

B1 (Official Form 1)(4/10)

United States Bankruptcy Court Western District of Arkansas				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Hamby & Hamby Family Wellness Clinic, PLLC			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): DBA Hamby & Hamby Family Medical Clinic			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) No./Complete EIN (if more than one, state all) 26-0241028			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)		
Street Address of Debtor (No. and Street, City, and State): 30 Northridge Dr. Van Buren, AR <div style="text-align: right;">ZIP Code 72956</div>			Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>		
County of Residence or of the Principal Place of Business: Crawford			County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		
Location of Principal Assets of Business Debtor (if different from street address above): 30 Northridge Drive Van Buren, AR 72956					
Type of Debtor (Form of Organization) (Check one 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.)		Nature of Business (Check one box) <input checked="" 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 type="checkbox"/> Other <hr/> Tax-Exempt Entity (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).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one 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 Nature of Debts (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.	
Filing Fee (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.			Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" 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>). Check all applicable boxes: <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).		
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input 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. 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 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 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 type="checkbox"/> \$500,001 to \$1 million <input checked="" 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					THIS SPACE IS FOR COURT USE ONLY

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Page 2

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Hamby & Hamby Family Wellness Clinic, PLLC	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). <div style="display: flex; justify-content: space-between;"> X _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Signature of Attorney for Debtor(s) (Date) </div>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="margin-left: 40px;"> _____ (Name of landlord that obtained judgment) </div> <div style="margin-left: 40px;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

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

Name of Debtor(s):

Hamby & Hamby Family Wellness Clinic, PLLC**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.

X _____
Signature of Debtor

X _____
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 this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy 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.

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

X _____
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 additional sheets conforming 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.

Signature of Attorney*

X /s/ Stanley V. Bond
Signature of Attorney for Debtor(s)

Stanley V. Bond 93034

Printed Name of Attorney for Debtor(s)

Bond Law Office

Firm Name

525 S. School Ave.

Suite 100

Fayetteville, AR 72701

Address

Email: attybond@me.com

479-444-0255 Fax: 479-444-7141

Telephone Number

January 20, 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 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 relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jeffrey D. Hamby, MD
Signature of Authorized Individual

Jeffrey D. Hamby, MD

Printed Name of Authorized Individual

President

Title of Authorized Individual

January 20, 2012

Date

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Western District of Arkansas

In re **Hamby & Hamby Family Wellness Clinic, PLLC**

Debtor(s)

Case No.

Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Choice Health Leasing 450 Mamaroneck Av Harrison, NY 10528	Choice Health Leasing 450 Mamaroneck Av Harrison, NY 10528	Body Composition Analyzer Equipment		1.00 (Unknown secured)
Choice Health Leasing 450 Mamaroneck Av Harrison, NY 10528	Choice Health Leasing 450 Mamaroneck Av Harrison, NY 10528	Loan agreement provides for a blanket lien in various assets of the Debtor		Unknown (Unknown secured)
Choice Health Leasing 450 Mamaroneck Av Harrison, NY 10528	Choice Health Leasing 450 Mamaroneck Av Harrison, NY 10528	Skyway Electronic Message Center		1.00 (Unknown secured)
De Lage Landen Financial Svcs PO Box 41601 Philadelphia, PA 19101-1601	De Lage Landen Financial Svcs PO Box 41601 Philadelphia, PA 19101-1601			1.00 (0.00 secured)
Dwight Payne Homes 10410 N. Hwy 59 Cedarville, AR 72932	Dwight Payne Homes 10410 N. Hwy 59 Cedarville, AR 72932	Crawford County Circuit Court Case; Lien on Property @ 30 Northridge Dr., Van Buren, AR	Contingent Unliquidated Disputed	56,946.65
General Injectables & Vaccines c/o Broucher & Hutton, PC 131 East Valley St. Abingdon, VA 24210	General Injectables & Vaccines c/o Broucher & Hutton, PC 131 East Valley St. Abingdon, VA 24210	Bland County Circuit Court, Virginia	Contingent Disputed	800,000.00
Liberty Bank of Arkansas PO Box 4026 Russellville, AR 72811	Liberty Bank of Arkansas PO Box 4026 Russellville, AR 72811	4400 sq. foot Medical Clinic/Modified Commercial Storefront Property @ 30 Northridge Dr., Van Buren, AR		637,500.00 (495,000.00 secured)

B4 (Official Form 4) (12/07) - Cont.

In re **Hamby & Hamby Family Wellness Clinic, PLLC**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Liberty Bank of Arkansas PO Box 4026 Russellville, AR 72811	Liberty Bank of Arkansas PO Box 4026 Russellville, AR 72811	Clinic office and waiting area furniture. including ice machine and signage (per Shiloh Sales Appraisal 11/16/2010)		150,166.00 (8,900.00 secured)
Liberty Bank of Arkansas PO Box 4026 Russellville, AR 72811	Liberty Bank of Arkansas PO Box 4026 Russellville, AR 72811	Clinic medical, diagnostic and treatment equipment (per appraisal of Shiloh Sales 11/16/2010)		150,166.00 (106,230.00 secured)
Liberty Bank of Arkansas PO Box 4026 Russellville, AR 72811	Liberty Bank of Arkansas PO Box 4026 Russellville, AR 72811	Debtor's furniture, fixtures & equipment		150,166.00 (115,130.00 secured)
Michael D Collins, CPA, JD, LL 4300 Rogers Ave., Ste. 26 Fort Smith, AR 72903	Michael D Collins, CPA, JD, LL 4300 Rogers Ave., Ste. 26 Fort Smith, AR 72903		Contingent Unliquidated Disputed	Unknown
TCF Equipment Finance 1111 W. San Maman Dr. Waterloo, IA 50701	TCF Equipment Finance 1111 W. San Maman Dr. Waterloo, IA 50701			1.00 (0.00 secured)
William Moates Trilennium Financial Alliance 4300 Rogers Ave., Ste. 26 Fort Smith, AR 72903	William Moates Trilennium Financial Alliance 4300 Rogers Ave., Ste. 26 Fort Smith, AR 72903		Contingent Unliquidated Disputed	Unknown

B4 (Official Form 4) (12/07) - Cont.

In re **Hamby & Hamby Family Wellness Clinic, PLLC**

Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

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

I, the President 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 **January 20, 2012**

Signature **/s/ Jeffrey D. Hamby, MD**

**Jeffrey D. Hamby, MD
President**

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.

Choice Health Leasing
450 Mamaroneck Av
Harrison, NY 10528

De Lage Landen Financial Svcs
PO Box 41601
Philadelphia, PA 19101-1601

Dwight Payne Homes
10410 N. Hwy 59
Cedarville, AR 72932

General Injectables & Vaccines
c/o Broucher & Hutton, PC
131 East Valley St.
Abingdon, VA 24210

Jeffrey D. Hamby

Kevin R. Holmes
Hopkins & Holmes, PLLC
PO Box 7359
Van Buren, AR 72956

Liberty Bank of Arkansas
PO Box 4026
Russellville, AR 72811

Michael D Collins, CPA, JD, LL
4300 Rogers Ave., Ste. 26
Fort Smith, AR 72903

Tamara J. Hamby

TCF Equipment Finance
1111 W. San Maman Dr.
Waterloo, IA 50701

TCF Equipment Finance
111 W. San Maman Drive
Waterloo, IA 50701

Wells Fargo Financial Leasing
800 Walnut St.
Des Moines, IA 50309

Wells Fargo Leasing

William Moates
Trilennium Financial Alliance
4300 Rogers Ave., Ste. 26
Fort Smith, AR 72903