

SG SERVICE CO., LLC

March 22, 2024

Re: Asien's Appliance, Inc.

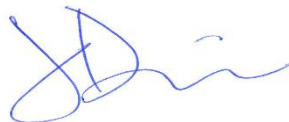
To Whom It May Concern:

On February 26, 2024, a General Assignment for the Benefit of Creditors was executed by Asien's Appliance, Inc., with its principal place of business located at 1801 Piner Road, Santa Rosa, California 95403, in favor of SG Service Co., LLC, as Assignee. Enclosed please find the following:

1. Notice of Assignment
2. Proof of Claim form
3. W-9

If you have any questions or concerns regarding this matter, please contact us by email at sgclaims@sgserviceco.com.

Sincerely,



Jake DiIorio
Agent for SG Service Co., LLC

Encls.

March 22, 2024

In the matter of:)	NOTICE OF ASSIGNMENT FOR
)	THE BENEFIT OF CREDITORS
ASIEN'S APPLIANCE, INC.)	AND DEADLINE FOR
)	SUBMITTING CLAIMS
1801 Piner Road)	
Santa Rosa, CA 95403)	
_____)	

TO ALL CREDITORS AND EQUITY HOLDERS OF ASIEN'S APPLIANCE, INC. AND OTHER PARTIES IN INTEREST:

PLEASE TAKE NOTICE that on February 26, 2024, Asien's Appliance, Inc. ("Asien's" or "Assignor"), as Assignor, made a General Assignment for the Benefit of Creditors (the "Assignment") in favor of SG Service Co., LLC, Assignee ("Assignee"), pursuant to California state law. Please note that with the exception of the relationship created by the Assignment, Assignor and Assignee have no affiliation to each other. Pursuant to the Assignment, Asien's transferred ownership of all of its tangible and intangible assets (collectively, the "Assets") to Assignee for liquidation. Assignee will liquidate the Assets and distribute the net liquidation proceeds to creditors of Asien's who timely submit claims as instructed below.

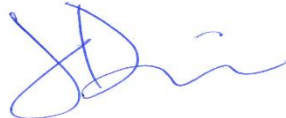
PLEASE TAKE FURTHER NOTICE that all entities asserting any claim against Asien's must submit a proof of claim and proper supporting documentation, including a W-9, to the addressee listed below no later than August 31, 2024. A proof of claim form and a W-9 are enclosed with this Notice. Claims may be presented by mailing them or **sending them by email** to the Assignee as follows:

SG Service Co., LLC, Inc., Assignee for Asien's Appliance, Inc.
514 Via de la Valle, Suite 210
Solana Beach, CA 92075
United States
sgclaims@sgserviceco.com

PLEASE TAKE FURTHER NOTICE that any claimant who fails to timely submit a claim in accordance with the instructions set forth above shall be barred from sharing in any distribution of proceeds of the liquidation of the Assets of Asien's and shall not receive any payment from the Assignee.

Dated: March 22, 2024

SG SERVICE CO., LLC, in its sole and limited capacity as Assignee for the Benefit of Creditors of Asien's Appliance, Inc.



By:

Jake DiIorio, Agent for SG Service Co., LLC

Assignment for the Benefit of Creditors of Asien's Appliance, Inc.		PROOF OF CLAIM	DATE RECEIVED:
ASIEN'S APPLIANCE, INC., Assignor,			
Name of Claimant <i>(The person or entity to whom Asien's Appliance, Inc. owes money or property)</i> SOCIAL SECURITY OR TAX I.D. #: _____		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	CLAIM NO.: _____
Name and Address Where Notices Should be Sent Telephone No.: _____ Email: _____		<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you on behalf of the Assignee.	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Equipment leased <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____		2. IS YOUR CLAIM <input type="checkbox"/> Matured (<i>i.e.</i> , due and payable) <input type="checkbox"/> Unmatured <input type="checkbox"/> Disputed <input type="checkbox"/> Contingent	
3. DATE DEBT WAS INCURRED:		4. IF COURT JUDGMENT, DATE OBTAINED:	
5. CLASSIFICATION OF CLAIM. Classify your claim as follows: (1) Unsecured, (2) Secured, or (3) Partially secured and partially unsecured (it is possible for part of a claim to be in one category and part in another): CHECK THE APPROPRIATE BOX OR BOXES that best describes your claim and STATE THE AMOUNT OF THE CLAIM. <input type="checkbox"/> UNSECURED CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest. Brief Description of Collateral: _____ Amount of arrearage and other charges included in secured claim above, if any \$ _____ 6. <input type="checkbox"/> PRIORITY CLAIM \$ _____ State basis for priority: _____			
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests, if the documents are not available, explain. If the documents are voluminous, attach a summary. 8. STATEMENT ABOUT THE DEBT. Attach a written detailed explanation of the basis of your claim. Include with your explanation a schedule of calculations showing precisely how you arrive at the total amount of your claim. 9. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim, and in filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
10. TOTAL AMOUNT OF CLAIM ON DATE \$ _____ (Unsecured) \$ _____ (Secured) \$ _____ (Total) SIGNED BELOW: <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
11. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR OFFICIAL USE ONLY	
12. BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT.			
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.