 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.5
 Schedule G _____
American Trailer & STO

3.80 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.93
 Schedule G _____
Robert F. Kendall

3.81 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.126
 Schedule G _____
Wesley Lohmeyer

3.82 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.95
 Schedule G _____
Russell McDermott

3.83 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.56
 Schedule G _____
Jahi Eskridge

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.84 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.106**
 Schedule G _____
Shawn Spiker

3.85 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.13**
 Schedule G _____
Bliss Events LLC

3.86 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.32**
 Schedule G _____
Dagan LLC

3.87 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.51**
 Schedule G _____
Herc Rentals

3.88 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.39**
 Schedule G _____
Drake Nelsen

3.89 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.96**
 Schedule G _____
Ryan Dunn

3.90 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.48**
 Schedule G _____
Freddie G Allenbrand

3.91 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.7**
 Schedule G _____
Arctic Glacier U.S.A. Inc.

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.92 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.122
 Schedule G _____
Tri-Hull Crane Rental

3.93 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.42
 Schedule G _____
Erin Wood

3.94 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.4
 Schedule G _____
Amari Simone

3.95 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.120
 Schedule G _____
The Waldinger Corporation

3.96 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.3
 Schedule G _____
Allen Lee Holston

3.97 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.112
 Schedule G _____
Stephen J Schneider

3.98 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.117
 Schedule G _____
Teriyaki Tradesman LLC

3.99 **Epic Holiday LLC**
4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 4.71
 Schedule G _____
Kolton Brown

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.10 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.100**
 Schedule G _____
Santa in the Lou, LLC

3.10 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.79**
 Schedule G _____
Matthew Myers

3.10 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.74**
 Schedule G _____
KTBG-FM The Bridge

3.10 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.61**
 Schedule G _____
Jonathan Ryan Weiland

3.10 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.14**
 Schedule G _____
Brandon Michael Gubricky

3.10 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.19**
 Schedule G _____
Cally Beckman

3.10 **Epic Holiday LLC**
6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.54**
 Schedule G _____
Holly Garza

3.10 **Epic Holiday LLC**
7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.57**
 Schedule G _____
Jamie Graves

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.10 **Epic Holiday LLC**
8 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.84**
 Schedule G _____
Montana Stephenson

3.10 **Epic Holiday LLC**
9 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.24**
 Schedule G _____
Christian Reed

3.11 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.41**
 Schedule G _____
Elsa Wagnon

3.11 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.69**
 Schedule G _____
Kirkwood United Methodist

3.11 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.28**
 Schedule G _____
Concourse Foods LLC

3.11 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.26**
 Schedule G _____
Clayton DeLong

3.11 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.78**
 Schedule G _____
Madison Saverino

3.11 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.60**
 Schedule G _____
Joel Herr

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.11 **Epic Holiday LLC**
6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.33**
 Schedule G _____
Dalton Koch

3.11 **Epic Holiday LLC**
7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.76**
 Schedule G _____
Lucas Boschert

3.11 **Epic Holiday LLC**
8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.67**
 Schedule G _____
Kevin Barron

3.11 **Epic Holiday LLC**
9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.103**
 Schedule G _____
Scott Michael Weeke

3.12 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.85**
 Schedule G _____
Nathan Crutchley

3.12 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.82**
 Schedule G _____
Metro Electric

3.12 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.75**
 Schedule G _____
Laron Gillis

3.12 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.12**
 Schedule G _____
Angelo Abbott

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.12 **Epic Holiday LLC**
 4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.16**
 Schedule G _____
Ariana Alterman

3.12 **Epic Holiday LLC**
 5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.147**
 Schedule G _____
Madeline Arledge

3.12 **Epic Holiday LLC**
 6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.159**
 Schedule G _____
Mikala Ball

3.12 **Epic Holiday LLC**
 7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.162**
 Schedule G _____
Natalie Barnes

3.12 **Epic Holiday LLC**
 8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.167**
 Schedule G _____
Nolan Bartels

3.12 **Epic Holiday LLC**
 9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.61**
 Schedule G _____
Danielly Batista

3.13 **Epic Holiday LLC**
 0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.63**
 Schedule G _____
Dante Benson

3.13 **Epic Holiday LLC**
 1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.164**
 Schedule G _____
Nishant Bhakta

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.13 **Epic Holiday LLC**
 2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.102**
 Schedule G _____
Jaden Billups

3.13 **Epic Holiday LLC**
 3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.188**
 Schedule G _____
Sharon Bolterman

3.13 **Epic Holiday LLC**
 4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.33**
 Schedule G _____
Caitlyn Boyle

3.13 **Epic Holiday LLC**
 5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.24**
 Schedule G _____
Blane Branscum

3.13 **Epic Holiday LLC**
 6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.31**
 Schedule G _____
Brynnley Branscum

3.13 **Epic Holiday LLC**
 7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.38**
 Schedule G _____
Cameron Burris

3.13 **Epic Holiday LLC**
 8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.105**
 Schedule G _____
Janae Bursey

3.13 **Epic Holiday LLC**
 9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.81**
 Schedule G _____
Evelyn Butler

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.14 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.69**
 Schedule G _____
Diana Calzada

3.14 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.148**
 Schedule G _____
Madelyn Carrell

3.14 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.107**
 Schedule G _____
Jasmine Chandler

3.14 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.195**
 Schedule G _____
Tehreem Chaudhry

3.14 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.189**
 Schedule G _____
Shawnee Codianne

3.14 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.94**
 Schedule G _____
Henry Coulson

3.14 **Epic Holiday LLC**
6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.92**
 Schedule G _____
Haverly Cox

3.14 **Epic Holiday LLC**
7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.22**
 Schedule G _____
Ava Crabtree

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.14 **Epic Holiday LLC**
8 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.197**
 Schedule G _____
Thomas Craft

3.14 **Epic Holiday LLC**
9 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.84**
 Schedule G _____
Gannon Crangle

3.15 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.98**
 Schedule G _____
Imma Curl

3.15 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.20**
 Schedule G _____
Audrey Davis

3.15 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.125**
 Schedule G _____
Karlo Dennie

3.15 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.205**
 Schedule G _____
William Dery

3.15 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.27**
 Schedule G _____
Breauna Deslo

3.15 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.1**
 Schedule G _____
Aiden Diaz

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.15 **Epic Holiday LLC**
6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.131**
 Schedule G _____
Kiana Diaz

3.15 **Epic Holiday LLC**
7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.82**
 Schedule G _____
Gabriella Diebold

3.15 **Epic Holiday LLC**
8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.177**
 Schedule G _____
Rebekah Dietrich

3.15 **Epic Holiday LLC**
9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.120**
 Schedule G _____
Kaden Dinges

3.16 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.109**
 Schedule G _____
Jessica Dodd

3.16 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.10**
 Schedule G _____
Anastasia Douglas

3.16 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.90**
 Schedule G _____
Hailey Dunavant

3.16 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.76**
 Schedule G _____
Elijah Edminster

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.16 **Epic Holiday LLC**
 4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.64
 Schedule G _____
Daphany Edwards

3.16 **Epic Holiday LLC**
 5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.173
 Schedule G _____
Patrick Erekson

3.16 **Epic Holiday LLC**
 6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.137
 Schedule G _____
Landon Ferber

3.16 **Epic Holiday LLC**
 7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.112
 Schedule G _____
Joanna Ferbrache

3.16 **Epic Holiday LLC**
 8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.54
 Schedule G _____
Collin Fernau

3.16 **Epic Holiday LLC**
 9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.178
 Schedule G _____
Rilee Fevury

3.17 **Epic Holiday LLC**
 0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.58
 Schedule G _____
Craig Fitzgerald

3.17 **Epic Holiday LLC**
 1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.138
 Schedule G _____
Landon Flaherty

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.17 **Epic Holiday LLC**
 2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.35**
 Schedule G _____
Caleb Fletcher

3.17 **Epic Holiday LLC**
 3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.146**
 Schedule G _____
Luzmarie Floyd

3.17 **Epic Holiday LLC**
 4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.163**
 Schedule G _____
Nicholas Forrest

3.17 **Epic Holiday LLC**
 5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.140**
 Schedule G _____
Lauren Frazier

3.17 **Epic Holiday LLC**
 6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.26**
 Schedule G _____
Brady French

3.17 **Epic Holiday LLC**
 7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.19**
 Schedule G _____
Ashton Frisbie

3.17 **Epic Holiday LLC**
 8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.48**
 Schedule G _____
Christine Fullington

3.17 **Epic Holiday LLC**
 9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.135**
 Schedule G _____
Kristin Gengier

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.18 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.39
 Schedule G _____
Caroline Geringer

3.18 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.72
 Schedule G _____
Dominic Gill

3.18 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.139
 Schedule G _____
Laron Gillis

3.18 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.52
 Schedule G _____
Clayton Givens

3.18 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.91
 Schedule G _____
Hanah Glimpse

3.18 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.141
 Schedule G _____
Lauren Gluck

3.18 **Epic Holiday LLC**
6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.142
 Schedule G _____
Lillian Goforth

3.18 **Epic Holiday LLC**
7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.36
 Schedule G _____
Calvin Gray

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.18 **Epic Holiday LLC**
8 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.85
 Schedule G _____
Georgia Gray

3.18 **Epic Holiday LLC**
9 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.200
 Schedule G _____
Trisha Grinstead

3.19 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.186
 Schedule G _____
Scarlett Grinstead-Shroyer

3.19 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.113
 Schedule G _____
Jonah Hamai

3.19 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.50
 Schedule G _____
Christopher Hansen

3.19 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.187
 Schedule G _____
Shaley Harper

3.19 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.32
 Schedule G _____
Caitlin Harrington

3.19 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.128
 Schedule G _____
Kenna Harrington

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.19 **Epic Holiday LLC**
6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.117
 Schedule G _____
Justin Harris

3.19 **Epic Holiday LLC**
7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.183
 Schedule G _____
Sam Hart

3.19 **Epic Holiday LLC**
8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.201
 Schedule G _____
Tyler Hawks

3.19 **Epic Holiday LLC**
9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.25
 Schedule G _____
Brad Hayes

3.20 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.124
 Schedule G _____
Karis Hearne

3.20 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.119
 Schedule G _____
Justin Heienickle

3.20 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.51
 Schedule G _____
Clara Heiken

3.20 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.18
 Schedule G _____
Ashlynn Henke

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.20 **Epic Holiday LLC**
 4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.174**
 Schedule G _____
Peyton Hennager

3.20 **Epic Holiday LLC**
 5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.46**
 Schedule G _____
Chase Henson

3.20 **Epic Holiday LLC**
 6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.103**
 Schedule G _____
Jaeden Hernandez

3.20 **Epic Holiday LLC**
 7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.203**
 Schedule G _____
Viany Hernandez

3.20 **Epic Holiday LLC**
 8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.169**
 Schedule G _____
Normando Herrera Garcia

3.20 **Epic Holiday LLC**
 9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.14**
 Schedule G _____
Annie Hicks

3.21 **Epic Holiday LLC**
 0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.49**
 Schedule G _____
Christine Hicks

3.21 **Epic Holiday LLC**
 1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.204**
 Schedule G _____
Victoria Hilger

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.21 **Epic Holiday LLC**
 2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.41
 Schedule G _____
Carter Hollingsworth

3.21 **Epic Holiday LLC**
 3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.136
 Schedule G _____
Landin Hoyle

3.21 **Epic Holiday LLC**
 4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.87
 Schedule G _____
Germarius Hunt

3.21 **Epic Holiday LLC**
 5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.184
 Schedule G _____
Sandy Jerome

3.21 **Epic Holiday LLC**
 6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.80
 Schedule G _____
Epiphany Johnican

3.21 **Epic Holiday LLC**
 7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.110
 Schedule G _____
Jill Johnson

3.21 **Epic Holiday LLC**
 8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.175
 Schedule G _____
Peyton Jones

3.21 **Epic Holiday LLC**
 9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.11
 Schedule G _____
Andrew Jordan

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.22 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.127**
 Schedule G _____
Keith Keeton

3.22 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.83**
 Schedule G _____
Gabrielle Keithley

3.22 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.74**
 Schedule G _____
Edward Kemp

3.22 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.100**
 Schedule G _____
Isabella Kemp

3.22 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.151**
 Schedule G _____
Maria Kennedy

3.22 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.190**
 Schedule G _____
Shelby King

3.22 **Epic Holiday LLC**
6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.3**
 Schedule G _____
Aliyah Klaus

3.22 **Epic Holiday LLC**
7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.180**
 Schedule G _____
Ryan Kliethermes

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.22 **Epic Holiday LLC**
8 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.30
 Schedule G _____
Bryce Kollack

3.22 **Epic Holiday LLC**
9 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.181
 Schedule G _____
Ryann Kruse

3.23 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.129
 Schedule G _____
Kevin Lanier Jr.

3.23 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.182
 Schedule G _____
Rylie Lansford

3.23 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.15
 Schedule G _____
Anthony Larocco

3.23 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.176
 Schedule G _____
Rebecca Laureano

3.23 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.8
 Schedule G _____
Amelia Lener

3.23 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.88
 Schedule G _____
Gianna Leonelli

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.23 **Epic Holiday LLC**
6 4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.2
 Schedule G _____
Alex Liggett

3.23 **Epic Holiday LLC**
7 4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.208
 Schedule G _____
Zach Liggett

3.23 **Epic Holiday LLC**
8 4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.79
 Schedule G _____
Emma Livesay

3.23 **Epic Holiday LLC**
9 4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.93
 Schedule G _____
Heidi Loubser

3.24 **Epic Holiday LLC**
0 4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.66
 Schedule G _____
Denise Maldonado Batista

3.24 **Epic Holiday LLC**
1 4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.126
 Schedule G _____
Kathryn Marshall

3.24 **Epic Holiday LLC**
2 4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.170
 Schedule G _____
Olivia Martin

3.24 **Epic Holiday LLC**
3 4601 College Blvd, 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line 2.70
 Schedule G _____
Diana Martinez

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.24 **Epic Holiday LLC**
 4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.111**
 Schedule G _____
Jill Marx

3.24 **Epic Holiday LLC**
 5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.59**
 Schedule G _____
Daniel McClellan

3.24 **Epic Holiday LLC**
 6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.60**
 Schedule G _____
Danielle McGee

3.24 **Epic Holiday LLC**
 7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.132**
 Schedule G _____
Kimberly McGuire

3.24 **Epic Holiday LLC**
 8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.179**
 Schedule G _____
Ruby Melendez

3.24 **Epic Holiday LLC**
 9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.202**
 Schedule G _____
Tyler Metz

3.25 **Epic Holiday LLC**
 0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.17**
 Schedule G _____
Asher Mikesic

3.25 **Epic Holiday LLC**
 1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.165**
 Schedule G _____
Noah Mills

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.25 **Epic Holiday LLC**
 2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.67**
 Schedule G _____
Denise Mitchell

3.25 **Epic Holiday LLC**
 3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.75**
 Schedule G _____
Edward Mize

3.25 **Epic Holiday LLC**
 4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.206**
 Schedule G _____
William Molstad

3.25 **Epic Holiday LLC**
 5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.44**
 Schedule G _____
Catherine Moore

3.25 **Epic Holiday LLC**
 6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.4**
 Schedule G _____
Allianna Morales

3.25 **Epic Holiday LLC**
 7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.43**
 Schedule G _____
Cash Morehead

3.25 **Epic Holiday LLC**
 8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.77**
 Schedule G _____
Elizabeth Nash

3.25 **Epic Holiday LLC**
 9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.47**
 Schedule G _____
Christian Nelson

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.26 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.192**
 Schedule G _____
Sydney Nelson

3.26 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.157**
 Schedule G _____
McKenzie Norris

3.26 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.96**
 Schedule G _____
Ian O'Brien

3.26 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.68**
 Schedule G _____
Devon O'Rando

3.26 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.171**
 Schedule G _____
Olivia Orr

3.26 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.95**
 Schedule G _____
Hunter Page

3.26 **Epic Holiday LLC**
6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.199**
 Schedule G _____
Trey Parker

3.26 **Epic Holiday LLC**
7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.116**
 Schedule G _____
Joshua Patterson

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.26 **Epic Holiday LLC**
8 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.133**
 Schedule G _____
Kimberly Patton

3.26 **Epic Holiday LLC**
9 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.144**
 Schedule G _____
Lucas Peich

3.27 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.97**
 Schedule G _____
Ignacio Pelico

3.27 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.89**
 Schedule G _____
Grace Philpot

3.27 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.166**
 Schedule G _____
Noah Philpot

3.27 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.134**
 Schedule G _____
Kobe Polk

3.27 **Epic Holiday LLC**
4 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.56**
 Schedule G _____
Connor Polsak

3.27 **Epic Holiday LLC**
5 **4601 College Blvd, 200**
 Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.106**
 Schedule G _____
Jane Portell

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.27 **Epic Holiday LLC**
6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.143**
 Schedule G _____
Lily Porter

3.27 **Epic Holiday LLC**
7 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.158**
 Schedule G _____
Mia Rebstock

3.27 **Epic Holiday LLC**
8 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.152**
 Schedule G _____
Mason Redding

3.27 **Epic Holiday LLC**
9 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.9**
 Schedule G _____
Amelia Reeves

3.28 **Epic Holiday LLC**
0 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.101**
 Schedule G _____
Jack Reeves

3.28 **Epic Holiday LLC**
1 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.29**
 Schedule G _____
Brooke Riley

3.28 **Epic Holiday LLC**
2 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.73**
 Schedule G _____
Drew Riley

3.28 **Epic Holiday LLC**
3 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.13**
 Schedule G _____
Anna Rimar

Debtor 1 **Mark D McKee**

Case number (if known) _____

Additional Page to List More Codebtors**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**
Check all schedules that apply:

3.28 **Epic Holiday LLC**
 4 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.210**
 Schedule G _____
Zachary Robertson

3.28 **Epic Holiday LLC**
 5 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.121**
 Schedule G _____
KANSAS Department of Labor

3.28 **Epic Holiday LLC**
 6 **4601 College Blvd, 200**
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **2.123**
 Schedule G _____
Kansas Department of Revenue

3.28 **Epic Holiday LLC dba Jingle**
 7 **4601 College Blvd**
Suite 200
Leawood, KS 66211

Schedule D, line _____
 Schedule E/F, line **4.11**
 Schedule G _____
Berg Holdings, LLC

3.28 **Julia McKee**
 8 **2324 W. 127th Street**
Leawood, KS 66209

Schedule D, line _____
 Schedule E/F, line **4.114**
 Schedule G _____
Synovusbk / Greensky

3.28 **Julia McKee**
 9 **2324 W. 127th Street**
Leawood, KS 66209

Schedule D, line _____
 Schedule E/F, line **2.99**
 Schedule G _____
Internal Revenue Service

3.29 **Julia McKee**
 0 **2324 W. 127th Street**
Leawood, KS 66209

Schedule D, line _____
 Schedule E/F, line **2.122**
 Schedule G _____
Kansas Department of Revenue

3.29 **Julia McKee**
 1 **2324 W. 127th Street**
Leawood, KS 66209

Schedule D, line _____
 Schedule E/F, line **2.161**
 Schedule G _____
Missouri Department of Revenue

Fill in this information to identify your case:

Debtor 1	Mark D McKee
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF KANSAS
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

	Debtor 1	Debtor 2 or non-filing spouse
<input checked="" type="checkbox"/> Employed	<input type="checkbox"/> Employed	
<input type="checkbox"/> Not employed	<input type="checkbox"/> Not employed	
Occupation	Consultant	
Employer's name	Happy Landings. LLC	
Employer's address	2047 SW Topeka Blvd Topeka, KS 66612	

How long employed there? **3 weeks**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
--------------	-----------------------------------

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

2. \$ 0.00	\$ N/A
3. +\$ 0.00	+\$ N/A
4. \$ 0.00	\$ N/A

Debtor 1 **Mark D McKee**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ N/A

5. List all payroll deductions:

5a. **Tax, Medicare, and Social Security deductions**
 5b. **Mandatory contributions for retirement plans**
 5c. **Voluntary contributions for retirement plans**
 5d. **Required repayments of retirement fund loans**
 5e. **Insurance**
 5f. **Domestic support obligations**
 5g. **Union dues**
 5h. **Other deductions.** Specify: _____

5a.	\$ 0.00	\$ N/A
5b.	\$ 0.00	\$ N/A
5c.	\$ 0.00	\$ N/A
5d.	\$ 0.00	\$ N/A
5e.	\$ 0.00	\$ N/A
5f.	\$ 0.00	\$ N/A
5g.	\$ 0.00	\$ N/A
5h.+	\$ 0.00	+ \$ N/A

6. **Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ 0.00	\$ N/A
----	---------	--------

7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.

7.	\$ 0.00	\$ N/A
----	---------	--------

8. List all other income regularly received:

8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a.	\$ 6,500.00	\$ N/A
-----	-------------	--------

8b. **Interest and dividends**

8b.	\$ 0.00	\$ N/A
-----	---------	--------

8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c.	\$ 0.00	\$ N/A
-----	---------	--------

8d. **Unemployment compensation**

8d.	\$ 0.00	\$ N/A
-----	---------	--------

8e. **Social Security**

8e.	\$ 0.00	\$ N/A
-----	---------	--------

8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f.	\$ 0.00	\$ N/A
-----	---------	--------

8g. **Pension or retirement income**

8g.	\$ 0.00	\$ N/A
-----	---------	--------

8h. **Other monthly income.** Specify: _____

8h.+	\$ 0.00	+ \$ N/A
------	---------	----------

9. **Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ 6,500.00	\$ N/A
----	-------------	--------

10. **Calculate monthly income.** Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ 6,500.00	+ \$ N/A	= \$ 6,500.00
-----	-------------	----------	---------------

11. **State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11.	+\$ 0.00
-----	----------

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12.	\$ 6,500.00
-----	-------------

Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**

No.

Yes. Explain: _____

Debtor has a 3 month consulting job as a 1099 independent contractor that requires him to work out of state. It will last through April 2026, and that work may continue at a lower rate after that or cease altogether. For Schedule I, Debtor assumes that he will be able to find consulting work on a regular basis after this job at the amount listed in Schedule I, but it is not guaranteed.

Fill in this information to identify your case:

Debtor 1 **Mark D McKee**

Debtor 2 _____

(Spouse, if filing) _____

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

Case number _____
(If known)

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.	<input type="checkbox"/> Yes.	Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents names.					<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 2,100.00

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00
 4b. \$ 0.00
 4c. \$ 0.00
 4d. \$ 0.00
 5. \$ 0.00

Debtor 1 **Mark D McKee**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>0.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>	
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>245.00</u>	
6d. Other. Specify: _____	6d. \$ <u>0.00</u>	
7. Food and housekeeping supplies	7. \$ <u>750.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>200.00</u>	
10. Personal care products and services	10. \$ <u>200.00</u>	
11. Medical and dental expenses	11. \$ <u>84.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>250.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>50.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>120.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:	17a. \$ <u>700.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: <u>Estimated self employment tax payments</u> Business Travel	21. +\$ <u>1,300.00</u> +\$ <u>500.00</u>	
22. Calculate your monthly expenses	\$ <u>6,499.00</u>	
22a. Add lines 4 through 21.	\$ <u>6,499.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>6,499.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>6,499.00</u>	
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>6,500.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>6,499.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>1.00</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: Debtor will be working as a 1099 independent contractor, therefore will not have taxes withheld and will need to pay estimated tax payments, shown on Schedule J. He expects to reside out of town beginning in February 2026 for an extended period during this consulting project and future consulting projects, therefore his expenses will be based on living arrangement (extended stay housing, a rental car and higher than normal food expense) rather than the costs of his current residence.	

Fill in this information to identify your case:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF KANSAS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 320,800.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 8,150.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 328,950.00

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 148,356.08
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 5,295,924.56
		Your total liabilities
		\$ 5,444,280.64

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 6,500.00
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 6,499.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Mark D McKee**

Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	_____
----	-------

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ _____
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ _____
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ _____
9d. Student loans. (Copy line 6f.)	\$ _____
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ _____
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ _____
9g. Total. Add lines 9a through 9f.	\$ _____

Fill in this information to identify your case:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF KANSAS		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Mark D McKee

Mark D McKee
Signature of Debtor 1

Date January 26, 2026

X

Signature of Debtor 2

Date

Fill in this information to identify your case:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF KANSAS		
Case number (if known)			

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1		Debtor 2
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$7,500.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

Debtor 1 **Mark D McKee**

Case number (if known) _____

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2025)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2024)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$-6,100,703.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$50,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$8,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Mark D McKee**

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Venue Smart LLC vs. Epic Holiday, LLC and Mark McKee JO-2025-CV-001456	Collection of debt owed pursuant to operations of Epic Holiday, LLC and attempted claim of "fraud through silence" against Debtor personally	District Court of Johnson County Kansas 150 W Santa Fe St Olathe, KS 66061	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Single Source Printing vs. Mark D McKee JO-2025-LM-003625	Collection of debt owed by Epic Holiday, LLC, attempt to hold Debtor personally liable for debts of his company	District Court of Johnson County Kansas 150 W Santa Fe St Olathe, KS 66061	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Victor Mayo et al vs. Epic Holiday, LLC and Mark McKee 2516-CV00395	Class action lawsuit by former employees of Epic Holiday, LLC for unpaid wages, and attempt to hold Debtor liable for the debts of his company	Circuit Court of Jackson County 415 E 12th st Kansas City, MO 64106	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Removed to federal court - WDMO

Debtor 1 **Mark D McKee**

Case number (if known)

Case title Case number	Nature of the case	Court or agency	Status of the case
Wilkerson Crane Rental, Inc. vs. Mark D McKee dba Epic Holiday, LLC JO-2025-SC-000445	Small claims case against Debtor personally as an attempt to hold Debtor personally liable for the debt of his company	District Court of Johnson County Kansas 150 W Santa Fe St Olathe, KS 66061	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Amar S. Lewis V. Epic Holiday LLC dba Jingle Entertainment and Mark McKee OAH No. 26DL0016CL KDOL No. 250007-1	Commercial License Action to Enforce Business Debt Against Debtor Personally	Kansas Office of Administrative Hearing 1020 S Kansas Ave. Topeka, KS 66612	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Dominic E Gill V. Epic Holiday LLC dba Jingle Entertainment and Mark McKee OAH No. 26DL0020 CL	Commercial License Action to Enforce Business Debt Against Debtor Personally	Kansas Office of Administrative Hearing 1020 S. Kansas Ave Topeka, KS 66612	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Diana L. Martinez V. Epic Holiday LLC dba Jingle Entertainment and Mark McKee OAH No. : 26DL00117 CL Wage Claim No.:	Commercial License Action to Enforce Business Debt Against Debtor Personally	Kansas Office of Administrative Hearing 1020 S. Kansas Ave Topeka, KS 66612	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Khai P. Thomas V. Amar S. Lewis V. Epic Holiday LLC dba Jingle Entertainment and Mark McKee OAH No.: 26DL0018CL Wage Claim No.: 2500	Commercial License Action to Enforce Business Debt Against Debtor Personally	Kansas Office of Administrative Hearings 1020 S. Kansas Ave Topeka, KS 66612	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Shawnee R. Codianne V. Epic Holiday LLC dba Jingle Entertainment and Mark McKee OAH No.: 26DL0019CL Wage Claim No.: 2501	Commercial License Action to Enforce Business Debt Against Debtor Personally	Kansas Office of Administrative Hearings 1020 S. Kansas Ave Topeka, KS 66621	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Debtor 1 **Mark D McKee**

Case number (if known) _____

Part 5: List Certain Gifts and Contributions13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .			

Part 7: List Certain Payments or Transfers16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
WM Law, PC 15095 West 116th Street Olathe, KS 66062 bankruptcy@wagonergroup.com	Attorney Fees	1/23/26	\$5,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

Debtor 1 **Mark D McKee**

Case number (if known)

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
WM Law 15095 West 116th Street Olathe, KS 66062	Debtor's company, Epic Holiday, LLC paid WM Law for defense of Epic Holiday, LLC against claims by its creditors in state court matters. Some of those creditors maliciously attempted to make claims against Debtor in his personal capacity. Consequently, defense of these claims by Epic Holiday, LLC included ancillary defense of the claims against Debtor in his personal capacity, as well. Payments were made by Epic, not by Debtor.	1/7/2025 to 12/4/2025	\$11,150.00
Seyferth Blumenthal & Harris LLC 4801 Main St. Suite 310 Kansas City, MO 64112	Debtor's company, Epic Holiday, LLC paid Seyferth Blumenthal & Harris LLC for defense of Epic Holiday, LLC against claims by its employees in state court and federal district court class actions. Those claims were against Epic & Debtor in his personal capacity. Consequently, defense of these claims by Epic Holiday, LLC included ancillary defense of the claims against Debtor in his personal capacity, as well. Payments were made by Epic, not by Debtor.	December 2025 & 1/23/26	\$10,000.00

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

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

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Debtor 1 **Mark D McKee**

Case number (if known)

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

Debtor 1 **Mark D McKee**

Case number (if known)

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed EIN: From-To 5/13/24 to 1/7/2025
Epic Holiday, LLC dba Jingle 4601 College Boulevard, Suite 200 Leawood, KS 66211	This company has tremendous business debt resulting from poor attendance at a 2024 holiday time festival. Its only assets are some "Jingle" branded merchandise such as cups, t-shirts, novelties, small Christmas decor with a total liquidation value in the range of \$10,000 to \$15,000. This inventory has been located in rented storage units in Kansas City, Missouri and St. Charles, Missouri, and Debtor is attempting to locate cheaper storage options. Its bank acct at 1st State Bank has \$200 Tom Ross Supporting Strategies 4601 College Blvd, Suite 200 Leawood, KS 66211	

Debtor 1 **Mark D McKee**

Case number (if known)

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Epic Road Productions, LLC 11715 W. 101st Street Overland Park, KS 66214	Consulting company whose sole business operations currently are the wrapping up of the business issues of Epic Holiday, LLC dba Jingle. Epic Road has received approximately \$20,000 in cash from the sale of leftover Jingle merchandise in the past year and those funds were used to pay storage bills and legal bills for Epic Holiday	Dates business existed EIN: From-To 4/18/2024 to date
Max Fun Entertainment, LLC 4601 College Blvd Suite 200 Leawood, KS 66211	Debtor is not and has never been an owner of this company. He served as its CEO as an employee from 2020 to 12/2024. This is an independent league baseball team.	EIN: From-To 10/10/2019 to date
	Tom Ross Supporting Strategies 4601 College Blvd, Suite 200 Leawood, KS 66211	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

 No Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Mark D McKee

Mark D McKee

Signature of Debtor 1

Signature of Debtor 2

Date January 26, 2026

Date

Did you attach additional pages to **Your Statement of Financial Affairs for Individuals Filing for Bankruptcy** (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Mark D McKee		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF KANSAS		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No
Description of property securing debt:		<input type="checkbox"/> Yes
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No
Description of property securing debt:		<input type="checkbox"/> Yes
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No
Description of property securing debt:		<input type="checkbox"/> Yes
Creditor's name:	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No
	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No

Debtor 1 **Mark D McKee**

Case number (if known) _____

name: _____

Retain the property and redeem it.
 Retain the property and enter into a
Reaffirmation Agreement.
 Retain the property and [explain]: _____

 YesDescription of
property
securing debt: _____**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name: _____

 NoDescription of leased
Property: _____ Yes

Lessor's name: _____

 NoDescription of leased
Property: _____ Yes

Lessor's name: _____

 NoDescription of leased
Property: _____ Yes

Lessor's name: _____

 NoDescription of leased
Property: _____ Yes

Lessor's name: _____

 NoDescription of leased
Property: _____ Yes

Lessor's name: _____

 NoDescription of leased
Property: _____ Yes

Lessor's name: _____

 NoDescription of leased
Property: _____ Yes**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Mark D McKee**Mark D McKee**

Signature of Debtor 1

X

Signature of Debtor 2

Date

January 26, 2026

Date

Fill in this information to identify your case:

Debtor 1	Mark D McKee
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of Kansas
Case number (if known)	

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married.** Fill out Column A, lines 2-11.
- Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:**
 - Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ _____	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ _____	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ _____	\$ _____
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ _____	
Ordinary and necessary operating expenses	-\$ _____	
Net monthly income from a business, profession, or farm	\$ _____	Copy here -> \$ _____
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ _____	
Ordinary and necessary operating expenses	-\$ _____	
Net monthly income from rental or other real property	\$ _____	Copy here -> \$ _____
7. Interest, dividends, and royalties		\$ _____

Debtor 1

Mark D McKee

Case number (if known) _____

**Column A
Debtor 1****Column B
Debtor 2 or
non-filing spouse****8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ _____

For your spouse \$ _____

\$ _____

\$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ _____ \$ _____

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

..... \$ _____ \$ _____
..... \$ _____ \$ _____

Total amounts from separate pages, if any.

+ \$ _____ \$ _____
+ \$ _____ \$ _____

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ _____ + \$ _____ = \$ _____
Total current monthly income

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11 **Copy line 11 here=>**

\$ _____

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

x 12
12b. \$ _____

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ _____

14. How do the lines compare?14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.
Go to Part 3. Do NOT fill out or file Official Form 122A-2.14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.
Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Mark D McKee**Mark D McKee**

Signature of Debtor 1

Date **January 26, 2026**

MM / DD / YYYY

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

Debtor 1

Mark D McKee

Case number (if known) _____

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1	<u>Mark D McKee</u>
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court for the:	<u>District of Kansas</u>
Case number (if known)	

Check if this is an amended filing

Official Form 122A - 1Supp Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1. If you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1 Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 1).

No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

No. Go to line 3.

Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Go to line 3.

Yes. Go to Form 122A-1: on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. **Are you or have you been a Reservist or member of the National Guard?**

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Check any one of the following categories that applies:

- I was called to active duty after September 11, 2001**, for at least 90 days and remain on active duty.
- I was called to active duty after September 11, 2001**, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- I am performing a homeland defense activity for at least 90 days**.
- I performed a homeland defense activity for at least 90 days**, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

United States Bankruptcy Court
District of Kansas

In re **Mark D McKee**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

For legal services, I have agreed to accept	\$	5,000.00
Prior to the filing of this statement I have received	\$	5,000.00
Balance Due	\$	0.00

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

Debtor Other (specify):

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

Debtor Other (specify):

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

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

5. Subject to any applicable local rule or court order, in return for the above-disclosed fee, I have agreed to render legal service for the following aspects of the bankruptcy case, except as excluded in Section 6:

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

Rule 2016(b) additional disclosures:

Pursuant to guidance by the United States Trustee, Wagoner Bankruptcy Group, P.C. d.b.a. WM Law has been engaged to perform only pre-petition filing services regarding a Chapter 7 bankruptcy filing. Based upon an evaluation of the individual facts of this case, the law firm has agreed to represent Debtor for pre-petition services only for the fees listed as pre-paid in this Form 2016(b).

Based upon an evaluation of the individual facts of Debtor's case, we have agreed that Debtor's fee for post-Petition work (work done after Debtor's case is filed) is the amount listed above as due after filing. Debtor is not required to engage WM Law to perform post-petition services for Debtor. Debtor is free to complete the post-petition services as a "Pro Se" debtor. Debtor could also hire another attorney to complete the post-petition services for Debtor. If Debtor elects to hire WM Law to provide post-petition services for Debtor, then Debtor will be provided another engagement letter to sign for those post-petition services after Debtor's case is filed. If Debtor does not sign another engagement letter to hire WM Law to provide post-petition services, then WM Law will continue to represent Debtor unless the bankruptcy court permits our withdrawal from the case.

If Debtor does elect to sign an engagement letter for WM Law to provide Debtor with post-petition services, then Debtor will be expected to pay the post-petition fees as stated above. However, Debtor's failure to pay those fees as agreed in the post-petition services engagement letter will not result in a denial of legal services.

Please note that neither this pre-petition services engagement letter nor our post-petition services engagement letter requires WM Law to respond to an Adversary proceeding against Debtor or to commence an Adversary Proceeding on Debtor's behalf. Additionally, from time-to-time additional work may be needed on Debtor's case which is unforeseen at the time of Debtor's engagement for post-petition services. This work is outside the scope of normal services for a Chapter 7 case. Work in those matters requires a retainer and is billed at \$350 per hour for attorney time and \$175 for staff time (that is not in the nature of secretarial services).

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

Representation of the debtor in adversary proceedings, objections to discharge or dischargeability actions.

In re Mark D McKee
Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

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

January 26, 2026
Date

/s/ Jeffrey L. Wagoner
Jeffrey L. Wagoner
Signature of Attorney
WM Law, PC
15095 West 116th Street
Olathe, KS 66062
(913) 422-0909 Fax: (913) 428-8549
bankruptcy@wagonergroup.com
Name of law firm

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$78	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
<u>\$338</u> total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$571	administrative fee
\$1,738 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filin gfee
+	<u> \$78 administrative fee</u>
	\$278 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filin gfee
+	<u> \$78 administrative fee</u>
	\$313 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Kansas Department of Revenue
PO Box 12005
Topeka KS 66612-2005

Internal Revenue Service
PO Box 7346
Philadelphia PA 19101-7346

Missouri Department of Revenue
PO Box 475
Jefferson City MO 65105-0475

CAPITAL ONE BANK USA NA
PO BOX 30281
Salt Lake City UT 84130

A Touch of Class Catering
256 Stiles Drive
Wentzville MO 63385

Aiden Diaz
160 N 71st St
Kansas City KS 66112

Alex Liggett
2036 Meramec Meadows Dr
Fenton MO 63026

Aliyah Klaus
2360 Bastean Rd
Wentzville MO 63385

Allen Lee Holston
582 Olive Street
Pocahontas IL 62275

Allianna Morales
1070 Prince Albert Ct
O Fallon MO 63366

Allison Thaman
707 Cranbrook Dr
Saint Louis MO 63122

Alyson Whitney
14551 S Mullen St
Olathe KS 66062

Amanda Warnack
10558 Litz Ave
Saint Ann MO 63074

Amari Simone
7019 Parkview Avenue
Kansas City KS 66109

Amelia Lener
4052 Broad St
Saint Charles MO 63301

Amelia Reeves
105 Ripple Creek Dr
Lake Saint Louis MO 63367

American Trailer & STO
6900 E 39th St
Kansas City MO 64129

Anastasia Douglas
90 Country Life Dr
O Fallon MO 63366

Andrew Alexander Madden
5610 Beverly Lane
Mission KS 66202

Andrew Jordan
3 Oak Ridge Ct
O Fallon MO 63366

Angelo Abbott
5549 Webster Ave
Kansas City KS 66104

Anna Rimar
9049 Cordoba Ln
Saint Louis MO 63126

Annie Hicks
124 Arundel Dr
Troy MO 63379

Anthony Larocco
10558 Litz Ave
Saint Ann MO 63074

Arctic Glacier U.S.A. Inc.
307 23rd Street Extension
Suite 950
Sharpsburg PA 15215

Ariana Alterman
2410 N 51st St
Kansas City KS 66104

Asher Mikesic
207 S 2nd St
Lansing KS 66043

Ashlynn Henke
808 Brookwood Bend Trl
Saint Peters MO 63376

Ashton Frisbie
5 Moonstone Ct
O Fallon MO 63366

Audrey Davis
531 Deer Brook Dr
O Fallon MO 63366

Austin Scott
999 Stone Spring Dr
Eureka MO 63025

Ava Crabtree
74 Country Life Dr
O Fallon MO 63366

Ava Schwane
7209 Westfield Woods Dr
O Fallon MO 63368

BCP Tech
1511 Baltimore Avenue
Suite 200
Kansas City MO 64108

BeenzM Creative
40 Heather Valley Circle
Saint Peters MO 63376

Benjamin A. Reed
Seigfried Bingham, PC
2323 Grand Boulevard, Ste 1000
Kansas City MO 64108

Berg Holdings, LLC
17760 182nd Street
Tonganoxie KS 66086

Best Garda World
1699 South Hanley Road
Suite 350
Saint Louis MO 63144

Blane Branscum
1507 Heritage Valley Dr
High Ridge MO 63049

Bliss Events LLC
6632 Belcrest Drive
Barnhart MO 63012

Brad Hayes
145 E Washington Ave
Clifton Heights PA 19018

Brady French
1374 Mosswoods Dr
Fenton MO 63026

Brandon Michael Gubricky
1410 Tisbury Circle
O Fallon MO 63366

Breauna Deslo
4801 Deer Crossing Ln
Catawissa MO 63015

Brian Shalton
12008 Overbrook Road
Leawood KS 66209

Brittney Donovan
1518 Still Forest Court
Saint Peters MO 63376

Brock Holdings III, Inc.
10343 Sam Houston Park Drive
Suite 200
Houston TX 77064

Brody Sutton
230 Flint Brook Dr
O Fallon MO 63366

Brooke Riley
217 Townview Ct
Wentzville MO 63385

Bryce Kollack
824 Nottingham
Waterloo IL 62298

Brynnley Branscum
1507 Heritage Valley Dr
High Ridge MO 63049

Budrovich
10328 Lake Bluff Drive
Saint Louis MO 63123

Caitlin Harrington
6409 Beverly Dr
Mission KS 66202

Caitlyn Boyle
93 Maplelead Ct
Saint Peters MO 63376

Caitlyn Schmidt
3012 Cedarshade Ct
Saint Peters MO 63376

Caleb Fletcher
5216 Fuller Dr
Kansas City MO 64133

Cally Beckman
711 Northeast 3rd Street
Blue Springs MO 64014

Calvin Gray
313 Jessie Marie Ln
Saint Peters MO 63376

Camden Rodriguez
6 Oak Point Ct
Saint Peters MO 63376

Cameron Burris
418 Newkirk Cir
Saint Charles MO 63303

Capital One Bank
PO Box 31293
Salt Lake City UT 84131

Caroline Geringer
204 W Rose Ln
Waterloo IL 62298

Caroline Shellenberger
4303 Aston Ln
Mansfield TX 76063

Caroling Saint Louis
5345 Pershing Avenue
Apt 1A
Saint Louis MO 63112

Carter Hollingsworth
609 River Moss Dr
Saint Peters MO 63376

Carter Warren
30 Quail Woods Dr
Fenton MO 63026

Cash Morehead
10 Woodleaf Ct
O Fallon MO 63366

Catherine Moore
5504 Dressel Dr
Cottleville MO 63304

CES Power
3500 Air Center Cove
Memphis TN 38118

Charles Zeik
4 Bingham Ct
Saint Peters MO 63376

Chase Henson
6906 Orchard St
Pleasant Valley MO 64068

Chestnut Fine Arts Center
234 North Chestnut Street
Olathe KS 66061

Christian Nelson
23902 W 70th St
Shawnee KS 66226

Christian Reed
214 Thorn Brook Drive
O Fallon MO 63366

Christine Fullington
3313 Highgate Ln
Saint Charles MO 63301

Christine Hicks
124 Arundel Dr
Troy MO 63379

Christopher Hansen
523 Orville Ave
Kansas City KS 66101

Circus Kaput
633 Shadowridge Dr.
Wildwood MO 63011

Clara Heiken
5314 Stanton Dr
Kansas City MO 64133

Clayton DeLong
8509 Grande Pas
Kansas City MO 64114

Clayton Givens
6 Summer Ct
O Fallon MO 63366

Clean Sheet Consulting
805 West Gregory Boulevard
Kansas City MO 64114

Colin Seerey
50 Addyston Place Ct
Wentzville MO 63385

Collin Fernau
3645 Arpent Ln
Florissant MO 63034

Colton Wolff
3376 Old Oak Ln
O Fallon MO 63366

Concourse Foods LLC
4404 McPherson Avenue
Apt 706
Saint Louis MO 63108

Connor Polsak
1215 Spring Lilly Drive
High Ridge MO 63049

Connor Zerr
1376 Crimson Creek Dr
High Ridge MO 63049

Contemporary Services Corp.
17101 Superior Street
Los Angeles CA 91325

Cornerstone Consulting
1176 N. Irving Street
Allentown PA 18109

Craig Fitzgerald
2107 Huntington Ave
Saint Louis MO 63114

Cumulus Media Inc
3671 Momentum Place
Chicago IL 60689

Dagan LLC
13200 Corporate Exchange Drive
Bridgeton MO 63044

Dalton Koch
140 Hadley Grove Drive
Moscow Mills MO 63362

Daniel David Shearer
8020 Northeast 103rd Street
Kansas City MO 64157

Daniel McClellan
9 Country Crossing Estates Dr
Saint Peters MO 63376

Danielle McGee
81 Mallard Pointe Dr
O Fallon MO 63368

Danielly Batista
16252 W 158th St
Olathe KS 66062

Danny Taylor
6508 Twin Circle Ln
Simi Valley CA 93063

Dante Benson
114 Westleigh Manor Dr
Wentzville MO 63385

Daphany Edwards
507 NW 15th St
Blue Springs MO 64015

David E Edwards
7990 Kaw Drive
Kansas City KS 66111

David McNeil Stroud
2513 Northwest 84th Terrace
Kansas City MO 64154

David Serrani
112 Blanchard Ave
West Rutland VT 05777

Davis Supply Inc.
655 Southwest 2nd Street
Lees Summit MO 64063

Denise Maldonado Batista
16252 W 158th St
Olathe KS 66062

Denise Mitchell
19407 W 199th Ter
Spring Hill KS 66083

Devon O'Rando
10817 Xavier St
Saint Ann MO 63074

Diana Calzada
929 Crestwood Ln
O Fallon MO 63366

Diana Martinez
741 Pratt Ave
Bonner Springs KS 66012

Diane Vien
11947 Glenpark Dr
Maryland Heights MO 63043

Dominic Gill
1610 Holt St
Kansas City KS 66102

Donald Valmont Drouin, Jr.
1330 Bossler Lane
O Fallon IL 62269

Drake Nelsen
320 Condor Drive
Winfield MO 63389

Drew Riley
217 Townview Ct
Wentzville MO 63385

Edward Kemp
6651 Vinson Rd
Macon GA 31216

Edward Mize
1200 Flagstone Ter
Lake Saint Louis MO 63367

EIS Group
PO Box 1938
Frederick MD 21702

Elijah Edminster
2835 N 75th Ter
Kansas City KS 66109

Elizabeth Nash
1483 Schoal Creek Dr
O Fallon MO 63366

Ellen Wilhelm
535 Gentle Breeze Dr
Saint Peters MO 63376

Elsa Wagnon
4611 Clifton Terrace Road
Godfrey IL 62035

Emma Livesay
1124 Water View Ln
O Fallon MO 63366

Epic Holiday LLC
4601 College Blvd, 200
Leawood KS 66211

Epic Holiday LLC dba Jingle
4601 College Blvd
Suite 200
Leawood KS 66211

Epiphany Johnican
4116 Euclid Ave
East Chicago IN 46312

Erin Wood
2342 Westchester Road
Lawrence KS 66049

Evelyn Butler
301 W Armour Blvd
#308
Kansas City MO 64111

Eventworks
5901 California Avenue
Nashville TN 37209

Everywhere An Entertainer! LLC
519 Ruggles Road
Ferguson MO 63135

Family Media Group Inc
11937 West 119th Street
#335
Overland Park KS 66213

Ferrell Gas
PO Box 173940
Denver CO 80217-3940

Forklift America LLC
4316 Bridgeton Industrial Dr
Bridgeton MO 63044

Freddie G Allenbrand
6712 Renner Road
Shawnee KS 66217

Gabriella Diebold
520 Auburn Trace Ln
Saint Peters MO 63376

Gabrielle Keithley
20 Snowbird Ct
O Fallon MO 63366

Gannon Crangle
2 Queen Victoria Ct
O Fallon MO 63366

Gateway Propane
PO Box 306
Dupo IL 62239

Georgia Gray
313 Jessie Marie Ln
Saint Peters MO 63376

Gerald Stephens
43 Jackson Oaks Ct
Wentzville MO 63385

Germarius Hunt
1032 Pinewood Place Dr
O Fallon MO 63366

Gianna Leonelli
8604 Savoy Ln
O Fallon IL 62269

Grace Philpot
1413 Uthoff Farm Trail
Fenton MO 63026

Green Acres Lawn and Landscape
14539 150th Street
Bonner Springs KS 66012

Hailey Dunavant
4741 Ray Ave
Saint Louis MO 63116

Hanah Glimpse
7308 Reynolds Ave
Kansas City KS 66111

Harris Law Office, LLC
Thomas W. Harris
4900 Johnson Drive
Mission KS 66205

Haverly Cox
225 Christina Marie Dr
O Fallon MO 63368

Heidi Loubser
6110 E 129th St
Grandview MO 64030

Henry Coulson
4434 Meadow View Dr
Shawnee KS 66226

Herc Rentals
PO Box 936257
Atlanta GA 31193

High Country Inspections LLC
196 North Cunningham Avenue
Inverness FL 34453

Holiday FX Lighting Experts
939 Homestead Street
Excelsior Springs MO 64024

Holly Garza
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**United States Bankruptcy Court
District of Kansas**

In re

Mark D McKee

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: January 26, 2026/s/ Mark D McKee**Mark D McKee**

Signature of Debtor