

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF ARIZONA

Case number *(if known)* _____ Chapter 11 Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>MedOne Healthcare, LLC</u>	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and <i>doing business as</i> names	_____	
3. Debtor's federal Employer Identification Number (EIN)	<u>52-2325035</u>	
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>2615 S. Industrial Park Ave.</u> <u>Tempe, AZ 85282</u> Number, Street, City, State & ZIP Code	<u>P.O. Box 24757</u> <u>Tempe, AZ 85282-4757</u> P.O. Box, Number, Street, City, State & ZIP Code
	<u>Maricopa</u> County	Location of principal assets, if different from principal place of business _____ Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	<u>medoneaz.com</u>	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor MedOne Healthcare, LLC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6216

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor **MedOne Healthcare, LLC**
Name

Case number (if known)

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, 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.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **MedOne Healthcare, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 6, 2017**
MM / DD / YYYY

X /s/ Stephan Kindt
Signature of authorized representative of debtor

Title **President**

Stephan Kindt
Printed name

18. Signature of attorney

X /s/ Joseph E. Cotterman
Signature of attorney for debtor

Date **December 6, 2017**
MM / DD / YYYY

Joseph E. Cotterman
Printed name

Jennings, Strouss & Salmon, PLC
Firm name

**One East Washington Street
Suite 1900
Phoenix, AZ 85004-2554**
Number, Street, City, State & ZIP Code

Contact phone _____ Email address _____

013800
Bar number and State

Fill in this information to identify the case:

Debtor name **MedOne Healthcare, LLC**
 United States Bankruptcy Court for the: **DISTRICT OF ARIZONA**
 Case number (if known): _____

Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
2615 Industrial Park Ave, LLC 2615 S. Industrial Park Ave. Tempe, AZ 85282		Rent for Tempe Office Note: Creditor is owned by 2 of Debtor's owners				\$31,092.00
A2Z Courier LLC 2821 S. 35th St. #D-2 Phoenix, AZ 85034		Courier to deliver product to patients				\$71,823.00
American Express P.O. Box 981535 El Paso, TX 79998-1535		Business expenses				\$57,841.00
Arizona Bank & Trust 2036 E. Camelback Rd. Phoenix, AZ 85016		Business expenses				\$22,089.00
Arrowhead Technology 12231 N. 56th Dr. Glendale, AZ 85304		IT Services				\$13,732.00
Chase Card Services PO Box 94014 Palatine, IL 60094		Business expenses				\$17,301.00
Covidien Dept. 00 10318 Palatine, IL 60055-0318		Pharmacy Equipment				\$5,958.00
Creekridge Capital 7808 Creekridge Circle #250 Edina, MN 55439		Mobility Equipment Purchases				\$48,816.00
Genadyne 16 Midland Ave Hicksville, NY 11801		Wound Supplies				\$73,493.00

Debtor **MedOne Healthcare, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101		Unpaid Payroll Taxes				\$167,972.00
International Biophysics Corp. 2101 2 E. St. Elmo Rd. #275 Austin, TX 78744		Purchase of Afflovest				\$10,854.00
Maricopa County Treasurer PO Box 52133 85072-2133		Taxes				\$6,211.00
McKesson Drug 495 S. 107th Ave Tolleson, AZ 85353		Pharmacy Drugs				\$37,301.00
Medical Repair Systems 5160 W. Phelps Rd., Suite B Glendale, AZ 85306		Oxygen Equipment Repairs				\$6,233.00
Medical Specialties Distributors 800 Technology Center Dr Sheldonville, MA 02070		Pharmacy Drugs and Supplies				\$32,781.00
Phillips Respironics Phillips Accounting Operations-North America 3000 Minuteman Rd., Bldg. 2 Andover, MA 01810		Purchase Respironics Equipment				\$39,786.00
Premier Medical Distribution 12393 Gateway Park Pl, #100 Draper, UT 84020		Pharmacy Supplies				\$16,273.00
ResMed 9001 Spectrum Center Blvd San Diego, CA 92123		Purchase of ResMed Equipment for Patients				\$643,630.00
United Health Services P.O. Box 9047 Pleasanton, CA 94566-9047		Employee Benefits - Old Plan				\$6,000.00

Debtor **MedOne Healthcare, LLC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
VGM Group, Inc. PO Box 2817 Waterloo, IA 50704-2817		Brightree Billing System				\$8,904.00

MedOne Healthcare, LLC -

2615 INDUSTRIAL PARK AVE, LLC
2615 S. INDUSTRIAL PARK AVE.
TEMPE AZ 85282

A2Z COURIER LLC
2821 S. 35TH ST. #D-2
PHOENIX AZ 85034

ADVANCE RESOURCES
PO BOX 15270
IRVINE CA 92623

AETNA LIFE INSURANCE
151 FARMINGTON AVE
HARTFORD CT 06156

ALL-SAFE SECURITY
2516 N. KRISTEN STREET
MESA AZ 85213

ALLSTREAM (INTEGRA)
P.O. BOX 2966
MILWAUKEE WI 53201

AMERICAN EXPRESS
P.O. BOX 981535
EL PASO TX 79998-1535

AMERICAN EXPRESS
PO BOX 0001
LOS ANGELES CA 90096

ARIZONA BANK & TRUST
2036 E. CAMELBACK RD.
PHOENIX AZ 85016

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
P.O. BOX 6028
PHOENIX AZ 85005

ARIZONA DEPARTMENT OF REVENUE
TRANSACTION PRIVILEGE TAX
PO BOX 29010
PHOENIX AZ 85038-9010

MedOne Healthcare, LLC -

ARIZONA DEPARTMENT OF REVENUE
PO BOX 29085
PHOENIX AZ 85038-9085

ARIZONA VISITING NURSES
2659 W. GUADALUPE RD. #D
MESA AZ 85202

ARROWHEAD TECHNOLOGY
12231 N. 56TH DR.
GLENDALE AZ 85304

ASPEN SEATING & RIDE DESIGNS
4211 S. NATCHES COURT, SUITE G
SHERIDAN CO 80110

ASSURED DOCUMENT DESTRUCTION
8050 S. ARVILLE ST, #105
LAS VEGAS NV 89139

AT&T
P.O. BOX 105068
ATLANTA GA 30348-5068

ATLANTIC SALES & SERVICE, INC.
28430 WHITEHOUSE ROAD
RIVA MD 21140

B BRAUN MEDICAL INC.
P.O. BOX 780433
PA 19573-0433

B. BRAUN MEDICAL INC.
824 12TH AVE
BETHLEHEM PA 18018

BALBOA CAPITAL CORP.
575 ANTON BLVD., 12TH FLOOR
COSTA MESA CA 92626

BANK OF AMERICA
P.O. BOX 30750
LOS ANGELES CA 90030-0750

MedOne Healthcare, LLC -

BRIGHTTREE
1735 N. BROWN ROAD, SUITE 500
LAWRENCEVILLE GA 30043

BRIGHTTREE LLC
P.O. BOX 101513
ATLANTA GA 30392-1513

BRIGHTSTAR CARE
8436 E. SHEA BLVD. #101
SCOTTSDALE AZ 85260

BROADWAY MEDICAL SERVICES
1034 BROADWAY
EUREKA CA 95501-0126

BROWN & FORTUNATO PC
P.O. BOX 9418
AMARILLO TX 79105

CARDINAL HEALTH
C/O BANK OF AMERICA
PO BOX 56412
LOS ANGELES CA 90074-6412

CENTURY LINK
P.O. BOX 39040
PHOENIX AZ 85038-9040

CENTURY LINK
P.O. BOX 91155
SEATTLE WA 98111-9255

CHASE CARD SERVICES
PO BOX 94014
PALATINE IL 60094

CITY OF TEMPE
P.O. 29617
PHOENIX AZ 85038-9617

CITY OF TUCSON-UTILITY SERVICES
P.O. BOX 28804
TUCSON AZ 85726-8804

MedOne Healthcare, LLC -

COASTAL CALLNET
1908 EASTWOOD RD., SUITE 330
WILMINGTON NC 28403

COMPASS HEALTH
PO BOX 3810
EVERETT WA 98213

COMPASS HEALTH
PO BOX 71591
CHICAGO IL 60694

CONCENTRA
PA 1818 E. SKY HARBOR CIR N. #150
PHOENIX, AZ

CONTROLLED ENVIRONMENT MGMT.
2487 S. GILBERT RD. #106-610
GILBERT AZ 85295

COVIDIEN
DEPT. 00 10318
PALATINE IL 60055-0318

COX COMMUNICATIONS
PO BOX 53249
PHOENIX AZ 85072

CREEKRIDGE CAPITAL
7808 CREEKRIDGE CIRCLE #250
EDINA MN 55439

DELAGE LANDEN FINANCIAL SERVICES
111 OLD EAGLE SCHOOL RD.
WAYNE PA 19087

DELAGE LANDEN FINANCIAL SERVICES, INC.
111 OLD EAGLE SCHOOL RD
WAYNE PA 19087

DESERT OASIS COMMERCIAL CLEANERS
835 W. WARNER RD. #101-456
GILBERT AZ 85233

MedOne Healthcare, LLC -

DIANE PAGLIUCA
12231 N 56TH DR
GLENDALE AZ 85304

DIANE S. PAGLIUCA
12231 N. 56TH DRIVE
GLENDALE AZ 85304

DOMINIC PAGLIUCA
12231 N 56TH DR
GLENDALE AZ 85304

DOUGLAS JONES
2551 E EMILITA AVE
MESA AZ 85204

DRIVE MEDICAL DESIGN & MFG.
P.O. BOX 842460
BOSTON MA 02284-2450

FLOWING WELLS IRRIGATION DISTRICT
3901 N. FAIRVIEW AVE.
TUCSON AZ 85705-2699

FREEDOM DESIGNS, INC.
2241 MADERA RD.
SIMI VALLEY CA 93065

GENADYNE
16 MIDLAND AVE
HICKSVILLE NY 11801

GREAT WESTERN BANK
225 S MAIN AVE
SIOUX FALLS SD 57104

HASLER
75 REMITTANCE DR. #6136
TAMPA FL 33630-3193

HOSPIRA WORLDWIDE, INC.
75 REMITTANCE DR. #6136
CHICAGO IL 60675-6136

MedOne Healthcare, LLC -

HOSPITAL FORMS SERVICES OF AZ INC.
4035 E. FAIRMOUNT
PHOENIX AZ 85019

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA PA 19101

INTERNATIONAL BIOPHYSICS CORP.
2101 2 E. ST. ELMO RD. #275
AUSTIN TX 78744

INVACARE CREDIT CORP
ONE INVACARE WAY
ELYRIA OH 44035

INVACARE CREDIT CORP.
ONE INVACARE WAY
ELYRIA OH 44035

JIFFY LUBE FLEET CARE
C/O WEX BANK
PO 6293
CAROL STREAM IL 60197-6293

JULEE HUNSAKER
C/O DAVID WILLIAMS, ESQ.
40 E RIO SALADO PKWY #425
TEMPE AZ 85281

JULIE JONES
2551 E EMILITA AVE
MESA AZ 85204

KEY EQUIPMENT FINANCE
DIV. OF KEY BANK
1000 MCCASLIN BLVD.
LOUISVILLE CO 80027

KEY EQUIPMENT FINANCE, INC.
C/O RITA ROBLES
1000 S. MCCASLIN BLVD
SUPERIOR CO 80027

MedOne Healthcare, LLC -

KIMBERLIN COMPANY PLLC
2151 E. BROADWAY ROAD, SUITE 113
TEMPE AZ 85282

KINETIC LEASING
2575 41ST STREET S, # 1
FARGO ND 58104

LEGAL SHIELD
P.O. BOX 2629
ADA OK 74821-2629

LEVEL 3 COMMUNICATION
P.O. BOX 910182
DENVER CO 80291-0182

LEVEL 3 COMMUNICATIONS
PO BOX 910182
DENVER CO 80291

LISA KINDT
2440 N MAPLE ST
MESA AZ 85215

LYNN HUNSAKER
C/O DAVID WILLIAMS, ESQ.
40 E RIO SALADO PKWY #425
TEMPE AZ 85281

MAIL FINANCE
DEPT. 3682
P.O. BOX 123682
DALLAS TX 75315-3682

MAIL FINANCE-HASLER
MAIL FINANCE DEPT. 3682
P.O. BOX 123682
DALLAS TX 75312-3682

MARICOPA COUNTY TREASURER
PO BOX 52133
85072-2133

MedOne Healthcare, LLC -

MCKESSON DRUG
495 S. 107TH AVE
TOLLESON AZ 85353

MED-TECH RESOURCE INC.
29485 AIRPORT RD.
EUGENE OR 97402

MEDICAL REPAIR SYSTEMS
5160 W. PHELPS RD., SUITE B
GLENDALE AZ 85306

MEDICAL SPECIALTIES DISTRIBUTORS
800 TECHNOLOGY CENTER DR
SHELDONVILLE MA 02070

MEDIMPACT HEALTHCARE SYSTEMS, INC.
P.O. BOX 511334
LOS ANGELES CA 90051-7889

MEDIWARE INFORMATION SYSTEMS, INC.
P.O. BOX 204176
DALLAS TX 75320-4176

MEDLINE INDUSTRIES, INC.
DEPT. LA 21558
PASADENA CA 91185-1558

MILLIGAN LAWLESS PC
5050 N. 40TH ST. #200
PHOENIX AZ 85018

NAVITAS CREDIT CORP.
111 EXECUTIVE CENTER DR #102
COLUMBIA SC 29210

NAVITAS LEASE CORP AKA VLMG
1719 ROUTE 10 EAST #206
PARSIPPANY NJ 07054

NEOPOST
1843 WESTERN WAY
TORRANCE CA 90501

MedOne Healthcare, LLC -

PAYMENT RESOLUTION SERVICES
P.O. BOX 415000
NASHVILLE TN 37241

PERFORMANCE PLUS BATTERIES
1104 S. MESA DR.
MESA AZ 85210

PERMOBIL
DEPT. AT 952171
ATLANTA GA 31192-2171

PHILIPS RESPIRONICS
PHILLIPS ACCOUNTING OPERATIONS-NORTH
AMERICA 3000 MINUTEMAN RD., BLDG. 2
ANDOVER MA 01810

PIMA COUNTY TREASURER
P.O. BOX 729
FLORENCE AZ 85232

PREMIER MEDICAL DISTRIBUTION
12393 GATEWAY PARK PL, #100
DRAPER UT 84020

PRESSER CORP.
C/O RELIANE MANAGEMENT
P.O. BOX 44290
PHOENIX AZ 85064

PRIDE MOBILITY PRODUCTS CORP
182 SUSQUEHANNA AVE
EXETER PA 18643

PROBASICS
P.O. BOX 534996
ATLANTA GA 30353-4996

QUANTUM REHAB
PRIDE MOBILITY PRODUCTS CORP.
182 SUSQUEHANNA AVE.
PITTSBURGH PA 15203

MedOne Healthcare, LLC -

QUENCH USA, INC.
8500 LOCKBOX 53203
PHILADELPHIA PA 19178-3202

RESMED
9001 SPECTRUM CENTER BLVD
SAN DIEGO CA 92123

RHONDA LARSON
C/O PHILIP G. MAY, ESQ.
201 N CENTRAL AVE
PHOENIX AZ 85004

ROADRUNNER OXYGEN SERVICE, INC.
5234 W. MISSOURI AVE.
GLENDALE AZ 85301

ROD LARSON
2042 EAST MARQUETTE DRIVE
GILBERT AZ 85234

RODNEY LARSON
C/O PHILIP G. MAY, ESQ.
201 N CENTRAL AVE
PHOENIX AZ 85004

ROHO, INCORPORATED
P.O. BOX 776434
SOLUTIONS CENTER
CHICAGO IL 60677-6434

RPH ON THE GO
DEPT. CH 14430
PALATINE IL 60055-4430

SHARP BUSINESS SYSTEMS
DEPT. 1205, P.O. BOX 121205
DALLAS TX 75312-1205

SIGHT CARE
220 N. MCKEMY
CHANDLER AZ 85226

MedOne Healthcare, LLC -

SILENT NIGHT LLC
17335 TOWNLINE LAKE RD.
BIG RAPIDS MI 49307

SLEEP TECHNOLOGIES, LTD
8440 SE SUNNYBROOK BLVD, # 208
CLACKAMAS OR 97015

STAPLES BUSINESS ADVANTAGE
DEPT LA
P.O. BOX 83689
CHICAGO IL 60696-3689

STEALTH PRODUCTS LLC
104 JOHN KELLY DR.
BURNET TX 78611

STEPHAN KINDT
2440 N MAPLE ST
MESA AZ 85215

SUNRISE MEDICAL LLC
PO BOX 933056
ATLANTA GA 31193-3056

SUNRISE MEDICAL LLC
6899 WINCHESTER CIRCLE #200
BOULDER CO 80301

SUNRISE MOBILITY INC
7477 A E DRY CREEK PKWY
LONGMONT CO 80503

TCF EQUIPMENT FINANCE
1111 W SAN MAMAN DR, #A2 WEST
WATERLOO IA 50710-8926

TCF EQUIPMENT FINANCE
1111 W SAN MAMAN DR, #A2 WEST
WATERLOO IA 50701-8926

THE COMFORT COMPANIES
509 S. 22ND AVENUE
BOZEMAN MT 59718

MedOne Healthcare, LLC -

TILITE, LLC
2701 W. COURT STREET
PASCO WA 99301

UNITED HEALTH SERVICES
P.O. BOX 9047
PLEASANTON CA 94566-9047

UNITED HEALTHCARE
PO BOX 959782
ST LOUIS MO 63195-9782

UNIVEST CAPITAL INC.
3220 TILLMAN DR #503
BENSALEM PA 19020

UNIVEST CAPITAL, INC.
3220 TILLMAN DRIVE
LOUISVILLE CO 80027

UPS
3401 NW 67TH AVE, BLD 805
MIAMI FL 33122

US ATTORNEY'S OFFICE
40 N CENTRAL AVE #1200
PHOENIX AZ 85004

US REHAB
P.O. BOX 281
WATERLOO IA 50704

VARILITE
P.O. BOX 94547
SEATTLE WA 98134

VERIZON WIRELESS
P.O. BOX 660108
DALLAS TX 75266-0108

VGM FINANCIAL SERVICES
1111 W SAN MARNAN DR #A2
WATERLOO IA 50701

MedOne Healthcare, LLC -

VGM GROUP, INC.
PO BOX 2817
WATERLOO IA 50704-2817

WELLS FARGO BANK
420 MONTGOMERY ST
SAN FRANCISCO CA 94104

WELLS FARGO BANK
300 TRI-STATE INTERNATIONAL #400
LINCOLNSHIRE IL 60069

WELLS FARGO BANK N.A.
100 W WASHINGTON ST, 22ND FL
PHOENIX AZ 85003

WELLS FARGO EQUIPMENT LEASING
PO BOX 51043
LOS ANGELES CA 90051-5343

WELLS FARGO FINANCE
MAC N0005-055
800 WALNUT ST
DES MOINES IA 50309

WELLS FARGO VENDOR FINANCIAL SERVICES
PO BOX 3072
CEDAR RAPIDS IA 52406-3072

**United States Bankruptcy Court
District of Arizona**

In re MedOne Healthcare, LLC

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for MedOne Healthcare, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

December 6, 2017

Date

/s/ Joseph E. Cotterman

Joseph E. Cotterman

Signature of Attorney or Litigant

Counsel for MedOne Healthcare, LLC

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