

Fill in this information to identify the case:

Debtor Northwest Territorial Mint, LLC
 United States Bankruptcy Court for the: Western District of WA
 Case number (If known) 16-11767CMA

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

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

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, you should use the Additional Page of this form.

Due to the inadequacy of the debtor's records, the Trustee has been unable to determine if any of the unsecured creditors are entitled to a priority claim.

2.1 Priority creditor's name and mailing address

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

Total claim	Priority amount
\$ _____	\$ _____

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred _____

Basis for the claim: _____

Last 4 digits of account number _____

Is the claim subject to offset?

- No
 Yes

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

2.2 Priority creditor's name and mailing address

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

\$ _____

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred _____

Basis for the claim: _____

Last 4 digits of account number _____

Is the claim subject to offset?

- No
 Yes

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

2.3 Priority creditor's name and mailing address

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

\$ _____

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Date or dates debt was incurred _____

Basis for the claim: _____

Last 4 digits of account number _____

Is the claim subject to offset?

- No
 Yes

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

Part 1. Additional Page

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

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

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

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

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

		Amount of claim
3.1	Nonpriority creditor's name and mailing address _____ See Attached Schedule EF2.3 _____ _____ Date or dates 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 type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.2	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates 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 type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.3	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates 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 type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.4	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates 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 type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.5	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates 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 type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.6	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates 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 type="checkbox"/> No <input type="checkbox"/> Yes \$ _____

Part 2: Additional Page

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

Amount of claim

3. Nonpriority creditor's name and mailing address _____

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

Contingent
 Unliquidated
 Disputed
 Liquidated and neither contingent nor disputed

Basis for the claim: _____

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ _____

3. Nonpriority creditor's name and mailing address _____

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

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ _____

3. Nonpriority creditor's name and mailing address _____

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

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ _____

3. Nonpriority creditor's name and mailing address _____

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

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ _____

3. Nonpriority creditor's name and mailing address _____

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

Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Is the claim subject to offset?
 No
 Yes

Date or dates debt was incurred _____
 Last 4 digits of account number _____

\$ _____

Part 3: List Others to Be Notified About Unsecured Claims

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

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

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. N/A	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.1.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11.	Line ____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ - ____ - ____ - ____

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

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ <u>0.00</u>
5b. Total claims from Part 2	5b. +	\$ <u>55,789,208</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <u>55,789,208</u>

CAUTION:

Trustee's review of the Debtor's records in his custody and record keeping, bookkeeping or accounting entries or account reconciliations for many years, the information herein cannot be completely verified. The information herein is based on the efforts of the Trustee and his staff.