

Fill in this information to identify the case:Debtor name **Eagle Hemp, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**Case number (if known) **8:23-bk-4137-RCT**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 6,203,968.33
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 6,203,968.33

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 21,661,105.39
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 87.75
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 9,154,166.89
4. Total liabilities Lines 2 + 3a + 3b	\$ 30,815,360.03

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12/15

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

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

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

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

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

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$372.24****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Lake Michigan Credit Union****Checking****6609****\$61,083.18**3.2. **Lake Michigan Credit Union****Electronic****6608****\$143.92****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

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

\$61,599.34**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

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

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

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

Description, including name of holder of prepayment

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

\$200.00**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

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

11. **Accounts receivable**

11b. Over 90 days old: **529,618.10** - **0.00** = **\$529,618.10**

face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

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

\$529,618.10**Part 4: Investments**

13. Does the debtor own any investments?

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

Part 5: Inventory, excluding agriculture assets

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

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Raw Materials - amount listed is approximate		Unknown		\$4,000,000.00

20. **Work in progress**

21. **Finished goods, including goods held for resale**
Finished Products - amount listed is approximate

Unknown **\$1,500,000.00**

22. **Other inventory or supplies**23. **Total of Part 5.**

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

\$5,500,000.0024. **Is any of the property listed in Part 5 perishable?**

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- ☐ No
☒ Yes

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

☒ No☐ Yes. Book value _____ Valuation method _____ Current Value _____

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

☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

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

☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**

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

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

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software			
	Office equipment	Unknown		\$35,550.89

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

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

\$35,550.89

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

☒ No☐ Yes

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

☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**

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

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor **Eagle Hemp, LLC**
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Add lines 47 through 50. Copy the total to line 87.

\$77,000.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

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

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**55.1. **Lease of building at 2855 Interstate - See Schedule G**\$0.00\$0.0056. **Total of Part 9.**

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

\$0.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

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- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

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

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

Part 11: All other assets

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

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

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

Debtor **Eagle Hemp, LLC**
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In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$61,599.34	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$200.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$529,618.10	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$5,500,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$35,550.89	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$77,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$6,203,968.33	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$6,203,968.33

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Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	3KS Family, LLLP <small>Creditor's Name</small> 11317 N. 52nd St. Tampa, FL 33617 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets Describe the lien Security Interest Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,071,111.00	Unknown

2.2	George L. Southworth Revocable <small>Creditor's Name</small> Trust Dated February 17, 2006, Am 11317 N. 52nd St. Tampa, FL 33617 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien All assets Describe the lien Security Interest Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$17,589,994.39	Unknown
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NameCase number (if known) **8:23-bk-4137-RCT****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.3

Shimadzu Scientific Instruments, Inc.

Creditor's Name

**7102 Riverwood Dr.
Columbia, MD 21046**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien****\$0.00****\$0.00****For noticing purposes****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☒ Disputed

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

**\$21,661,105.
39****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

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

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

Name and address

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

Last 4 digits of account number for this entity

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

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address California Department of Tax and Fee Adm P.O. Box 942879 Sacramento, CA 94279-8062	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Hillsborough County Tax Collector 2506 N. Falkenburg Rd. Tampa, FL 33619	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$30.00	\$30.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.3	Priority creditor's name and mailing address Illinois Department of Revenue P.O. Box 19043 Springfield, IL 62794-9043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Indiana Department of Revenue 100 N. Senate Ave. Indianapolis, IN 46204-2253	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Massachusetts Department of Revenue Resolution - Bankruptcy Unit P.O. Box 7090 Boston, MA 02204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Polk County Tax Collector P.O. Box 1189 Bartow, FL 33831	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$57.75	\$0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Eagle Hemp, LLC**
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Wisconsin Department of Revenue
P.O. Box 8902
Madison, WI 53708-8902As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No
☐ Yes**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

3.1 Nonpriority creditor's name and mailing address

Ad Hive
4200 Tucker Ave
Richmond, BC V7C 1M1

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*☐ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Amount of claim

\$554,920.00

3.2 Nonpriority creditor's name and mailing address

Adeer, LLC
4150 S. 2nd St., Suite 315
St. Cloud, MN 56301

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*☐ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$4,920.00**

3.3 Nonpriority creditor's name and mailing address

ADT Security Services
1501 Yamato Rd.
Boca Raton, FL 33431

Date(s) debt was incurred _

Last 4 digits of account number _

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

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$181.24**

3.4 Nonpriority creditor's name and mailing address

Affiliati Network, LLC
1521 Alton Rd. PMB 160
Miami Beach, FL 33139

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*☐ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$984,600.00**

3.5 Nonpriority creditor's name and mailing address

Airgas USA, LLC
PO Box 734672
Dallas, TX 75373-4672

Date(s) debt was incurred _

Last 4 digits of account number _

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

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$14,018.94**

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3.6	Nonpriority creditor's name and mailing address Allied Universal Security Services PO Box 828854 Philadelphia, PA 19182-8854 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,457.49
3.7	Nonpriority creditor's name and mailing address American Arbitration Association 2200 Century Parkway Suite 300 Atlanta, GA 30345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,476.25
3.8	Nonpriority creditor's name and mailing address American Roll-Up Door Co. PO Box 741605 Atlanta, GA 30374-1605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,236.00
3.9	Nonpriority creditor's name and mailing address Americanna Laboratories 11757 Central Parkway Jacksonville, FL 32224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,588.25
3.10	Nonpriority creditor's name and mailing address Amerigas PO Box 371473 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$604.51
3.11	Nonpriority creditor's name and mailing address Aramark PO Box 731676 Dallas, TX 75373-1676 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,567.24
3.12	Nonpriority creditor's name and mailing address Arbon Equipment Corporation 25464 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00

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3.13	Nonpriority creditor's name and mailing address Barry Atkins P.O. Box 4363 West Palm Beach, FL 33412 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$194.17
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3.14	Nonpriority creditor's name and mailing address Missy Atkins P.O. Box 4363 West Palm Beach, FL 33412 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93.17
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3.15	Nonpriority creditor's name and mailing address Aware Ads Inc 2323 Yonge Street Suite 203 Toronto, ON M4P 2C9 Canada Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,080.00
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3.16	Nonpriority creditor's name and mailing address Aware Ads, Inc. c/o DLA Piper (Canada) 1 First Canadian Place 100 King St. West, #6000 Toronto ON M5X 1E2 Canada Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>For noticing purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.17	Nonpriority creditor's name and mailing address Black Rock Industrial Group Inc. 1958 NE 149 Street North Miami, FL 33181 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,750.00
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3.18	Nonpriority creditor's name and mailing address Blitzads Limited 300 Lockhart Rd. Wan Chai, Hong Kong Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,760.00
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3.19	Nonpriority creditor's name and mailing address Bush Ross P.A. P.O. Box 3913 Tampa, FL 33601-3913 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,154.50
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Debtor	Eagle Hemp, LLC Name	Case number (if known)	8:23-bk-4137-RCT
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3.20	Nonpriority creditor's name and mailing address City of Lakeland 228 S Massachusetts Ave Lakeland, FL 33801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.76
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3.21	Nonpriority creditor's name and mailing address City of Lakeland Electric PO Box 32006 Lakeland, FL 33802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,264.47
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3.22	Nonpriority creditor's name and mailing address CloudFlare, Inc 101 Townsend Street San Francisco, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,150.55
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3.23	Nonpriority creditor's name and mailing address Colwill Engineering Electrical Inc. 4750 East Adamo Dr Tampa, FL 33605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,961.00
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3.24	Nonpriority creditor's name and mailing address Colwill Engineering Mechanical 4750 East Adamo Dr Tampa, FL 33605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,619.00
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3.25	Nonpriority creditor's name and mailing address Colwill Engineering Technologies, Inc 4750 East Adamo Dr Tampa, FL 33605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,316.00
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3.26	Nonpriority creditor's name and mailing address Concrete Impressions of Florida, Inc P.O. Box 292782 Tampa, FL 33687 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,655.68
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Debtor	Eagle Hemp, LLC Name	Case number (if known)	8:23-bk-4137-RCT
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3.27	Nonpriority creditor's name and mailing address Convert2Media, LLC 44 Exchange Place Salt Lake City, UT 84111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276,920.00
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3.28	Nonpriority creditor's name and mailing address Cox Fire Protection, Inc 7910 Professional Place Tampa, FL 33637 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.29	Nonpriority creditor's name and mailing address Crown Lift Trucks 4683 Oak Fair Blvd Tampa, FL 33610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,413.12
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3.30	Nonpriority creditor's name and mailing address Eagle Labs, Inc 10540 72nd St Seminole, FL 33777 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$751,590.00
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3.31	Nonpriority creditor's name and mailing address Express Revenue Inc. 5757 SW 89th Lane Cooper City, FL 33388 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,640.00
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3.32	Nonpriority creditor's name and mailing address FedEx PO Box 660481 Dallas, TX 75266-0481 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$688,396.33
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3.33	Nonpriority creditor's name and mailing address FedEx Freight PO Box10306 Palantine, IL 60055-6605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409.45
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3.34	Nonpriority creditor's name and mailing address GrabAds Media, LLC 4830 W Kennedy Blvd Suite 600 Tampa, FL 33609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$707,591.00
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3.35	Nonpriority creditor's name and mailing address Graviton-Tech Limited Flat/Rm 1002 10/F Enterprise Building #228-238 Queen's Road Central HONG KONG Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
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3.36	Nonpriority creditor's name and mailing address GS1 US, Inc. Dept 781271 PO Box 78000 Detroit, MI 48278-1271 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.37	Nonpriority creditor's name and mailing address Jello Management, Inc. 16192 Coastal Hwy. Lewes, DE 19958 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,630.00
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3.38	Nonpriority creditor's name and mailing address JWC Environmental 2850 S. Red Hill Ave., #125 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,420.20
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3.39	Nonpriority creditor's name and mailing address Kordev, LLC c/o Tillman James Finley, Esq. Marino Finley LLP 818 Connecticut Ave NW, #801 Washington, DC 20006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.40	Nonpriority creditor's name and mailing address Kount PO Box 71221 Charlotte, NC 28272-1221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,737,530.10
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Debtor Eagle Hemp, LLC Name		Case number (if known) 8:23-bk-4137-RCT	
3.41	Nonpriority creditor's name and mailing address L.L.C., Inc. PO Box 16966 Tampa, FL 33687 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$590,048.52
3.42	Nonpriority creditor's name and mailing address Lakeland Interstate Business Center, LLC c/o Equitable Real Estate Partners 1604 Santa Rosa Rd., #203 Henrico, VA 23229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.43	Nonpriority creditor's name and mailing address Marlin Business Bank PO Box 13604 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.60
3.44	Nonpriority creditor's name and mailing address Media Brand Consulting 2338 Coronada Way S. St. Petersburg, FL 33713 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,937.30
3.45	Nonpriority creditor's name and mailing address MerchantE 1150 Sancturay Parkway, #300 Alpharetta, GA 30009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.46	Nonpriority creditor's name and mailing address Metrics Call Services 701 S. Howard Ave., #106 Tampa, FL 33606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210,716.00
3.47	Nonpriority creditor's name and mailing address Milner, Inc. PO Box 923197 Norcross, GA 30010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$284.50

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3.48	Nonpriority creditor's name and mailing address Mobooka, LLC 6052 Turkey Lake Rd., Suite 200 Orlando, FL 32819 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260,720.00
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3.49	Nonpriority creditor's name and mailing address RCS Company of Tampa, Inc PO Box 89129 Tampa, FL 33689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,217.37
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3.50	Nonpriority creditor's name and mailing address Reimagine Office Furnishings 1212 N 39th St., Suite 100 Tampa, FL 33605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,296.16
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3.51	Nonpriority creditor's name and mailing address Nick Ripplinger 802 Knight St Seffner, FL 33584 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00
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3.52	Nonpriority creditor's name and mailing address Silver Ladder Media LLC 1367 Ashford Ave Number 319 San Juan, PR 00911 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
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3.53	Nonpriority creditor's name and mailing address Elaine Solomon 9208 Springhill Lane, #102 Upper Marlboro, MD 20772 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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3.54	Nonpriority creditor's name and mailing address Spectrum 400 Atlantic St., 10th Floor Stamford, CT 06901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$935.62
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Debtor	Eagle Hemp, LLC <small>Name</small>	Case number (if known)	8:23-bk-4137-RCT
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3.55	Nonpriority creditor's name and mailing address Sunbelt Rentals, Inc. PO Box 409211 Atlanta, GA 30384-9211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,702.31
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3.56	Nonpriority creditor's name and mailing address Synergy Digital 4136 Unon St. Buraby British Columbia V5C2X1 Canada Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00
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3.57	Nonpriority creditor's name and mailing address T-Mobile P.O. Box 53410 Bellevue, WA 98015-3410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,832.14
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3.58	Nonpriority creditor's name and mailing address Barbara Tancredi 23616 Via Carino Lane Bonita Springs, FL 34135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,380.00
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3.59	Nonpriority creditor's name and mailing address Terminix PO Box 802155 Chicago, IL 60680-2155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$888.10
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3.60	Nonpriority creditor's name and mailing address Trim Life Labs, LLC P.O. Box 16605 Tampa, FL 33687 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$772,563.11
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3.61	Nonpriority creditor's name and mailing address Uline, Inc PO BOX 88741 Chicago, IL 60680 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,974.96
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Debtor **Eagle Hemp, LLC**
NameCase number (if known) **8:23-bk-4137-RCT**

3.62 Nonpriority creditor's name and mailing address

UPS
P O Box 650116
Dallas, TX 75265-0116

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$89.78**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

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

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

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Gary W. Rich, Esq. Law Office of Gary W. Rich, LC 438 Fountain View Morgantown, WV 26505	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Omni Tax 2300 5th Ave. Vero Beach, FL 32960	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Ruben E. Socarras, Esq. 327 Plaza Real #217 Boca Raton, FL 33432	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—

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

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>87.75</u>
5b. +	\$ <u>9,154,166.89</u>
5c.	\$ <u>9,154,254.64</u>

Fill in this information to identify the case:Debtor name **Eagle Hemp, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**Case number (if known) **8:23-bk-4137-RCT**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

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

State the term remaining

List the contract number of any government contract

**Airgas USA, LLC
PO Box 734672
Dallas, TX 75373-4672**2.2. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement**

State the term remaining

List the contract number of any government contract

**Barry Atkins
P.O. Box 4363
West Palm Beach, FL 33412**2.3. State what the contract or lease is for and the nature of the debtor's interest **Master Lease Agreements for equipment**

State the term remaining

List the contract number of any government contract

**L.L.C., Inc.
PO Box 16966
Tampa, FL 33687**2.4. State what the contract or lease is for and the nature of the debtor's interest **Lease of non-residential real estate located at 2855 Interstate Dr., Suite 111, Lakeland, Florida**

State the term remaining

List the contract number of any government contract

**Lakeland Interstate Business Center, LLC
c/o Equitable Real Estate Partners
1604 Santa Rosa Rd., #203
Henrico, VA 23229**

Debtor 1 **Eagle Hemp, LLC**

First Name

Middle Name

Last Name

Case number (if known) **8:23-bk-4137-RCT**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

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

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Lease of copier**

State the term remaining

List the contract number of any government contract

**Milner, Inc.
PO Box 923197
Norcross, GA 30010**

Fill in this information to identify the case:Debtor name **Eagle Hemp, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISION**Case number (if known) **8:23-bk-4137-RCT**☐ Check if this is an amended filing**Official Form 206H****Schedule H: Your Codebtors****12/15**

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

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

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

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Barry Atkins
(Disputed)****Affiliati Network, LLC**☐ D _____☒ E/F **3.4**☐ G _____

Fill in this information to identify the case:Debtor name Eagle Hemp, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISIONCase number (if known) 8:23-bk-4137-RCT☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

Declaration and signature

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

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

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

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

Executed on 10.13.2023

X


Signature of individual signing on behalf of debtor

Barry M. Atkins

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Eagle Hemp, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISIONCase number (if known) 8:23-bk-4137-RCT☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

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

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2023** to **Filing Date****Sources of revenue**
Check all that apply☐ Operating a business☒ Other **Gross Revenues/Sales****Gross revenue**
(before deductions and exclusions)\$140,842.61**For prior year:**From **1/01/2022** to **12/31/2022**☐ Operating a business☒ Other **Gross Revenues/Sales**\$32,876,830.35**For year before that:**From **1/01/2021** to **12/31/2021**☐ Operating a business☒ Other **Gross Revenues/Sales**\$23,760,594.75**2. Non-business revenue**

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

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor **Eagle Hemp, LLC**Case number (if known) **8:23-bk-4137-RCT**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attachment			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

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

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See response to No. 30			
4.2. George L. Southworth 11317 N. 52nd St. Tampa, FL 33617 Manager	July 27, 2023	\$62,039.96	

5. Repossessions, foreclosures, and returns

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

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

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

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

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

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Kordev, LLC vs Eagle Hemp, LLC, et al. Case No. 2:21-cv-1341-NR		District Court/Western District of Pennsylvania	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

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Eagle Hemp LLC

Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Check	FEE07...	07/06/2023	Gateway		1010 · LMCU CHEC...		-19.43
					5252 · Gateway Fee	-19.43	19.43
TOTAL						-19.43	19.43
Check	FEE08...	08/08/2023	Gateway		1010 · LMCU CHEC...		-19.43
					5252 · Gateway Fee	-19.43	19.43
TOTAL						-19.43	19.43
Check	FEE09...	09/06/2023	Gateway		1020 · Bank ELECT...		-6.00
					5252 · Gateway Fee	-6.00	6.00
TOTAL						-6.00	6.00
Check	GW07...	07/06/2023	Gateway		1020 · Bank ELECT...		-6.00
					5252 · Gateway Fee	-6.00	6.00
TOTAL						-6.00	6.00
Check	GW08...	08/08/2023	Gateway		1020 · Bank ELECT...		-7.00
					5252 · Gateway Fee	-7.00	7.00
TOTAL						-7.00	7.00
Check	FEE07...	07/06/2023	Gateway		1010 · LMCU CHEC...		-26.00
					5252 · Gateway Fee	-26.00	26.00
TOTAL						-26.00	26.00
Check	FEE08...	08/08/2023	Gateway		1010 · LMCU CHEC...		-26.00
					5252 · Gateway Fee	-26.00	26.00
TOTAL						-26.00	26.00
Check	FEE09...	09/06/2023	Gateway		1020 · Bank ELECT...		-6.00

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Eagle Hemp LLC
Check Detail
 June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					5252 · Gateway Fee	-6.00	6.00
TOTAL						-6.00	6.00
Check	GW07...	07/06/2023	Gateway		1020 · Bank ELECT...		-6.00
					5252 · Gateway Fee	-6.00	6.00
TOTAL						-6.00	6.00
Check	GW08...	08/08/2023	Gateway		1020 · Bank ELECT...		-6.00
					5252 · Gateway Fee	-6.00	6.00
TOTAL						-6.00	6.00
Check	FEE09...	09/06/2023	Gateway		1020 · Bank ELECT...		-7.00
					5252 · Gateway Fee	-7.00	7.00
TOTAL						-7.00	7.00
Check	GW07...	07/06/2023	Gateway		1020 · Bank ELECT...		-7.00
					5252 · Gateway Fee	-7.00	7.00
TOTAL						-7.00	7.00
Check	GW08...	08/08/2023	Gateway		1020 · Bank ELECT...		-6.00
					5252 · Gateway Fee	-6.00	6.00
TOTAL						-6.00	6.00
Check	FEE09...	09/06/2023	Gateway		1020 · Bank ELECT...		-25.00
					5252 · Gateway Fee	-25.00	25.00
TOTAL						-25.00	25.00
Check	GW07...	07/06/2023	Gateway		1020 · Bank ELECT...		-25.00
					5252 · Gateway Fee	-25.00	25.00

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Eagle Hemp LLC
Check Detail
 June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
TOTAL						-25.00	25.00
Check	FEE09...	09/06/2023	Gateway		1010 · LMCU CHEC...		-19.43
				5252 · Gateway Fee		-19.43	19.43
TOTAL						-19.43	19.43
Check	FEE09...	09/06/2023	Gateway		1010 · LMCU CHEC...		-26.00
				5252 · Gateway Fee		-26.00	26.00
TOTAL						-26.00	26.00
Bill Pmt -Check	5522	07/01/2023	Concrete Impressi...		1010 · LMCU CHEC...		-1,941.23
Bill	July 2...	07/01/2023		6640 · Medical - ALL		-1,941.23	1,941.23
TOTAL						-1,941.23	1,941.23
Bill Pmt -Check	5523	07/01/2023	Guardian		1010 · LMCU CHEC...		-293.15
Bill	July 2...	07/01/2023		6610 · Dental - ALL		-293.15	293.15
TOTAL						-293.15	293.15
Bill Pmt -Check	5524	07/01/2023	Metlife		1010 · LMCU CHEC...		-142.85
Bill	July 2...	07/01/2023		6620 · Life - ALL		-62.25	62.25
				6630 · LTD - ALL		-80.60	80.60
TOTAL						-142.85	142.85
Bill Pmt -Check	5525	07/25/2023	FedEx Dataworks, I...		1010 · LMCU CHEC...		-6.30
Bill	INV00...	07/14/2023		9320 · Commissions		-6.30	6.30
TOTAL						-6.30	6.30
Bill Pmt -Check	5526	07/27/2023	Concrete Impressi...		1010 · LMCU CHEC...		-167.45
Bill	June 2...	06/29/2023		5862 · Misc Supplies...		-17.93	17.93
Bill	June 2...	06/29/2023		7050 · Insurance, P ...		-54.67	54.67
Bill	WEX ...	07/06/2023		8530 · Vehicle Fuel/Oil		-40.18	40.18

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Eagle Hemp LLC
Check Detail
 June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Bill	07.24.23	07/24/2023			7050 · Insurance, P ...	-54.67	54.67
TOTAL						-167.45	167.45
Check	5527	07/27/2023	George Southwort...		1010 · LMCU CHEC...		-62,039.96
					2700 · Stockholder L...	-62,039.96	62,039.96
TOTAL						-62,039.96	62,039.96
Bill Pmt -Check	5528	07/27/2023	Guardian		1010 · LMCU CHEC...		-193.75
Bill	Augus...	08/01/2023			6610 · Dental - ALL	-193.75	193.75
TOTAL						-193.75	193.75
Bill Pmt -Check	5529	07/27/2023	Concrete Impressi...		1010 · LMCU CHEC...		-620.98
Bill	Augus...	08/01/2023			6640 · Medical - ALL	-620.98	620.98
TOTAL						-620.98	620.98
Bill Pmt -Check	5530	07/27/2023	Metlife		1010 · LMCU CHEC...		-113.09
Bill	Augus...	08/01/2023			6620 · Life - ALL	-62.25	62.25
					6630 · LTD - ALL	-50.84	50.84
TOTAL						-113.09	113.09
Bill Pmt -Check	5531	08/02/2023	USPS		1010 · LMCU CHEC...		-354.00
Bill	07.10.23	07/10/2023			7085 · Postage - Ad...	-354.00	354.00
TOTAL						-354.00	354.00
Bill Pmt -Check	5532	08/31/2023	Metlife		1010 · LMCU CHEC...		-113.09
Bill	Sept 2...	08/22/2023			6620 · Life - ALL	-62.25	62.25
					6630 · LTD - ALL	-50.84	50.84
TOTAL						-113.09	113.09
Bill Pmt -Check	EFT08...	08/27/2023	Frontier		1010 · LMCU CHEC...		-1,490.00

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Bill	08.03.23	08/03/2023			7090 · Telephone, In...	-1,490.00	1,490.00
TOTAL						-1,490.00	1,490.00
Paycheck	42389	06/23/2023	[REDACTED]	1010	· LMCU CHEC...		-1,763.54
					[REDACTED]	-2,307.69	2,307.69
					6610 · Dental - ALL	7.15	-7.15
					2120 · Federal With...	361.00	-361.00
					6550 · Payroll Tax Exp	-142.64	142.64
					2140 · Social Security	142.64	-142.64
					2140 · Social Security	142.64	-142.64
					6550 · Payroll Tax Exp	-33.36	33.36
					2130 · Medicare	33.36	-33.36
					2130 · Medicare	33.36	-33.36
TOTAL						-1,763.54	1,763.54
Paycheck	42390	06/23/2023	[REDACTED]	1010	· LMCU CHEC...		-2,155.80
					[REDACTED]	-2,884.62	2,884.62
					6610 · Dental - ALL	7.15	-7.15
					2120 · Federal With...	501.00	-501.00
					6550 · Payroll Tax Exp	-178.85	178.85
					2140 · Social Security	178.85	-178.85
					2140 · Social Security	178.85	-178.85
					6550 · Payroll Tax Exp	-41.82	41.82
					2130 · Medicare	41.82	-41.82
					2130 · Medicare	41.82	-41.82
TOTAL						-2,155.80	2,155.80
Paycheck	42391	06/23/2023	[REDACTED]	1010	· LMCU CHEC...		-548.31
					[REDACTED]	-710.00	710.00
					6610 · Dental - ALL	7.15	-7.15
					6640 · Medical - ALL	48.16	-48.16
					2100 · 401k Emp	21.30	-21.30
					2120 · Federal With...	35.00	-35.00
					6550 · Payroll Tax Exp	-40.59	40.59
					2140 · Social Security	40.59	-40.59
					2140 · Social Security	40.59	-40.59
					6550 · Payroll Tax Exp	-9.49	9.49
					2130 · Medicare	9.49	-9.49
					2130 · Medicare	9.49	-9.49
TOTAL						-548.31	548.31

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Paycheck	42392	06/23/2023		1010	· LMCU CHEC...		-1,013.97
						-924.51	924.51
					5750 · Plant Benefit ...	-229.34	229.34
					6610 · Dental - ALL	7.15	-7.15
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.10	71.10
					2140 · Social Security	71.10	-71.10
					2140 · Social Security	71.10	-71.10
					6550 · Payroll Tax Exp	-16.63	16.63
					2130 · Medicare	16.63	-16.63
					2130 · Medicare	16.63	-16.63
TOTAL						-1,013.97	1,013.97
Paycheck	42393	06/23/2023		1010	· LMCU CHEC...		-711.94
						-828.00	828.00
					6610 · Dental - ALL	27.84	-27.84
					2120 · Federal With...	27.00	-27.00
					6550 · Payroll Tax Exp	-49.61	49.61
					2140 · Social Security	49.61	-49.61
					2140 · Social Security	49.61	-49.61
					6550 · Payroll Tax Exp	-11.61	11.61
					2130 · Medicare	11.61	-11.61
					2130 · Medicare	11.61	-11.61
TOTAL						-711.94	711.94
Paycheck	42394	06/23/2023		1010	· LMCU CHEC...		-698.42
						-805.00	805.00
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-49.91	49.91
					2140 · Social Security	49.91	-49.91
					2140 · Social Security	49.91	-49.91
					6550 · Payroll Tax Exp	-11.67	11.67
					2130 · Medicare	11.67	-11.67
					2130 · Medicare	11.67	-11.67
TOTAL						-698.42	698.42
Paycheck	42395	06/23/2023		1010	· LMCU CHEC...		-661.50
						-797.50	797.50
					2100 · 401k Emp	75.00	-75.00

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Eagle Hemp LLC

Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					6550 · Payroll Tax Exp	-49.44	49.44
					2140 · Social Security	49.44	-49.44
					2140 · Social Security	49.44	-49.44
					6550 · Payroll Tax Exp	-11.56	11.56
					2130 · Medicare	11.56	-11.56
					2130 · Medicare	11.56	-11.56
TOTAL						-661.50	661.50
Paycheck	42396	06/23/2023		1010	· LMCU CHEC...		-735.42
						-200.00	200.00
					5742 · Production A...	-681.25	681.25
					2100 · 401k Emp	44.06	-44.06
					2099 · PAYROLL LI...	8.35	-8.35
					2120 · Federal With...	26.00	-26.00
					6550 · Payroll Tax Exp	-54.64	54.64
					2140 · Social Security	54.64	-54.64
					2140 · Social Security	54.64	-54.64
					6550 · Payroll Tax Exp	-12.78	12.78
					2130 · Medicare	12.78	-12.78
					2130 · Medicare	12.78	-12.78
TOTAL						-735.42	735.42
Paycheck	42397	06/23/2023		1010	· LMCU CHEC...		-270.52
						-328.50	328.50
					2100 · 401k Emp	32.85	-32.85
					6550 · Payroll Tax Exp	-20.37	20.37
					2140 · Social Security	20.37	-20.37
					2140 · Social Security	20.37	-20.37
					6550 · Payroll Tax Exp	-4.76	4.76
					2130 · Medicare	4.76	-4.76
					2130 · Medicare	4.76	-4.76
TOTAL						-270.52	270.52
Paycheck	42398	06/30/2023		1010	· LMCU CHEC...		-1,763.56
						-2,307.69	2,307.69
					6610 · Dental - ALL	7.15	-7.15
					2120 · Federal With...	361.00	-361.00
					6550 · Payroll Tax Exp	-142.63	142.63
					2140 · Social Security	142.63	-142.63
					2140 · Social Security	142.63	-142.63
					6550 · Payroll Tax Exp	-33.35	33.35

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2130 · Medicare	33.35	-33.35
					2130 · Medicare	33.35	-33.35
TOTAL						-1,763.56	1,763.56
Paycheck	42399	06/30/2023		1010	· LMCU CHEC...		-2,155.79
						-2,884.62	2,884.62
					6610 · Dental - ALL	7.15	-7.15
					2120 · Federal With...	501.00	-501.00
					6550 · Payroll Tax Exp	-178.85	178.85
					2140 · Social Security	178.85	-178.85
					2140 · Social Security	178.85	-178.85
					6550 · Payroll Tax Exp	-41.83	41.83
					2130 · Medicare	41.83	-41.83
					2130 · Medicare	41.83	-41.83
TOTAL						-2,155.79	2,155.79
Paycheck	42400	06/30/2023		1010	· LMCU CHEC...		-587.97
						-760.00	760.00
					6610 · Dental - ALL	7.15	-7.15
					6640 · Medical - ALL	48.16	-48.16
					2100 · 401k Emp	22.80	-22.80
					2120 · Federal With...	40.00	-40.00
					6550 · Payroll Tax Exp	-43.70	43.70
					2140 · Social Security	43.70	-43.70
					2140 · Social Security	43.70	-43.70
					6550 · Payroll Tax Exp	-10.22	10.22
					2130 · Medicare	10.22	-10.22
					2130 · Medicare	10.22	-10.22
TOTAL						-587.97	587.97
Paycheck	42401	06/30/2023		1010	· LMCU CHEC...		-1,013.98
						-1,153.85	1,153.85
					6610 · Dental - ALL	7.15	-7.15
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.63	16.63
					2130 · Medicare	16.63	-16.63
					2130 · Medicare	16.63	-16.63

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
TOTAL						-1,013.98	1,013.98
Paycheck	42402	06/30/2023		1010	· LMCU CHEC...		-621.22
						-690.00	690.00
					2120 · Federal With...	16.00	-16.00
					6550 · Payroll Tax Exp	-42.78	42.78
					2140 · Social Security	42.78	-42.78
					2140 · Social Security	42.78	-42.78
					6550 · Payroll Tax Exp	-10.00	10.00
					2130 · Medicare	10.00	-10.00
					2130 · Medicare	10.00	-10.00
TOTAL						-621.22	621.22
Paycheck	42403	06/30/2023		1010	· LMCU CHEC...		-693.11
						-799.25	799.25
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-49.55	49.55
					2140 · Social Security	49.55	-49.55
					2140 · Social Security	49.55	-49.55
					6550 · Payroll Tax Exp	-11.59	11.59
					2130 · Medicare	11.59	-11.59
					2130 · Medicare	11.59	-11.59
TOTAL						-693.11	693.11
Paycheck	42404	06/30/2023		1010	· LMCU CHEC...		-676.72
						-814.00	814.00
					2100 · 401k Emp	75.00	-75.00
					6550 · Payroll Tax Exp	-50.47	50.47
					2140 · Social Security	50.47	-50.47
					2140 · Social Security	50.47	-50.47
					6550 · Payroll Tax Exp	-11.81	11.81
					2130 · Medicare	11.81	-11.81
					2130 · Medicare	11.81	-11.81
TOTAL						-676.72	676.72
Paycheck	42405	06/30/2023		1010	· LMCU CHEC...		-764.18
						-718.75	718.75
					5750 · Plant Benefit ...	-200.00	200.00
					2100 · 401k Emp	45.94	-45.94

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2099 · PAYROLL LI...	8.35	-8.35
					2120 · Federal With...	30.00	-30.00
					6550 · Payroll Tax Exp	-56.96	56.96
					2140 · Social Security	56.96	-56.96
					2140 · Social Security	56.96	-56.96
					6550 · Payroll Tax Exp	-13.32	13.32
					2130 · Medicare	13.32	-13.32
					2130 · Medicare	13.32	-13.32
TOTAL						-764.18	764.18
Paycheck	42406	06/30/2023			1010 · LMCU CHEC...		-303.88
						-369.00	369.00
					2100 · 401k Emp	36.90	-36.90
					6550 · Payroll Tax Exp	-22.87	22.87
					2140 · Social Security	22.87	-22.87
					2140 · Social Security	22.87	-22.87
					6550 · Payroll Tax Exp	-5.35	5.35
					2130 · Medicare	5.35	-5.35
					2130 · Medicare	5.35	-5.35
TOTAL						-303.88	303.88
Paycheck	42407	07/07/2023			1010 · LMCU CHEC...		-1,763.48
						-2,307.69	2,307.69
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	361.00	-361.00
					6550 · Payroll Tax Exp	-142.63	142.63
					2140 · Social Security	142.63	-142.63
					2140 · Social Security	142.63	-142.63
					6550 · Payroll Tax Exp	-33.36	33.36
					2130 · Medicare	33.36	-33.36
					2130 · Medicare	33.36	-33.36
TOTAL						-1,763.48	1,763.48
Paycheck	42408	07/07/2023			1010 · LMCU CHEC...		-2,155.73
						-2,884.62	2,884.62
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	501.00	-501.00
					6550 · Payroll Tax Exp	-178.84	178.84
					2140 · Social Security	178.84	-178.84
					2140 · Social Security	178.84	-178.84
					6550 · Payroll Tax Exp	-41.83	41.83

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Eagle Hemp LLC

Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2130 · Medicare	41.83	-41.83
					2130 · Medicare	41.83	-41.83
TOTAL						-2,155.73	2,155.73
Paycheck	42409	07/07/2023		1010	· LMCU CHEC...		-616.95
						-800.00	800.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	24.00	-24.00
					2120 · Federal With...	44.00	-44.00
					6550 · Payroll Tax Exp	-45.98	45.98
					2140 · Social Security	45.98	-45.98
					2140 · Social Security	45.98	-45.98
					6550 · Payroll Tax Exp	-10.75	10.75
					2130 · Medicare	10.75	-10.75
					2130 · Medicare	10.75	-10.75
TOTAL						-616.95	616.95
Paycheck	42410	07/07/2023		1010	· LMCU CHEC...		-1,013.92
						-1,153.85	1,153.85
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.62	16.62
					2130 · Medicare	16.62	-16.62
					2130 · Medicare	16.62	-16.62
TOTAL						-1,013.92	1,013.92
Paycheck	42411	07/07/2023		1010	· LMCU CHEC...		-565.66
						-661.25	661.25
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-41.00	41.00
					2140 · Social Security	41.00	-41.00
					2140 · Social Security	41.00	-41.00
					6550 · Payroll Tax Exp	-9.59	9.59
					2130 · Medicare	9.59	-9.59
					2130 · Medicare	9.59	-9.59
TOTAL						-565.66	565.66

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Paycheck	42412	07/07/2023		1010	· LMCU CHEC...		-572.08
						-759.00	759.00
				2100 · 401k Emp		75.00	-75.00
				6610 · Dental - ALL		7.22	-7.22
				6640 · Medical - ALL		51.10	-51.10
				6550 · Payroll Tax Exp		-43.44	43.44
				2140 · Social Security		43.44	-43.44
				2140 · Social Security		43.44	-43.44
				6550 · Payroll Tax Exp		-10.16	10.16
				2130 · Medicare		10.16	-10.16
				2130 · Medicare		10.16	-10.16
TOTAL						-572.08	572.08
Paycheck	42413	07/07/2023		1010	· LMCU CHEC...		-754.26
						-306.25	306.25
				5750 · Plant Benefit ...		-600.00	600.00
				2100 · 401k Emp		45.31	-45.31
				2099 · PAYROLL LI...		8.35	-8.35
				2120 · Federal With...		29.00	-29.00
				6550 · Payroll Tax Exp		-56.19	56.19
				2140 · Social Security		56.19	-56.19
				2140 · Social Security		56.19	-56.19
				6550 · Payroll Tax Exp		-13.14	13.14
				2130 · Medicare		13.14	-13.14
				2130 · Medicare		13.14	-13.14
TOTAL						-754.26	754.26
Paycheck	42414	07/07/2023		1010	· LMCU CHEC...		-122.29
						-148.50	148.50
				2100 · 401k Emp		14.85	-14.85
				6550 · Payroll Tax Exp		-9.21	9.21
				2140 · Social Security		9.21	-9.21
				2140 · Social Security		9.21	-9.21
				6550 · Payroll Tax Exp		-2.15	2.15
				2130 · Medicare		2.15	-2.15
				2130 · Medicare		2.15	-2.15
TOTAL						-122.29	122.29
Paycheck	42415	07/14/2023		1010	· LMCU CHEC...		-1,763.48

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Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
						-2,307.69	2,307.69
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	361.00	-361.00
					6550 · Payroll Tax Exp	-142.63	142.63
					2140 · Social Security	142.63	-142.63
					2140 · Social Security	142.63	-142.63
					6550 · Payroll Tax Exp	-33.36	33.36
					2130 · Medicare	33.36	-33.36
					2130 · Medicare	33.36	-33.36
TOTAL						-1,763.48	1,763.48
Paycheck	42416	07/14/2023		1010	· LMCU CHEC...		-2,155.72
						-1,371.38	1,371.38
					6120 · Admin Benefi...	-504.41	504.41
					6120 · Admin Benefi...	-1,008.83	1,008.83
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	501.00	-501.00
					6550 · Payroll Tax Exp	-178.85	178.85
					2140 · Social Security	178.85	-178.85
					2140 · Social Security	178.85	-178.85
					6550 · Payroll Tax Exp	-41.83	41.83
					2130 · Medicare	41.83	-41.83
					2130 · Medicare	41.83	-41.83
TOTAL						-2,155.72	2,155.72
Paycheck	42417	07/14/2023		1010	· LMCU CHEC...		-363.02
						-320.00	320.00
					5750 · Plant Benefit ...	-160.00	160.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	14.40	-14.40
					2120 · Federal With...	12.00	-12.00
					6550 · Payroll Tax Exp	-26.14	26.14
					2140 · Social Security	26.14	-26.14
					2140 · Social Security	26.14	-26.14
					6550 · Payroll Tax Exp	-6.12	6.12
					2130 · Medicare	6.12	-6.12
					2130 · Medicare	6.12	-6.12
TOTAL						-363.02	363.02
Paycheck	42418	07/14/2023		1010	· LMCU CHEC...		-1,013.91

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Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
						-924.51	924.51
					5750 · Plant Benefit ...	-229.34	229.34
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.63	16.63
					2130 · Medicare	16.63	-16.63
					2130 · Medicare	16.63	-16.63
TOTAL						-1,013.91	1,013.91
Paycheck	42419	07/14/2023		1010	· LMCU CHEC...		-401.06
						-299.00	299.00
					5750 · Plant Benefit ...	-184.00	184.00
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-29.94	29.94
					2140 · Social Security	29.94	-29.94
					2140 · Social Security	29.94	-29.94
					6550 · Payroll Tax Exp	-7.00	7.00
					2130 · Medicare	7.00	-7.00
					2130 · Medicare	7.00	-7.00
TOTAL						-401.06	401.06
Paycheck	42420	07/14/2023		1010	· LMCU CHEC...		-297.80
						-286.00	286.00
					5750 · Plant Benefit ...	-176.00	176.00
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-25.03	25.03
					2140 · Social Security	25.03	-25.03
					2140 · Social Security	25.03	-25.03
					6550 · Payroll Tax Exp	-5.85	5.85
					2130 · Medicare	5.85	-5.85
					2130 · Medicare	5.85	-5.85
TOTAL						-297.80	297.80
Paycheck	42421	07/14/2023		1010	· LMCU CHEC...		-390.18
						-256.25	256.25
					5750 · Plant Benefit ...	-200.00	200.00

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Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2100 · 401k Emp	22.81	-22.81
					2099 · PAYROLL LI...	8.35	-8.35
					6550 · Payroll Tax Exp	-28.29	28.29
					2140 · Social Security	28.29	-28.29
					2140 · Social Security	28.29	-28.29
					6550 · Payroll Tax Exp	-6.62	6.62
					2130 · Medicare	6.62	-6.62
					2130 · Medicare	6.62	-6.62
TOTAL						-390.18	390.18
Paycheck	42422	07/14/2023			1010 · LMCU CHEC...		-118.58
						-144.00	144.00
					2100 · 401k Emp	14.40	-14.40
					6550 · Payroll Tax Exp	-8.93	8.93
					2140 · Social Security	8.93	-8.93
					2140 · Social Security	8.93	-8.93
					6550 · Payroll Tax Exp	-2.09	2.09
					2130 · Medicare	2.09	-2.09
					2130 · Medicare	2.09	-2.09
TOTAL						-118.58	118.58
Paycheck	42423	07/21/2023			1010 · LMCU CHEC...		-833.84
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	83.00	-83.00
					6550 · Payroll Tax Exp	-61.55	61.55
					2140 · Social Security	61.55	-61.55
					2140 · Social Security	61.55	-61.55
					6550 · Payroll Tax Exp	-14.39	14.39
					2130 · Medicare	14.39	-14.39
					2130 · Medicare	14.39	-14.39
TOTAL						-833.84	833.84
Paycheck	42424	07/21/2023			1010 · LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50

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Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42425	07/21/2023		1010	· LMCU CHEC...		-616.94
						-800.00	800.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	24.00	-24.00
					2120 · Federal With...	44.00	-44.00
					6550 · Payroll Tax Exp	-45.99	45.99
					2140 · Social Security	45.99	-45.99
					2140 · Social Security	45.99	-45.99
					6550 · Payroll Tax Exp	-10.75	10.75
					2130 · Medicare	10.75	-10.75
					2130 · Medicare	10.75	-10.75
TOTAL						-616.94	616.94
Paycheck	42426	07/21/2023		1010	· LMCU CHEC...		-1,013.92
						-1,153.85	1,153.85
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.62	16.62
					2130 · Medicare	16.62	-16.62
					2130 · Medicare	16.62	-16.62
TOTAL						-1,013.92	1,013.92
Paycheck	42427	07/21/2023		1010	· LMCU CHEC...		-698.41
						-805.00	805.00
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-49.91	49.91
					2140 · Social Security	49.91	-49.91
					2140 · Social Security	49.91	-49.91
					6550 · Payroll Tax Exp	-11.68	11.68
					2130 · Medicare	11.68	-11.68
					2130 · Medicare	11.68	-11.68
TOTAL						-698.41	698.41

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Paycheck	42428	07/21/2023		1010	· LMCU CHEC...		-683.82
						-880.00	880.00
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-50.95	50.95
					2140 · Social Security	50.95	-50.95
					2140 · Social Security	50.95	-50.95
					6550 · Payroll Tax Exp	-11.91	11.91
					2130 · Medicare	11.91	-11.91
					2130 · Medicare	11.91	-11.91
TOTAL						-683.82	683.82
Paycheck	42429	07/21/2023		1010	· LMCU CHEC...		-296.46
						-360.00	360.00
					2100 · 401k Emp	36.00	-36.00
					6550 · Payroll Tax Exp	-22.32	22.32
					2140 · Social Security	22.32	-22.32
					2140 · Social Security	22.32	-22.32
					6550 · Payroll Tax Exp	-5.22	5.22
					2130 · Medicare	5.22	-5.22
					2130 · Medicare	5.22	-5.22
TOTAL						-296.46	296.46
Paycheck	42430	07/28/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42431	07/28/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					5734 · Plant Managers	7.22	-7.22
					6610 · Dental - ALL		

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Eagle Hemp LLC
Check Detail
June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42432	07/28/2023		1010	· LMCU CHEC...		-616.94
						-800.00	800.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	24.00	-24.00
					2120 · Federal With...	44.00	-44.00
					6550 · Payroll Tax Exp	-45.98	45.98
					2140 · Social Security	45.98	-45.98
					2140 · Social Security	45.98	-45.98
					6550 · Payroll Tax Exp	-10.76	10.76
					2130 · Medicare	10.76	-10.76
					2130 · Medicare	10.76	-10.76
TOTAL						-616.94	616.94
Paycheck	42433	07/28/2023		1010	· LMCU CHEC...		-1,013.91
						-1,153.85	1,153.85
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.63	16.63
					2130 · Medicare	16.63	-16.63
					2130 · Medicare	16.63	-16.63
TOTAL						-1,013.91	1,013.91
Paycheck	42434	07/28/2023		1010	· LMCU CHEC...		-533.81
						-626.75	626.75
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-38.86	38.86
					2140 · Social Security	38.86	-38.86
					2140 · Social Security	38.86	-38.86

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					6550 · Payroll Tax Exp	-9.08	9.08
					2130 · Medicare	9.08	-9.08
					2130 · Medicare	9.08	-9.08
TOTAL						-533.81	533.81
Paycheck	42435	07/28/2023		1010	· LMCU CHEC...		-592.40
						-781.00	781.00
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-44.80	44.80
					2140 · Social Security	44.80	-44.80
					2140 · Social Security	44.80	-44.80
					6550 · Payroll Tax Exp	-10.48	10.48
					2130 · Medicare	10.48	-10.48
					2130 · Medicare	10.48	-10.48
TOTAL						-592.40	592.40
Paycheck	42436	07/28/2023		1010	· LMCU CHEC...		-337.22
						-409.50	409.50
					2100 · 401k Emp	40.95	-40.95
					6550 · Payroll Tax Exp	-25.39	25.39
					2140 · Social Security	25.39	-25.39
					2140 · Social Security	25.39	-25.39
					6550 · Payroll Tax Exp	-5.94	5.94
					2130 · Medicare	5.94	-5.94
					2130 · Medicare	5.94	-5.94
TOTAL						-337.22	337.22
Paycheck	42437	08/04/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28

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June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Paycheck	42438	08/04/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42439	08/04/2023		1010	· LMCU CHEC...		-489.98
						-640.00	640.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	19.20	-19.20
					2120 · Federal With...	28.00	-28.00
					6550 · Payroll Tax Exp	-36.07	36.07
					2140 · Social Security	36.07	-36.07
					2140 · Social Security	36.07	-36.07
					6550 · Payroll Tax Exp	-8.43	8.43
					2130 · Medicare	8.43	-8.43
					2130 · Medicare	8.43	-8.43
TOTAL						-489.98	489.98
Paycheck	42440	08/04/2023		1010	· LMCU CHEC...		-1,013.90
						-1,153.85	1,153.85
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.10	71.10
					2140 · Social Security	71.10	-71.10
					2140 · Social Security	71.10	-71.10
					6550 · Payroll Tax Exp	-16.63	16.63
					2130 · Medicare	16.63	-16.63
					2130 · Medicare	16.63	-16.63
TOTAL						-1,013.90	1,013.90
Paycheck	42441	08/04/2023		1010	· LMCU CHEC...		-703.72

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June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
						-810.75	810.75
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-50.27	50.27
					2140 · Social Security	50.27	-50.27
					2140 · Social Security	50.27	-50.27
					6550 · Payroll Tax Exp	-11.76	11.76
					2130 · Medicare	11.76	-11.76
					2130 · Medicare	11.76	-11.76
TOTAL						-703.72	703.72
Paycheck	42442	08/04/2023			1010 · LMCU CHEC...		-622.87
						-814.00	814.00
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-46.85	46.85
					2140 · Social Security	46.85	-46.85
					2140 · Social Security	46.85	-46.85
					6550 · Payroll Tax Exp	-10.96	10.96
					2130 · Medicare	10.96	-10.96
					2130 · Medicare	10.96	-10.96
TOTAL						-622.87	622.87
Paycheck	42443	08/04/2023			1010 · LMCU CHEC...		-214.93
						-261.00	261.00
					2100 · 401k Emp	26.10	-26.10
					6550 · Payroll Tax Exp	-16.18	16.18
					2140 · Social Security	16.18	-16.18
					2140 · Social Security	16.18	-16.18
					6550 · Payroll Tax Exp	-3.79	3.79
					2130 · Medicare	3.79	-3.79
					2130 · Medicare	3.79	-3.79
TOTAL						-214.93	214.93
Paycheck	42444	08/11/2023			1010 · LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42445	08/11/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42446	08/11/2023		1010	· LMCU CHEC...		-363.02
						-480.00	480.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	14.40	-14.40
					2120 · Federal With...	12.00	-12.00
					6550 · Payroll Tax Exp	-26.14	26.14
					2140 · Social Security	26.14	-26.14
					2140 · Social Security	26.14	-26.14
					6550 · Payroll Tax Exp	-6.12	6.12
					2130 · Medicare	6.12	-6.12
					2130 · Medicare	6.12	-6.12
TOTAL						-363.02	363.02
Paycheck	42447	08/11/2023		1010	· LMCU CHEC...		-1,013.92
						-1,153.85	1,153.85
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.62	16.62
					2130 · Medicare	16.62	-16.62

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Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2130 · Medicare	16.62	-16.62
TOTAL						-1,013.92	1,013.92
Paycheck	42448	08/11/2023		1010	· LMCU CHEC...		-703.72
						-810.75	810.75
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-50.27	50.27
					2140 · Social Security	50.27	-50.27
					2140 · Social Security	50.27	-50.27
					6550 · Payroll Tax Exp	-11.76	11.76
					2130 · Medicare	11.76	-11.76
					2130 · Medicare	11.76	-11.76
TOTAL						-703.72	703.72
Paycheck	42449	08/11/2023		1010	· LMCU CHEC...		-617.78
						-808.50	808.50
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-46.52	46.52
					2140 · Social Security	46.52	-46.52
					2140 · Social Security	46.52	-46.52
					6550 · Payroll Tax Exp	-10.88	10.88
					2130 · Medicare	10.88	-10.88
					2130 · Medicare	10.88	-10.88
TOTAL						-617.78	617.78
Paycheck	42450	08/11/2023		1010	· LMCU CHEC...		-281.65
						-342.00	342.00
					2100 · 401k Emp	34.20	-34.20
					6550 · Payroll Tax Exp	-21.20	21.20
					2140 · Social Security	21.20	-21.20
					2140 · Social Security	21.20	-21.20
					6550 · Payroll Tax Exp	-4.95	4.95
					2130 · Medicare	4.95	-4.95
					2130 · Medicare	4.95	-4.95
TOTAL						-281.65	281.65
Paycheck	42451	08/18/2023		1010	· LMCU CHEC...		-832.28

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Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42452	08/18/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42453	08/18/2023		1010	· LMCU CHEC...		-616.95
						-800.00	800.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	24.00	-24.00
					2120 · Federal With...	44.00	-44.00
					6550 · Payroll Tax Exp	-45.98	45.98
					2140 · Social Security	45.98	-45.98
					2140 · Social Security	45.98	-45.98
					6550 · Payroll Tax Exp	-10.75	10.75
					2130 · Medicare	10.75	-10.75
					2130 · Medicare	10.75	-10.75
TOTAL						-616.95	616.95
Paycheck	42454	08/18/2023		1010	· LMCU CHEC...		-1,013.91
						-1,153.85	1,153.85
					6610 · Dental - ALL	7.22	-7.22

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June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.63	16.63
					2130 · Medicare	16.63	-16.63
					2130 · Medicare	16.63	-16.63
TOTAL						-1,013.91	1,013.91
Paycheck	42455	08/18/2023		1010	· LMCU CHEC...		-698.42
						-805.00	805.00
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-49.91	49.91
					2140 · Social Security	49.91	-49.91
					2140 · Social Security	49.91	-49.91
					6550 · Payroll Tax Exp	-11.67	11.67
					2130 · Medicare	11.67	-11.67
					2130 · Medicare	11.67	-11.67
TOTAL						-698.42	698.42
Paycheck	42456	08/18/2023		1010	· LMCU CHEC...		-622.87
						-814.00	814.00
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-46.85	46.85
					2140 · Social Security	46.85	-46.85
					2140 · Social Security	46.85	-46.85
					6550 · Payroll Tax Exp	-10.96	10.96
					2130 · Medicare	10.96	-10.96
					2130 · Medicare	10.96	-10.96
TOTAL						-622.87	622.87
Paycheck	42457	08/18/2023		1010	· LMCU CHEC...		-229.75
						-279.00	279.00
					2100 · 401k Emp	27.90	-27.90
					6550 · Payroll Tax Exp	-17.30	17.30
					2140 · Social Security	17.30	-17.30
					2140 · Social Security	17.30	-17.30
					6550 · Payroll Tax Exp	-4.05	4.05
					2130 · Medicare	4.05	-4.05

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June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2130 · Medicare	4.05	-4.05
TOTAL						-229.75	229.75
Paycheck	42458	08/25/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42459	08/25/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42460	08/25/2023		1010	· LMCU CHEC...		-616.94
						-800.00	800.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	24.00	-24.00
					2120 · Federal With...	44.00	-44.00
					6550 · Payroll Tax Exp	-45.99	45.99
					2140 · Social Security	45.99	-45.99
					2140 · Social Security	45.99	-45.99
					6550 · Payroll Tax Exp	-10.75	10.75
					2130 · Medicare	10.75	-10.75
					2130 · Medicare	10.75	-10.75
TOTAL						-616.94	616.94

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Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Paycheck	42461	08/25/2023		1010	· LMCU CHEC...		-1,013.92
						-1,153.85	1,153.85
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.62	16.62
					2130 · Medicare	16.62	-16.62
					2130 · Medicare	16.62	-16.62
TOTAL						-1,013.92	1,013.92
Paycheck	42462	08/25/2023		1010	· LMCU CHEC...		-698.42
						-805.00	805.00
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-49.91	49.91
					2140 · Social Security	49.91	-49.91
					2140 · Social Security	49.91	-49.91
					6550 · Payroll Tax Exp	-11.67	11.67
					2130 · Medicare	11.67	-11.67
					2130 · Medicare	11.67	-11.67
TOTAL						-698.42	698.42
Paycheck	42463	08/25/2023		1010	· LMCU CHEC...		-622.88
						-814.00	814.00
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-46.85	46.85
					2140 · Social Security	46.85	-46.85
					2140 · Social Security	46.85	-46.85
					6550 · Payroll Tax Exp	-10.95	10.95
					2130 · Medicare	10.95	-10.95
					2130 · Medicare	10.95	-10.95
TOTAL						-622.88	622.88
Paycheck	42464	08/25/2023		1010	· LMCU CHEC...		-292.76
						-355.50	355.50
					2100 · 401k Emp	35.55	-35.55

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Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					6550 · Payroll Tax Exp	-22.04	22.04
					2140 · Social Security	22.04	-22.04
					2140 · Social Security	22.04	-22.04
					6550 · Payroll Tax Exp	-5.15	5.15
					2130 · Medicare	5.15	-5.15
					2130 · Medicare	5.15	-5.15
TOTAL						-292.76	292.76
Paycheck	42465	09/01/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42466	09/01/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42467	09/01/2023		1010	· LMCU CHEC...		-616.94
						-800.00	800.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	24.00	-24.00
					2120 · Federal With...	44.00	-44.00
					6550 · Payroll Tax Exp	-45.98	45.98
					2140 · Social Security	45.98	-45.98
					2140 · Social Security	45.98	-45.98

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					6550 · Payroll Tax Exp	-10.76	10.76
					2130 · Medicare	10.76	-10.76
					2130 · Medicare	10.76	-10.76
TOTAL						-616.94	616.94
Paycheck	42468	09/01/2023		1010	· LMCU CHEC...		-1,013.91
						-626.38	626.38
					5750 · Plant Benefit ...	-527.47	527.47
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.63	16.63
					2130 · Medicare	16.63	-16.63
					2130 · Medicare	16.63	-16.63
TOTAL						-1,013.91	1,013.91
Paycheck	42469	09/01/2023		1010	· LMCU CHEC...		-698.42
						-805.00	805.00
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-49.91	49.91
					2140 · Social Security	49.91	-49.91
					2140 · Social Security	49.91	-49.91
					6550 · Payroll Tax Exp	-11.67	11.67
					2130 · Medicare	11.67	-11.67
					2130 · Medicare	11.67	-11.67
TOTAL						-698.42	698.42
Paycheck	42470	09/01/2023		1010	· LMCU CHEC...		-627.95
						-819.50	819.50
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-47.19	47.19
					2140 · Social Security	47.19	-47.19
					2140 · Social Security	47.19	-47.19
					6550 · Payroll Tax Exp	-11.04	11.04
					2130 · Medicare	11.04	-11.04
					2130 · Medicare	11.04	-11.04

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June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
TOTAL						-627.95	627.95
Paycheck	42471	09/01/2023		1010	· LMCU CHEC...		-300.16
						-364.50	364.50
					2100 · 401k Emp	36.45	-36.45
					6550 · Payroll Tax Exp	-22.60	22.60
					2140 · Social Security	22.60	-22.60
					2140 · Social Security	22.60	-22.60
					6550 · Payroll Tax Exp	-5.29	5.29
					2130 · Medicare	5.29	-5.29
					2130 · Medicare	5.29	-5.29
TOTAL						-300.16	300.16
Paycheck	42472	09/08/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42473	09/08/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42474	09/08/2023		1010	· LMCU CHEC...		-616.94
						-640.00	640.00

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					5750 · Plant Benefit ...	-160.00	160.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	24.00	-24.00
					2120 · Federal With...	44.00	-44.00
					6550 · Payroll Tax Exp	-45.99	45.99
					2140 · Social Security	45.99	-45.99
					2140 · Social Security	45.99	-45.99
					6550 · Payroll Tax Exp	-10.75	10.75
					2130 · Medicare	10.75	-10.75
					2130 · Medicare	10.75	-10.75
TOTAL						-616.94	616.94
Paycheck	42475	09/08/2023			1010 · LMCU CHEC...		-1,013.91
						-923.08	923.08
					5750 · Plant Benefit ...	-230.77	230.77
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.09	71.09
					2140 · Social Security	71.09	-71.09
					2140 · Social Security	71.09	-71.09
					6550 · Payroll Tax Exp	-16.63	16.63
					2130 · Medicare	16.63	-16.63
					2130 · Medicare	16.63	-16.63
TOTAL						-1,013.91	1,013.91
Paycheck	42476	09/08/2023			1010 · LMCU CHEC...		-693.11
					..	-799.25	799.25
					..	45.00	-45.00
					6550 · Payroll Tax Exp	-49.55	49.55
					2140 · Social Security	49.55	-49.55
					2140 · Social Security	49.55	-49.55
					6550 · Payroll Tax Exp	-11.59	11.59
					2130 · Medicare	11.59	-11.59
					2130 · Medicare	11.59	-11.59
TOTAL						-693.11	693.11
Paycheck	42477	09/08/2023			1010 · LMCU CHEC...		-592.39
						-781.00	781.00
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-44.81	44.81
					2140 · Social Security	44.81	-44.81
					2140 · Social Security	44.81	-44.81
					6550 · Payroll Tax Exp	-10.48	10.48
					2130 · Medicare	10.48	-10.48
					2130 · Medicare	10.48	-10.48
TOTAL						-592.39	592.39
Paycheck	42478	09/08/2023		1010	· LMCU CHEC...		-237.16
						-288.00	288.00
					2100 · 401k Emp	28.80	-28.80
					6550 · Payroll Tax Exp	-17.86	17.86
					2140 · Social Security	17.86	-17.86
					2140 · Social Security	17.86	-17.86
					6550 · Payroll Tax Exp	-4.18	4.18
					2130 · Medicare	4.18	-4.18
					2130 · Medicare	4.18	-4.18
TOTAL						-237.16	237.16
Paycheck	42479	09/15/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42480	09/15/2023		1010	· LMCU CHEC...		-832.28
						-809.52	809.52
					5750 · Plant Benefit ...	-190.48	190.48
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42481	09/15/2023		1010	· LMCU CHEC...		-573.80
						-425.00	425.00
					5750 · Plant Benefit ...	-160.00	160.00
					5750 · Plant Benefit ...	-160.00	160.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	22.35	-22.35
					2120 · Federal With...	38.00	-38.00
					6550 · Payroll Tax Exp	-42.57	42.57
					2140 · Social Security	42.57	-42.57
					2140 · Social Security	42.57	-42.57
					6550 · Payroll Tax Exp	-9.96	9.96
					2130 · Medicare	9.96	-9.96
					2130 · Medicare	9.96	-9.96
TOTAL						-573.80	573.80
Paycheck	42483	09/15/2023		1010	· LMCU CHEC...		-823.80
						-694.10	694.10
					5750 · Plant Benefit ...	-228.98	228.98
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	22.00	-22.00
					6550 · Payroll Tax Exp	-56.78	56.78
					2140 · Social Security	56.78	-56.78
					2140 · Social Security	56.78	-56.78
					6550 · Payroll Tax Exp	-13.28	13.28
					2130 · Medicare	13.28	-13.28
					2130 · Medicare	13.28	-13.28
TOTAL						-823.80	823.80
Paycheck	42485	09/15/2023		1010	· LMCU CHEC...		-422.29
						-322.00	322.00
					5750 · Plant Benefit ...	-184.00	184.00
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-31.37	31.37
					2140 · Social Security	31.37	-31.37
					2140 · Social Security	31.37	-31.37
					6550 · Payroll Tax Exp	-7.34	7.34

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Eagle Hemp LLC
Check Detail
 June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2130 · Medicare	7.34	-7.34
					2130 · Medicare	7.34	-7.34
TOTAL						-422.29	422.29
Paycheck	42486	09/15/2023		1010	· LMCU CHEC...		-455.26
						-456.50	456.50
					5750 · Plant Benefit ...	-176.00	176.00
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-35.60	35.60
					2140 · Social Security	35.60	-35.60
					2140 · Social Security	35.60	-35.60
					6550 · Payroll Tax Exp	-8.32	8.32
					2130 · Medicare	8.32	-8.32
					2130 · Medicare	8.32	-8.32
TOTAL						-455.26	455.26
Paycheck	42487	09/15/2023		1010	· LMCU CHEC...		-377.99
						-315.00	315.00
					5750 · Plant Benefit ...	-144.00	144.00
					2100 · 401k Emp	45.90	-45.90
					6550 · Payroll Tax Exp	-28.46	28.46
					2140 · Social Security	28.46	-28.46
					2140 · Social Security	28.46	-28.46
					6550 · Payroll Tax Exp	-6.65	6.65
					2130 · Medicare	6.65	-6.65
					2130 · Medicare	6.65	-6.65
TOTAL						-377.99	377.99
Paycheck	42488	09/20/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
TOTAL						-832.28	832.28
Paycheck	42489	09/20/2023		1010	· LMCU CHEC...		-832.28
						-1,000.00	1,000.00
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	84.00	-84.00
					6550 · Payroll Tax Exp	-62.00	62.00
					2140 · Social Security	62.00	-62.00
					2140 · Social Security	62.00	-62.00
					6550 · Payroll Tax Exp	-14.50	14.50
					2130 · Medicare	14.50	-14.50
					2130 · Medicare	14.50	-14.50
TOTAL						-832.28	832.28
Paycheck	42490	09/20/2023		1010	· LMCU CHEC...		-363.02
						-480.00	480.00
						7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					2100 · 401k Emp	14.40	-14.40
					2120 · Federal With...	12.00	-12.00
					6550 · Payroll Tax Exp	-26.15	26.15
					2140 · Social Security	26.15	-26.15
					2140 · Social Security	26.15	-26.15
					6550 · Payroll Tax Exp	-6.11	6.11
					2130 · Medicare	6.11	-6.11
					2130 · Medicare	6.11	-6.11
TOTAL						-363.02	363.02
Paycheck	42491	09/20/2023		1010	· LMCU CHEC...		-1,013.91
						-1,153.85	1,153.85
					6610 · Dental - ALL	7.22	-7.22
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-71.10	71.10
					2140 · Social Security	71.10	-71.10
					2140 · Social Security	71.10	-71.10
					6550 · Payroll Tax Exp	-16.62	16.62
					2130 · Medicare	16.62	-16.62
					2130 · Medicare	16.62	-16.62
TOTAL						-1,013.91	1,013.91

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Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Paycheck	42492	09/20/2023		1010	· LMCU CHEC...		-698.42
						-805.00	805.00
					2120 · Federal With...	45.00	-45.00
					6550 · Payroll Tax Exp	-49.91	49.91
					2140 · Social Security	49.91	-49.91
					2140 · Social Security	49.91	-49.91
					6550 · Payroll Tax Exp	-11.67	11.67
					2130 · Medicare	11.67	-11.67
					2130 · Medicare	11.67	-11.67
TOTAL						-698.42	698.42
Paycheck	42493	09/20/2023		1010	· LMCU CHEC...		-597.47
						-786.50	786.50
					2100 · 401k Emp	75.00	-75.00
					6610 · Dental - ALL	7.22	-7.22
					6640 · Medical - ALL	51.10	-51.10
					6550 · Payroll Tax Exp	-45.15	45.15
					2140 · Social Security	45.15	-45.15
					2140 · Social Security	45.15	-45.15
					6550 · Payroll Tax Exp	-10.56	10.56
					2130 · Medicare	10.56	-10.56
					2130 · Medicare	10.56	-10.56
TOTAL						-597.47	597.47
Paycheck	42494	09/20/2023		1010	· LMCU CHEC...		-296.46
						-360.00	360.00
					2100 · 401k Emp	36.00	-36.00
					6550 · Payroll Tax Exp	-22.32	22.32
					2140 · Social Security	22.32	-22.32
					2140 · Social Security	22.32	-22.32
					6550 · Payroll Tax Exp	-5.22	5.22
					2130 · Medicare	5.22	-5.22
					2130 · Medicare	5.22	-5.22
TOTAL						-296.46	296.46
Bill Pmt -Check	EFT06...	06/20/2023	Trim Life Labs, LLC	1010	· LMCU CHEC...		-1,000.00
Bill	15	12/31/2022			4530 · Fulfillment	-922.01	160,500.39
					4530 · Fulfillment	-13.76	2,394.50
					2201 · Tax Due	-64.23	11,180.03

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
TOTAL						-1,000.00	174,074.92
Bill Pmt -Check	EFT06...	06/20/2023	Trim Life Labs, LLC		1010 · LMCU CHEC...		-12,000.00
Bill	15	12/31/2022			4530 · Fulfillment	-11,064.23	160,500.39
					4530 · Fulfillment	-165.07	2,394.50
					2201 · Tax Due	-770.70	11,180.03
TOTAL						-12,000.00	174,074.92
Check	EFT06...	06/20/2023	IL DOR		1010 · LMCU CHEC...		-17.00
					2201 · Tax Due	-17.00	17.00
TOTAL						-17.00	17.00
Liability Check	EFT06...	06/21/2023	EFTPS		1010 · LMCU CHEC...		-2,589.34
					2120 · Federal With...	-1,010.00	1,010.00
					2130 · Medicare	-149.68	149.68
					2130 · Medicare	-149.68	149.68
					2140 · Social Security	-639.99	639.99
					2140 · Social Security	-639.99	639.99
TOTAL						-2,589.34	2,589.34
Bill Pmt -Check	EFT06...	06/21/2023	Aramark		1010 · LMCU CHEC...		-113.94
Bill	56300...	10/25/2022			5882 · Uniforms	-113.94	113.94
TOTAL						-113.94	113.94
Bill Pmt -Check	EFT06...	06/21/2023	MA DOR		1010 · LMCU CHEC...		-10.00
Bill	May 2...	06/08/2023			2201 · Tax Due	-10.00	10.00
TOTAL						-10.00	10.00
Liability Check	401k0...	06/23/2023	Principal Financial ...		1010 · LMCU CHEC...		-283.15
					2100 · 401k Emp	-173.21	173.21
					2100 · 401k Emp	-101.59	101.59
					2099 · PAYROLL LI...	-8.35	8.35

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Eagle Hemp LLC
Check Detail
 June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
TOTAL						-283.15	283.15
Bill Pmt -Check	EFT06...	06/26/2023	SD DOR		1010 · LMCU CHEC...		-4.48
Bill	May 2...	06/08/2023			2201 · Tax Due	-4.48	4.48
TOTAL						-4.48	4.48
Bill Pmt -Check	EFT06...	06/27/2023	Trim Life Labs, LLC		1010 · LMCU CHEC...		-25,000.00
Bill	15	12/31/2022			4530 · Fulfillment	-23,050.48	160,500.39
					4530 · Fulfillment	-343.89	2,394.50
					2201 · Tax Due	-1,605.63	11,180.03
TOTAL						-25,000.00	174,074.92
Liability Check	EFT06...	06/28/2023	EFTPS		1010 · LMCU CHEC...		-2,661.66
					2120 · Federal With...	-1,040.00	1,040.00
					2130 · Medicare	-153.68	153.68
					2130 · Medicare	-153.68	153.68
					2140 · Social Security	-657.15	657.15
					2140 · Social Security	-657.15	657.15
TOTAL						-2,661.66	2,661.66
Bill Pmt -Check	EFT06...	06/28/2023	Frontier		1010 · LMCU CHEC...		-1,490.00
Bill	06.03.23	06/03/2023			7090 · Telephone, In...	-1,490.00	1,490.00
TOTAL						-1,490.00	1,490.00
Bill Pmt -Check	EFT06...	06/28/2023	Powernet		1010 · LMCU CHEC...		-817.02
Bill	43496...	06/07/2023			7090 · Telephone, In...	-817.02	817.02
TOTAL						-817.02	817.02
Bill Pmt -Check	EFT06...	06/29/2023	Next Wave Premiu...		1010 · LMCU CHEC...		-11,526.93
Bill	06.20.23	06/20/2023			7050 · Insurance, P ...	-10,968.50	10,968.50
					7060 · Interest Exp, ...	-558.43	558.43
TOTAL						-11,526.93	11,526.93

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Liability Check	401K0...	06/30/2023	Principal Financial ...		1010 · LMCU CHEC...		-295.86
				2100 · 401k Emp		-180.64	180.64
				2100 · 401k Emp		-106.87	106.87
				2099 · PAYROLL LI...		-8.35	8.35
TOTAL						-295.86	295.86
Liability Check	EFT07...	07/05/2023	EFTPS		1010 · LMCU CHEC...		-2,664.00
				2120 · Federal With...		-1,038.00	1,038.00
				2130 · Medicare		-154.10	154.10
				2130 · Medicare		-154.10	154.10
				2140 · Social Security		-658.90	658.90
				2140 · Social Security		-658.90	658.90
TOTAL						-2,664.00	2,664.00
Bill Pmt -Check	EFT07...	07/05/2023	Lakeland Interstate...		1010 · LMCU CHEC...		-30,794.28
Bill	July 2...	07/01/2023			5950 · Rent	-30,794.28	30,794.28
TOTAL						-30,794.28	30,794.28
Liability Check	401k0...	07/07/2023	Principal Financial ...		1010 · LMCU CHEC...		-264.06
				2100 · 401k Emp		-159.16	159.16
				2100 · 401k Emp		-96.55	96.55
				2099 · PAYROLL LI...		-8.35	8.35
TOTAL						-264.06	264.06
Bill Pmt -Check	EFT07...	07/10/2023	Marlin Business Ba...		1010 · LMCU CHEC...		-219.43
Bill	20572...	05/16/2023			5824 · Equipment Le...	-211.38	211.38
					7060 · Interest Exp, ...	-8.05	8.05
TOTAL						-219.43	219.43
Bill Pmt -Check	EFT07...	07/11/2023	AR DOR		1010 · LMCU CHEC...		-11.20
Bill	June 2...	07/07/2023			2201 · Tax Due	-11.20	11.20
TOTAL						-11.20	11.20

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Eagle Hemp LLC

Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Bill Pmt -Check	EFT07...	07/11/2023	NJ DOR		1010 · LMCU CHEC...		-13.91
Bill	2Q23	07/07/2023			2201 · Tax Due	-13.91	13.91
TOTAL						-13.91	13.91
Bill Pmt -Check	EFT07...	07/11/2023	MI DOR		1010 · LMCU CHEC...		-14.40
Bill	2Q2023	07/07/2023			2201 · Tax Due	-14.40	14.40
TOTAL						-14.40	14.40
Bill Pmt -Check	EFT07...	07/11/2023	TX DOR		1010 · LMCU CHEC...		-18.32
Bill	June 2...	07/07/2023			2201 · Tax Due	-18.32	18.32
TOTAL						-18.32	18.32
Liability Check	ET071...	07/12/2023	EFTPS		1010 · LMCU CHEC...		-2,476.96
					2120 · Federal With...	-1,025.00	1,025.00
					2130 · Medicare	-137.60	137.60
					2130 · Medicare	-137.60	137.60
					2140 · Social Security	-588.38	588.38
					2140 · Social Security	-588.38	588.38
TOTAL						-2,476.96	2,476.96
Bill Pmt -Check	EFT07...	07/13/2023	Florida Department...		1010 · LMCU CHEC...		-10.92
Bill	June 2...	07/07/2023			2201 · Tax Due	-10.92	10.92
TOTAL						-10.92	10.92
Bill Pmt -Check	EFT07...	07/13/2023	CA DOR		1010 · LMCU CHEC...		-58.00
Bill	2Q23	07/07/2023			2201 · Tax Due	-58.00	58.00
TOTAL						-58.00	58.00
Liability Check	401K0...	07/14/2023	Principal Financial ...		1010 · LMCU CHEC...		-191.85
					2100 · 401k Emp	-126.61	126.61
					2100 · 401k Emp	-56.89	56.89

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2099 · PAYROLL LI...	-8.35	8.35
TOTAL						-191.85	191.85
Bill Pmt -Check	EFT07...	07/14/2023	NV DOR		1010 · LMCU CHEC...		-4.96
Bill	June 2...	07/07/2023			2201 · Tax Due	-4.96	4.96
TOTAL						-4.96	4.96
Bill Pmt -Check	EFT07...	07/14/2023	HI DOR		1010 · LMCU CHEC...		-9.43
Bill	June 2...	07/07/2023			2201 · Tax Due	-9.43	9.43
TOTAL						-9.43	9.43
Bill Pmt -Check	EFT07...	07/18/2023	IL DOR		1010 · LMCU CHEC...		-17.00
Bill	June 2...	07/08/2023			2201 · Tax Due	-17.00	17.00
TOTAL						-17.00	17.00
Liability Check	EFT07...	07/19/2023	EFTPS		1010 · LMCU CHEC...		-2,224.80
					2120 · Federal With...	-964.00	964.00
					2130 · Medicare	-119.50	119.50
					2130 · Medicare	-119.50	119.50
					2140 · Social Security	-510.90	510.90
					2140 · Social Security	-510.90	510.90
TOTAL						-2,224.80	2,224.80
Bill Pmt -Check	EFT07...	07/19/2023	American Express		1010 · LMCU CHEC...		-62,039.96
Bill	WE 06...	06/18/2023			2010 · American Ex...	-41,189.76	41,189.76
Bill	FINAL...	07/19/2023			2010 · American Ex...	-20,850.20	20,850.20
TOTAL						-62,039.96	62,039.96
Check	EFT07...	07/19/2023	American Express		1010 · LMCU CHEC...		-327.33
					7060 · Interest Exp, ...	-327.33	327.33
TOTAL						-327.33	327.33

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Eagle Hemp LLC
Check Detail
 June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Bill Pmt -Check	EFT07...	07/20/2023	City of Lakeland El...		1010 · LMCU CHEC...		-3,227.69
Bill	06.21.23	06/21/2023			5980 · Utilities	-3,227.69	3,227.69
TOTAL						-3,227.69	3,227.69
Liability Check	401K0...	07/21/2023	Principal Financial ...		1010 · LMCU CHEC...		-208.60
					2100 · 401k Emp	-135.00	135.00
					2100 · 401k Emp	-73.60	73.60
TOTAL						-208.60	208.60
Bill Pmt -Check	EFT07...	07/24/2023	LA DOR		1010 · LMCU CHEC...		-6.54
Bill	June 2...	07/07/2023			2201 · Tax Due	-6.54	6.54
TOTAL						-6.54	6.54
Liability Check	EFT07...	07/26/2023	EFTPS		1010 · LMCU CHEC...		-1,198.76
					2120 · Federal With...	-301.00	301.00
					2130 · Medicare	-85.07	85.07
					2130 · Medicare	-85.07	85.07
					2140 · Social Security	-363.81	363.81
					2140 · Social Security	-363.81	363.81
TOTAL						-1,198.76	1,198.76
Bill Pmt -Check	EFT07...	07/26/2023	MA DOR		1010 · LMCU CHEC...		-10.00
Bill	June 2...	07/07/2023			2201 · Tax Due	-10.00	10.00
TOTAL						-10.00	10.00
Bill Pmt -Check	EFT07...	07/27/2023	Frontier		1010 · LMCU CHEC...		-1,490.00
Bill	07.03.23	07/03/2023			7090 · Telephone, In...	-1,490.00	1,490.00
TOTAL						-1,490.00	1,490.00
Bill Pmt -Check	EFT07...	07/27/2023	Powernet		1010 · LMCU CHEC...		-419.66

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Bill	43534...	07/07/2023			7090 · Telephone, In...	-419.66	419.66
TOTAL						-419.66	419.66
Bill Pmt -Check	EFT07...	07/27/2023	Lakeland Interstate...		1010 · LMCU CHEC...		-30,794.28
Bill	Augus...	08/01/2023			5950 · Rent	-30,794.28	30,794.28
TOTAL						-30,794.28	30,794.28
Liability Check	401K0...	07/28/2023	Principal Financial ...		1010 · LMCU CHEC...		-211.57
					2100 · 401k Emp	-139.95	139.95
					2100 · 401k Emp	-71.62	71.62
TOTAL						-211.57	211.57
Liability Check	EFT07...	07/28/2023	EFTPS		1010 · LMCU CHEC...		-22.57
					2160 · Federal Une...	-22.57	22.57
TOTAL						-22.57	22.57
Liability Check	EFT07...	07/28/2023	Florida Department...		1010 · LMCU CHEC...		-3.76
					2150 · State Unempl...	-3.76	3.76
TOTAL						-3.76	3.76
Liability Check	EFT08...	08/02/2023	EFTPS		1010 · LMCU CHEC...		-1,166.02
					2120 · Federal With...	-302.00	302.00
					2130 · Medicare	-81.89	81.89
					2130 · Medicare	-81.89	81.89
					2140 · Social Security	-350.12	350.12
					2140 · Social Security	-350.12	350.12
TOTAL						-1,166.02	1,166.02
Check	EFT08...	08/02/2023	EFTPS		1010 · LMCU CHEC...		-0.72
					6550 · Payroll Tax Exp	-0.72	0.72
TOTAL						-0.72	0.72

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Liability Check	401K0...	08/04/2023	Principal Financial ...		1010 · LMCU CHEC...		-182.50
				2100 · 401k Emp		-120.30	120.30
				2100 · 401k Emp		-62.20	62.20
TOTAL						-182.50	182.50
Check	GW08...	08/08/2023	Gateway		1020 · Bank ELECT...		-25.00
				5252 · Gateway Fee		-25.00	25.00
TOTAL						-25.00	25.00
Liability Check	EFT08...	08/09/2023	EFTPS		1010 · LMCU CHEC...		-1,136.08
				2120 · Federal With...		-286.00	286.00
				2130 · Medicare		-80.57	80.57
				2130 · Medicare		-80.57	80.57
				2140 · Social Security		-344.47	344.47
				2140 · Social Security		-344.47	344.47
TOTAL						-1,136.08	1,136.08
Bill Pmt -Check	EFT08...	08/09/2023	Marlin Business Ba...		1010 · LMCU CHEC...		-219.43
Bill	20627...	06/19/2023		5824 · Equipment Le...		-219.43	219.43
TOTAL						-219.43	219.43
Check	EFT08...	08/09/2023	Florida Department...		1010 · LMCU CHEC...		-10.92
				2201 · Tax Due		-10.92	10.92
TOTAL						-10.92	10.92
Check	EFT08...	08/09/2023	TX DOR		1010 · LMCU CHEC...		-18.32
				2201 · Tax Due		-18.32	18.32
TOTAL						-18.32	18.32
Check	EFT08...	08/09/2023	HI DOR		1010 · LMCU CHEC...		-9.43

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2201 · Tax Due	-9.43	9.43
TOTAL						-9.43	9.43
Liability Check	401K0...	08/11/2023	Principal Financial ...		1010 · LMCU CHEC...		-184.02
					2100 · 401k Emp	-123.60	123.60
					2100 · 401k Emp	-60.42	60.42
TOTAL						-184.02	184.02
Liability Check	EFT08...	08/16/2023	EFTPS		1010 · LMCU CHEC...		-1,107.10
					2120 · Federal With...	-270.00	270.00
					2130 · Medicare	-79.33	79.33
					2130 · Medicare	-79.33	79.33
					2140 · Social Security	-339.22	339.22
					2140 · Social Security	-339.22	339.22
TOTAL						-1,107.10	1,107.10
Bill Pmt -Check	EFT08...	08/17/2023	City of Lakeland El...		1010 · LMCU CHEC...		-2,810.43
Bill	07.20.23	07/20/2023			5980 · Utilities	-2,810.43	2,810.43
TOTAL						-2,810.43	2,810.43
Liability Check	401K0...	08/18/2023	Principal Financial ...		1010 · LMCU CHEC...		-194.62
					2100 · 401k Emp	-126.90	126.90
					2100 · 401k Emp	-67.72	67.72
TOTAL						-194.62	194.62
Liability Check	EFT08...	08/23/2023	EFTPS		1010 · LMCU CHEC...		-1,178.38
					2120 · Federal With...	-302.00	302.00
					2130 · Medicare	-83.06	83.06
					2130 · Medicare	-83.06	83.06
					2140 · Social Security	-355.13	355.13
					2140 · Social Security	-355.13	355.13
TOTAL						-1,178.38	1,178.38
Liability Check	401K0...	08/25/2023	Principal Financial ...		1010 · LMCU CHEC...		-205.33

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2100 · 401k Emp	-134.55	134.55
					2100 · 401k Emp	-70.78	70.78
TOTAL						-205.33	205.33
Bill Pmt -Check	EFT08...	08/27/2023	Powernet		1010 · LMCU CHEC...		-96.60
Bill	43571...	08/07/2023			7090 · Telephone, In...	-96.60	96.60
TOTAL						-96.60	96.60
Liability Check	EFT08...	08/30/2023	EFTPS		1010 · LMCU CHEC...		-1,190.04
					2120 · Federal With...	-302.00	302.00
					2130 · Medicare	-84.14	84.14
					2130 · Medicare	-84.14	84.14
					2140 · Social Security	-359.88	359.88
					2140 · Social Security	-359.88	359.88
TOTAL						-1,190.04	1,190.04
Check	EFT08...	08/30/2023	NV DOR		1010 · LMCU CHEC...		-4.96
					2201 · Tax Due	-4.96	4.96
TOTAL						-4.96	4.96
Liability Check	401K0...	09/01/2023	Principal Financial ...		1010 · LMCU CHEC...		-206.81
					2100 · 401k Emp	-135.45	135.45
					2100 · 401k Emp	-71.36	71.36
TOTAL						-206.81	206.81
Bill Pmt -Check	EFT09...	09/05/2023	Lakeland Interstate...		1010 · LMCU CHEC...		-30,794.28
Bill	Sept 2...	09/01/2023			5950 · Rent	-30,794.28	30,794.28
TOTAL						-30,794.28	30,794.28
Liability Check	EFT09...	09/06/2023	EFTPS		1010 · LMCU CHEC...		-1,192.32
					2120 · Federal With...	-302.00	302.00
					2130 · Medicare	-84.39	84.39

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
					2130 · Medicare	-84.39	84.39
					2140 · Social Security	-360.77	360.77
					2140 · Social Security	-360.77	360.77
TOTAL						-1,192.32	1,192.32
Bill Pmt -Check	EFT09...	09/06/2023	Trim Life Labs, LLC		1010 · LMCU CHEC...		-1,000.00
Bill	15	12/31/2022			4530 · Fulfillment	-922.01	160,500.39
					4530 · Fulfillment	-13.76	2,394.50
					2201 · Tax Due	-64.23	11,180.03
TOTAL						-1,000.00	174,074.92
Liability Check	401K0...	09/08/2023	Principal Financial ...		1010 · LMCU CHEC...		-194.56
					2100 · 401k Emp	-127.80	127.80
					2100 · 401k Emp	-66.76	66.76
TOTAL						-194.56	194.56
Bill Pmt -Check	EFT09...	09/08/2023	Marlin Business Ba...		1010 · LMCU CHEC...		-219.72
Bill	20684...	07/19/2023			5824 · Equipment Le...	-211.38	211.38
					7060 · Interest Exp, ...	-8.34	8.34
TOTAL						-219.72	219.72
Liability Check	EFT09...	09/13/2023	EFTPS		1010 · LMCU CHEC...		-1,173.86
					2120 · Federal With...	-302.00	302.00
					2130 · Medicare	-82.63	82.63
					2130 · Medicare	-82.63	82.63
					2140 · Social Security	-353.30	353.30
					2140 · Social Security	-353.30	353.30
TOTAL						-1,173.86	1,173.86
Liability Check	401K0...	09/15/2023	Principal Financial ...		1010 · LMCU CHEC...		-209.26
					2100 · 401k Emp	-143.25	143.25
					2100 · 401k Emp	-66.01	66.01
TOTAL						-209.26	209.26

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Eagle Hemp LLC Check Detail

June 20 through September 20, 2023

Type	Num	Date	Name	Item	Account	Paid Amount	Original Amount
Bill Pmt -Check	EFT09...	09/18/2023	City of Lakeland El...		1010 · LMCU CHEC...		-2,264.47
Bill	08.21.23	08/21/2023			5980 · Utilities	-2,264.47	2,264.47
TOTAL						-2,264.47	2,264.47
Liability Check	EFT09...	09/20/2023	EFTPS		1010 · LMCU CHEC...		-1,059.66
					2120 · Federal With...	-273.00	273.00
					2130 · Medicare	-74.55	74.55
					2130 · Medicare	-74.55	74.55
					2140 · Social Security	-318.78	318.78
					2140 · Social Security	-318.78	318.78
TOTAL						-1,059.66	1,059.66
Bill Pmt -Check	EFT09...	09/20/2023	Sterling Seacrest P...		1010 · LMCU CHEC...		-8,326.50
Bill	09.20....	09/20/2023			7050 · Insurance, P ...	-8,326.50	8,326.50
TOTAL						-8,326.50	8,326.50

Debtor **Eagle Hemp, LLC**Case number (if known) **8:23-bk-4137-RCT**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	The Affiliati Network, LLC v Eagle Hemp, LLC, et al. Case No. 01-22-003-7430		American Arbitration Association	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Aware Ads Inc. v Eagle Hemp, LLC, et al. Case No. CV-23-692553		Ontario Superior Court of Justice	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

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

☐ None.

Debtor **Eagle Hemp, LLC**Case number (if known) **8:23-bk-4137-RCT**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Stichter, Riedel, Blain & Postler, P.A. 110 E. Madison St. Suite 200 Tampa, FL 33602	Attorney Fees on account of Debtor and related Debtor, Trim Life Labs, LLC		\$31,738.00
	Email or website address hriedel@srbp.com			
	Who made the payment, if not debtor? Trim Life Labs, LLC (related Debtor)			

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

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

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

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

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

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information

Debtor **Eagle Hemp, LLC**Case number (if known) **8:23-bk-4137-RCT****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Limited credit card information, contact information

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

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

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

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

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

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

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Bank of Montreal	XXXX-2881	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Electronic</u>	August 10, 2023	\$835.37
18.2. Lake Michigan Credit Union	XXXX-6607	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ___	August 18 2023	\$36.98

19. Safe deposit boxes

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

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

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

Debtor **Eagle Hemp, LLC**Case number (if known) **8:23-bk-4137-RCT**☒ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Does debtor
still have it?**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

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

☐ None

Owner's name and address

Location of the property

Describe the property

Value

Trim Life Labs, LLC

Debtor's location

Inventory

Unknown

Part 12: Details About Environment Information

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

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

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

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No.☐ Yes. Provide details below.Case title
Case numberCourt or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?☒ No.☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

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

☒ None

Debtor **Eagle Hemp, LLC**Case number (if known) **8:23-bk-4137-RCT****Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

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

☐ None

Name and address		Date of service From-To
26a.1.	Brandy Willhite 11317 N. 52nd St. Tampa, FL 33617	Present
26a.2.	Carolyn Bogaert 11317 N. 52nd St. Tampa, FL 33617	Present
26a.3.	Joe Fowler 2385 King Ave. Auburndale, FL 33823	
26a.4.	Mike Giarardi 121 NW Monroe Circle N Saint Petersburg, FL 33702	

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

☒ None

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

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Brandy Willhite 11317 N. 52nd St. Tampa, FL 33617	
26c.2. Carolyn Bogaert 11317 N. 52nd St. Tampa, FL 33617	
26c.3. Barry Atkins 2855 Interstate Dr., Suite 111 Lakeland, FL 33805	

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

☒ None**Name and address****27. Inventories**

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

☐ No☒ Yes. Give the details about the two most recent inventories.

Debtor **Eagle Hemp, LLC**Case number (if known) **8:23-bk-4137-RCT**

27.1	Name of the person who supervised the taking of the inventory Missy Atkins	Date of inventory August 2023	The dollar amount and basis (cost, market, or other basis) of each inventory
	Name and address of the person who has possession of inventory records Eagle Hemp, LLC 2855 Interstate Dr., Suite 111 Lakeland, FL 33805		

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

Name	Address	Position and nature of any interest	% of interest, if any
George L. Southworth	11317 N. 52nd St. Tampa, FL 33617	Manager	
Name	Address	Position and nature of any interest	% of interest, if any
Eagle E-Commerce Group, LLC	P.O. Box 16966 Tampa, FL 33687	Membership Holder	100%
Name	Address	Position and nature of any interest	% of interest, if any
Barry Atkins	2855 Interstate Dr., Suite 111 Lakeland, FL 33805	President	

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

- ☒ No
☐ Yes. Identify below.

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

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

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Barry Atkins P.O. Box 16605 Tampa, FL 33687	\$109,230.67	September 20, 2022 through September 20, 2023	Salary
Relationship to debtor President			

Debtor **Eagle Hemp, LLC**Case number (if known) **8:23-bk-4137-RCT**

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	Missy Atkins	\$136,923.28	September 20, 2022 through September 20, 2023	Salary
	Relationship to debtor COO			

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

- ☐ No
- ☒ Yes. Identify below.

Name of the parent corporation

Eagle Hemp, LLC

Employer Identification number of the parent corporation

EIN: **84-2266223**

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

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Fill in this information to identify the case:Debtor name Eagle Hemp, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA, TAMPA DIVISIONCase number (if known) 8:23-bk-4137-RCT☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

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

Part 14: Signature and Declaration

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

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

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

Executed on 10.13.2023
Signature of individual signing on behalf of the debtorBarry M. Atkins

Printed name

Position or relationship to debtor President

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

☒ No☐ Yes