

**United States Bankruptcy Court  
Southern District of Alabama**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>ART Applied Reimbursement Techniques Inc</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>dba Applied Reimbursement Techniques fka Applied Reimbursement Technologies, Inc.</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all): <b>63-1088119</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN(if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): <b>739 N. University Blvd, Ste. 104 Mobile, AL</b>	Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE <b>36608</b>	ZIP CODE
County of Residence or of the Principal Place of Business: <b>Mobile</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP CODE	ZIP CODE

Location of Principal Assets of Business Debtor (if different from street address above):  
**739 North University Blvd, Suite 104  
Mobile AL**

ZIP CODE **36608**

<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	<b>Nature of Business</b> (Check <b>one</b> box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
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<b>Chapter 15 Debtors</b>  Country of debtor's center of main interests: _____  Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____	<b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)	<b>Nature of Debts</b> (Check one box)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 ( <i>amount subject to adjustment on 4/01/13 and every three years thereafter</i> ). <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	<b>THIS SPACE IS FOR COURT USE ONLY</b>
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000	
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	



**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**ART Applied Reimbursement Techniques Inc**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

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

**Not Applicable**  
 \_\_\_\_\_  
 Signature of Debtor

**Not Applicable**  
 \_\_\_\_\_  
 Signature of Joint Debtor

\_\_\_\_\_  
 Telephone Number (If not represented by attorney)

\_\_\_\_\_  
 Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**Not Applicable**  
 \_\_\_\_\_  
 (Signature of Foreign Representative)

\_\_\_\_\_  
 (Printed Name of Foreign Representative)

\_\_\_\_\_  
 Date

**Signature of Attorney**

**s/ Irvin Grodsky**  
 \_\_\_\_\_  
 Signature of Attorney for Debtor(s)

**IRVIN GRODSKY Bar No.**  
 \_\_\_\_\_  
 Printed Name of Attorney for Debtor(s) / Bar No.

**Irvin Grodsky, P.C.**  
 \_\_\_\_\_  
 Firm Name

**P.O. Box 3123 Mobile, AL 36652**  
 \_\_\_\_\_  
 Address

**(251) 433-3657**                      **(251) 433-3670**  
 \_\_\_\_\_  
 Telephone Number

**6/12/2012**  
 \_\_\_\_\_  
 Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

**Not Applicable**  
 \_\_\_\_\_  
 Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
 Address

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**s/ Ralph E. Patrick**  
 \_\_\_\_\_  
 Signature of Authorized Individual

**Ralph E. Patrick**  
 \_\_\_\_\_  
 Printed Name of Authorized Individual

**President/CEO**  
 \_\_\_\_\_  
 Title of Authorized Individual

**6/12/2012**  
 \_\_\_\_\_  
 Date

**Not Applicable**  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF ALABAMA

In re: ART Applied Reimbursement Techniques Inc  
Debtor

Case No. \_\_\_\_\_  
Chapter 11

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 4 sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 6/12/2012

Signed: s/ Ralph E. Patrick  
Ralph E. Patrick

Signed: /s/ Irvin Grodsky  
IRVIN GRODSKY

Attorney for Debtor(s)

Bar no.:

**Irvin Grodsky, P.C.**

**P.O. Box 3123**

**Mobile, AL 36652**

Telephone No.: **(251) 433-3657**

Fax No.: **(251) 433-3670**

E-mail address:

Administration Partners, LLC  
P O Box 16627  
Mobile AL 36616

Alabama Department of Human Resourc  
P.O. Box 304000  
Montgomery, AL 36130

Alabama Department of Revenue  
Withholding Assesment Section  
PO Box 327480  
Montgomery, AL 36132-7480

Alabama Dept. of Revenue  
Legal Division  
P.O. Box 320001  
Montgomery, AL 36132-0001

Alabama Power  
6396 Airport Blvd  
Mobile AL 36608

AllScripts, LLC  
8523 Six Forks Rd  
Raleigh NC 27615

Ascom Hasler Leasing  
P O Box 3083  
Cedar Rapids IA 52406

BBVA Compass Bank  
321 Bel Air Blvd  
Mobile AL 36606

Cintas Document Management  
P O Box 625737  
Cincinnati OH 45262

Dell Financial Services  
P O Box 81577  
Austin TX 78708-1577

Department of the Treasury  
Internal Revenue Service  
Memphis TN 38101-0069

Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201-0039

Eagle Electrical Services  
P O Box 529  
Theodore AL 36590

Gregory, Ladner & Koger  
4332 Boulevard Park South  
Mobile, AL 36609

Internal Revenue Service  
c/o U.S. Attorney's Office  
63 S. Royal St., #600 Riverview Pla  
Mobile, AL 36602

Internal Revenue Service  
1110 Montlimar Drive  
3rd Floor  
Mobile, AL 36609

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19114

Jeffrey J. Oyler  
3510 Estate Lane  
Smyrna GA 30080

John M. Lassiter, Jr., Esq.  
P.O. Box 161255  
Mobile, AL 36616

Marlin Leasing  
P O Box 637  
Mount Laurel NJ 08054

Melissa Courtney  
4387 Kali Oka Springs Drive  
Saraland, AL 36571

Mentor Graphics  
8005 Boeckman Road  
Wilsonville OR 97070

Mobile County Revenue Commissioner  
3925 Michael Blvd #F  
Mobile AL 36609

Press-Register  
401 North Water St  
Mobile AL 36602

Providence Occupational Health  
P O Box 191117  
Mobile AL 36619

Ralph E. Patrick  
1678 GlenBrook Court  
Mobile AL 36695

Ralph E. Patrick  
1678 Glenbrook Court  
Mobile AL 36695

Ralph E. Patrick  
1678 Glenbrook Court  
Mobile, AL 36695

Regions Bank  
11 North Water Street  
Mobile AL 36602

Richard A. Oyler  
9985 Airport Blvd  
Mobile AL 36608

Robert Hanson  
5713 Regency Court North  
Mobile, AL 36609

Sam McMurray  
3811 Claridge Rd North  
Mobile AL 36608

UCI Communications, LLC  
dba Black Box Network Services  
500 St. Michael St  
Mobile AL 36602

Waste Management  
2625 West Grandview Rd  
Suite 150  
Phoenix AZ 85023

Windstream Communications  
Two North Main St  
Greenville SC 29601

Wise Designs  
6620 Applecross Drive North  
Mobile AL 36695



**United States Bankruptcy Court  
Southern District of Alabama**

In re ART Applied Reimbursement Techniques Inc, Case No. \_\_\_\_\_  
Debtor Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Richard A. Oyler 9985 Airport Blvd Mobile AL 36608				<b>\$1,022,383.11</b>
Department of the Treasury Internal Revenue Service Memphis TN 38101-0069				<b>\$658,575.06</b>
AllScripts, LLC 8523 Six Forks Rd Raleigh NC 27615			<b>DISPUTED</b>	<b>\$597,051.95</b>
Jeffrey J. Oyler 3510 Estate Lane Smyrna GA 30080				<b>\$586,270.37</b>
Sam McMurray 3811 Claridge Rd North Mobile AL 36608				<b>\$464,840.00</b>
Alabama Department of Revenue Withholding Assesment Section PO Box 327480 Montgomery, AL 36132-7480				<b>\$30,417.52</b>

In re ART Applied Reimbursement Techniques Inc, Case No. \_\_\_\_\_  
 Debtor Chapter 11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Melissa Courtney 4387 Kali Oka Springs Drive Saraland, AL 36571			<b>DISPUTED</b>	<b>\$30,000.00</b>
Windstream Communications Two North Main St Greenville SC 29601				<b>\$14,587.90</b>
Robert Hanson 5713 Regency Court North Mobile, AL 36609				<b>\$10,977.75</b>
Department of the Treasury Internal Revenue Service Ogden UT 84201-0039				<b>\$9,649.36</b>
Mentor Graphics 8005 Boeckman Road Wilsonville OR 97070				<b>\$7,370.83</b>
BBVA Compass Bank 321 Bel Air Blvd Mobile AL 36606				<b>\$6,534.24</b>

In re ART Applied Reimbursement Techniques Inc, Case No. \_\_\_\_\_  
 Debtor Chapter 11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Cintas Document Management P O Box 625737 Cincinnati OH 45262				<b>\$5,784.50</b>
Mobile County Revenue Commissioner 3925 Michael Blvd #F Mobile AL 36609				<b>\$2,121.76</b>
Alabama Power 6396 Airport Blvd Mobile AL 36608				<b>\$2,054.02</b>
Ascom Hasler Leasing P O Box 3083 Cedar Rapids IA 52406				<b>\$1,866.28</b>
Gregory, Ladner & Koger 4332 Boulevard Park South Mobile, AL 36609				<b>\$1,730.00</b>
Eagle Electrical Services P O Box 529 Theodore AL 36590				<b>\$936.06</b>

In re ART Applied Reimbursement Techniques Inc, Case No. \_\_\_\_\_  
Debtor Chapter 11

### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Wise Designs 6620 Applecross Drive North Mobile AL 36695				\$932.47
Waste Management 2625 West Grandview Rd Suite 150 Phoenix AZ 85023				\$645.95

#### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, Ralph E. Patrick, President/CEO of the Corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 6/12/2012

Signature: s/ Ralph E. Patrick

Ralph E. Patrick ,President/CEO  
(Print Name and Title)

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C §§ 152 and 3571.