|    | LIST OF OPERATIONAL CREDITORS (GOVERNMENT DUES) |                 |                           |              |  |  |  |  |
|----|---|-----------------|---------------------------|--------------|--|--|--|--|
|    |   |                 | DETAILS OF CLAIM RECEIVED |              |  |  |  |  |
|    |   | IDENTIFICATION  | DATE OF                   |              |  |  |  |  |
| SN | NAME OF CREDITOR                                | NO              | RECEIPT                   | AMT CLAIMED  |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    | MINISTRY OF INFORMATION AND                     | Employee I card |                           |              |  |  |  |  |
| 1  | BROADCASTING                                    | no Y16073000780 | 17-03-2020                | 35,00,000.00 |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |
|    |   |                 |                           |              |  |  |  |  |

| DETAILS OF CLAIM ADMITTED |          |                |                |         |        |  |  |  |
|---------------------------|----------|----------------|----------------|---------|--------|--|--|--|
| AMOUNT OF CLAIM           | NATURE   | AMT COVERED BY | AMT COVERED BY | RELATED | VOTING |  |  |  |
| ADMITTED                  | OF CLAIM | SECURITY INTT  | GUARANTEE      | PARTY   | %      |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           | LICENSE  |                |                |         |        |  |  |  |
| 35,00,000.00              |          | NIL            | NIL            | NO      | 0.00%  |  |  |  |
| , ,                       |          |                |                |         |        |  |  |  |
|                           |          |                |                | 1       |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                | ł       |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                |         |        |  |  |  |
|                           |          |                |                | 1       |        |  |  |  |
|                           |          |                |                | 1       |        |  |  |  |

|                  |                  |                 | r            |                           |
|------------------|------------------|-----------------|--------------|---------------------------|
|                  | AMT OF MUTUAL    |                 |              |                           |
| AMOUNT OF        | DUES THAT MAY BE | AMOUNT OF CLAIM | CLAIM UNDER  |                           |
| CONTINGENT CLAIM | SET OFF          | NOT ADMITTED    | VERIFICATION | REMARKS                   |
|                  |                  |                 |              | The claim pertains to the |
|                  |                  |                 |              | license fees for 2 years  |
|                  |                  |                 |              | for TV channel and for 3  |
|                  |                  |                 |              | years for the second      |
|                  |                  |                 |              | channel. The amount       |
|                  |                  |                 |              | does not appear in the    |
| 0.00             | 0.00             | 0.00            | 0.00         | books of the CD.          |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
|                  |                  |                 |              |                           |
| l                |                  |                 |              |                           |