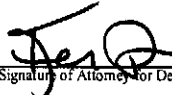
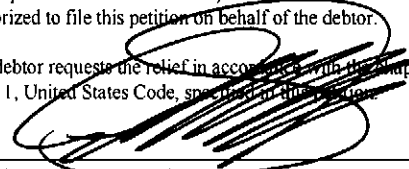


BI (Official Form 1) (12/11)

United States Bankruptcy Court CENTRAL DISTRICT OF CALIFORNIA		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): <b>Enova Medical Response, Inc., a California corporation</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>NONE</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) No./Complete EIN (if more than one, state all): <b>56-2497900</b>		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. & Street, City, and State): <b>14114 Victory Boulevard Suite 201 Van Nuys, CA</b>		Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE <b>91401</b>		ZIP CODE
County of Residence or of the Principal Place of Business: <b>Los Angeles</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <b>SAME</b>		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): <b>SAME</b>		ZIP CODE
<b>Type of Debtor</b> (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)		<b>Nature of Business</b> (Check one 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 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>Chapter 11 Debtors:</b> <b>Check one box:</b> <input checked="" type="checkbox"/> Debtor is a small business 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).  <b>Check if:</b> <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.
<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>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.
<b>Statistical/Administrative Information</b> <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.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <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		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input 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		
<b>Estimated Liabilities</b> <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		

<p><b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i></p>	Name of Debtor(s): <b>Enova Medical Response, Inc.,</b> <b>a California corporation</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<p style="text-align: center;"><b>Exhibit A</b></p> (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) <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition</p>	<p style="text-align: center;"><b>Exhibit B</b></p> (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 have delivered to the debtor the notice required by 11 U.S.C. §342(b). <p style="text-align: center;"><b>X</b></p> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<p><b>Exhibit C</b></p> 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? <p><input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>		
<p><b>Exhibit D</b></p> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <p><input type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made part of this petition.</p> If this is a joint petition: <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>		
<p><b>Information Regarding the Debtor - Venue</b> (Check any applicable box)</p> <p><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.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><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 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.</p>		
<p><b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <div style="margin-left: 400px;">                 _____                  (Name of landlord that obtained judgment)             </div> <div style="margin-left: 400px;">                 _____                  (Address of landlord)             </div> <p><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</p> <p><input type="checkbox"/> Debtor has included with 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.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>		

<p><b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): <b>Enova Medical Response, Inc., a California corporation</b></p>
<b>Signatures</b>	
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>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.</p> <p>[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)</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____ Signature of Debtor</p> <p><b>X</b> _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;"><b>Signature of a Foreign Representative</b></p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><b>X</b> _____ (Signature of Foreign Representative)</p> <p>_____ (Printed name of Foreign Representative)</p> <p>_____ (Date)</p>
<p style="text-align: center;"><b>Signature of Attorney*</b></p> <p><b>X</b>  _____ Signature of Attorney for Debtor(s)</p> <p><b>Keith S. Dobbins, Esq. SBN 100589</b> Printed Name of Attorney for Debtor(s)</p> <p><b>Law Office of Keith Dobbins</b> Firm Name</p> <p><b>21700 Oxnard Street</b> Address</p> <p><b>Suite 1290</b> Address</p> <p><b>Woodland Hills, Ca 91367</b> Address</p> <p><b>(818) 348-3442</b> Telephone Number</p> <p><b>3/11/13</b> Date</p> <p><small>*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.</small></p>	<p style="text-align: center;"><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>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 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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p> <p>_____ Address</p> <p>_____ Address</p> <p><b>X</b> _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided</p> <p>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.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>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.</i></p>
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>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.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b>  _____ Signature of Authorized Individual</p> <p><b>David Malintsyan</b> Printed Name of Authorized Individual</p> <p><b>President</b> Title of Authorized Individual</p> <p><b>3-11-13</b> Date</p>	

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SAN FERNANDO VALLEY DIVISION**

In re *Enova Medical Response, Inc.*,  
a California corporation

Case No.  
Chapter 11

THIS EXHIBIT "A" IS NOT APPLICABLE TO THE DEBTOR

\_\_\_\_\_/ Debtor

**Exhibit "A" to Voluntary Petition**

(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 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.)

1. If any of debtor's securities are registered under section 12 of the Securities and Exchange Act of 1934, the SEC file number is <u>NOT APPLICABLE</u> .			
2. The following financial data is the latest available information and refers to the debtor's condition on _____			
a. Total assets	\$	51,500.00	
b. Total debts (including debts listed in 2.c., below)	\$	1,536,599.98	
c. Debt securities held by more than 500 holders.			
Debt Issue	Type	Total \$ Amount Outstanding	Approximate Number of Holders
		\$	
		\$	
		\$	
		\$	
		\$	
d. Number of shares of preferred stock			
e. Number of shares of common stock			
Comments, if any:			
3. Brief description of debtor's business:			
4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of the debtor:			

UNITED STATES BANKRUPTCY COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA  
SAN FERNANDO VALLEY DIVISION

In re Case No.  
Enova Medical Response, Inc. Chapter 11  
a California corporation,

Debtor

STATEMENT REGARDING CORPORATE RESOLUTION

The undersigned, David Malintsyan, is the President of Enova Medical Response, Inc., a California corporation. The following resolution was duly adopted by the Board of this corporation:

"WHEREAS, it is in the best interests of this corporation to file a voluntary petition in the United States Bankruptcy Court for the Central District of California, pursuant to Chapter 11 of Title 11 of the United States Code;

NOW, THEREFORE, BE IT RESOLVED, that David Malintsyan, President of this corporation, be and hereby is, authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary petition in the U.S. Bankruptcy Court on behalf of the corporation; and

BE IT FURTHER RESOLVED, that David Malintsyan, President of this corporation, be and hereby is, authorized and directed to appear in all such bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform any and all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation, in connection with said bankruptcy proceeding; and

BE IT FURTHER RESOLVED, that David Malintsyan, President of this corporation, be and hereby is, authorized and directed to employ Keith S. Dobbins, Esq., and the Law Office of Keith Dobbins, as general bankruptcy counsel, to represent the corporation in said bankruptcy proceeding, pursuant to the terms and conditions of the engagement agreement, and on such other terms and conditions as may be imposed by the Bankruptcy Court.

Declaration Under Penalty of Perjury On Behalf Of A Corporation

I, David Malintsyan, President of the corporation named as a debtor in this case, declare under penalty of perjury under the laws of the State of California and the United States of America that I have read the foregoing resolutions and certify and affirm that said resolutions are true and correct, to the best of my knowledge, information and belief.

Dated: 3/5/13

By:   
David Malintsyan, Pres.

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
San Fernando Valley DIVISION**

In re *Enova Medical Response, Inc.*  
a California corporation

Case No.  
Chapter 11

Debtor(s)

**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 and Fed. R. Bankr. P. 1007(m).

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
1 <i>Salvador Orozco</i>  8383 Wilshire Blvd., PH Beverly Hills CA 90211	Phone: 818-373-4500 <i>Bruce Traney, Esq.</i> 15216 Burbank Blvd. Ste. 103 Van Nuys CA 91411	<i>Judgment</i>	D	\$ 700,000.00
2 <i>Aramais Grigoryan</i>  1201 No. Pacific Ave., #204 Glendale CA 91202	Phone: 626-372-0399 <i>Aramais Grigoryan</i> c/o <i>Akop Baltayan, Esq.</i> 1201 No. Pacific Ave., #204 Glendale CA 91202	<i>Judgment</i>	D	\$ 321,412.71
3 <i>Employment Development Dept.</i>  PO Box 826880 Sacramento CA 94280	Phone: 888-745-3886 <i>Employment Development</i> <i>Bankruptcy Group MIC 92E</i> PO Box 826880 Sacramento CA 94280	<i>payroll taxes, interest and pen.</i>	D	\$ 213,242.79
4 <i>Lilit Kapanyan</i> 605 E. Garfield Avenue Glendale CA 91205	Phone: 818-281-2165 <i>Lilit Kapanyan</i> 605 E. Garfield Avenue Glendale CA 91205	<i>Loans</i>	Value: Net Unsecured:	\$ 148,000.00 \$ 30,000.00 \$ 118,000.00
5 <i>Budget Industrial Uniform Inc.</i>  910 Hampshire Rd. Suite R Westlake Village CA 91361	Phone: 805-496-0500 <i>Budget Industrial Uniform Inc.</i> c/o <i>Lawrence D. Levine, Esq.</i> Westlake Village CA 91361	<i>Judgment</i>		\$ 36,701.77

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (if Secured Also State Value of Security)
6 Employment Development Dept. PO Box 826880 Sacramento CA 94280	Phone: 888-745-3886 Employment Development Dept. PO Box 826880 Sacramento CA 94280	State Tax Lien		D \$ 27,020.29  Value: \$ 0.00 Net Unsecured: \$ 27,020.29
7 Chan Yang Methodist Church 3424 Wilshire Blvd., Suite Los Angeles CA 90010	Phone: 213-365-5000 Chan Yang Methodist Church c/o Cha & Nam 3424 Wilshire Blvd., Suite Los Angeles CA 90010	Stipulated Judgment - Unpaid rent		D \$ 25,080.00
8 Internal Revenue Service PO Box 21126 Philadelphia PA 19114	Phone: 800-829-0115 Internal Revenue Service PO Box 21126 Philadelphia PA 19114	income taxes, interest and penalt		D \$ 19,399.77
9 Independent Critical Care Transport 444 W. Ocean Blvd. Long Beach CA 90802	Phone: 213-861-7487 Michael Weiss, Esq. 633 W. Fifth St. Ste. 3330 Los Angeles CA 90071	transport services		D \$ 17,275.00
10 Five Point Capital, Inc. Suite 200 San Diego CA 92128	Phone: 800-317-3404 Five Point Capital, Inc. 13280 Evening Creek Dr. South Suite 200 San Diego CA 92128	installment purchase agreement		D \$ 17,000.00
11 Astralease Associates, Inc. 200 Motor Parkway, Suite D-21 Hauppauge NY 11788	Phone: 631-265-8933 Astralease Associates, Inc. 200 Motor Parkway, Suite D-21 Hauppauge NY 11788	Lease one ambulance		D \$ 12,000.00  Value: \$ 0.00 Net Unsecured: \$ 12,000.00
12 Hann Financial Services Corp. One Centre Drive Monroe Township NJ 08831	Phone: 609-860-9300 Hann Financial Services Corp. One Centre Drive Monroe Township NJ 08831	Vehicle Finance		\$ 8,065.89
13 Central Auto & Electric 900 So. Central Avenue Glendale CA 91204	Phone: 818-638-8188 Central Auto & Electric 900 So. Central Avenue Glendale CA 91204	Auto repairs		D \$ 4,221.65

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
14 Eli M. Kantor, Esq. 9595 Wilshire Blvd., Ste. 405 Beverly Hills CA 90212	Phone: 310-274-8216 Eli M. Kantor, Esq. 9595 Wilshire Blvd., Ste. 405 Beverly Hills CA 90212	attorney's fees		\$ 2,305.00
15 Rodik Mehrabi 417 Fischer Street Apt. 2 Glendale CA 91205	Phone: 818-384-3311 Rodik Mehrabi 417 Fischer Street Apt. 2 Glendale CA 91205	Unpaid wages, etc.	U D	\$ 2,090.00
16 Satoorian Accountancy Corp. Suite 303 Glendale CA 91202	Phone: 818-241-4600 Satoorian Accountancy Corp. 1101 N. Pacific Avenue Suite 303 Glendale CA 91202	Prof. Services		\$ 1,850.00
17 Kinecta Alternative Financial Solutions 1440 Rosecrans Avenue Manhattan Beach CA 90266	Phone: 310-643-1800 Kinecta Alternative Financial Solutions 1440 Rosecrans Avenue Manhattan Beach CA 90266	Returned Check	D	\$ 1,848.42
18 Airgas USA, LLC PO Box 93500 Long Beach CA 90809	Phone: 866-924-7427 Airgas USA, LLC PO Box 93500 Long Beach CA 90809	equipment rental		\$ 1,493.63
19 City of Los Angeles PO Box 30247 Los Angeles CA 90030	Phone: 866-561-9742 City of Los Angeles c/o LDC Collection Systems PO Box 30420 Los Angeles CA 90030	Parking ticket/violations	D	\$ 1,101.00
20 RCS PO Box 901 Northvale NJ 07647	Phone: 877-672-4727 RCS PO Box 901 Northvale NJ 07647	Vendor services/materials	D	\$ 896.58



Debtor(s)

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

I, David Malintsyan, President of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims and that they are true and correct to the best of my knowledge, information and belief.

Date: 3/11/13

Signature   
Name: David Malintsyan  
Title: President

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SAN FERNANDO VALLEY DIVISION**

In re *Enova Medical Response, Inc.*,  
a California corporation

Case No.  
Chapter 11

\_\_\_\_\_/ Debtor

Attorney for Debtor: *Keith S. Dobbins, Esq.*

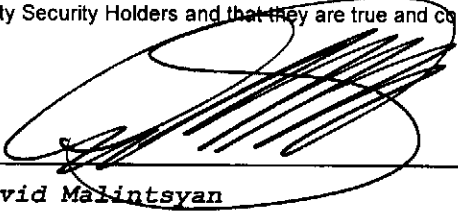
**LIST OF EQUITY SECURITY HOLDERS**

Number	Registered Name of Holder of Security	Number of Shares	Class of Shares, Kind of Interest
1	<i>David Malintsyan 14114 Victory Blvd. Suite 201 Van Nuys CA 91401</i>	<i>100.000</i>	<i>common shares</i>

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

I, David Malintsyan, President of the corporation named as  
debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that they are true and correct to the  
best of my knowledge, information and belief.

Date: 3/11/13

Signature:   
Name: David Malintsyan  
Title: President

**STATEMENT OF RELATED CASES  
INFORMATION REQUIRED BY LBR 1015-2  
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

NONE

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

NOT APPLICABLE

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

NONE

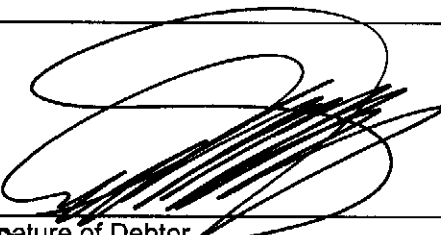
4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

NOT APPLICABLE

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

Executed at \_\_\_\_\_, California

Date: 3/11/13

  
\_\_\_\_\_  
Signature of Debtor  
Enova Medical Response, Inc By David Malintyan, Pres..

\_\_\_\_\_  
Signature of Joint Debtor

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number David Malintsyan Law Office of Keith Dobbins 21700 Oxnard Street Suite 1290 Woodland Hills, Ca 91367 (818) 348-3442 (818) 348-6168 <input checked="" type="checkbox"/> Attorney for: Enova Medical Response, Inc.	
<b>UNITED STATES BANKRUPTCY COURT                  CENTRAL DISTRICT OF CALIFORNIA</b>	
In re: Enova Medical Response, Inc., a California corporation   <div style="text-align: right;">                     Debtor(s),                       Plaintiff(s),                       Defendant(s).                 </div>	CASE NO.:  ADV. NO.:  CHAPTER: 11

**Corporate Ownership Statement Pursuant to  
 F.R.B.P. 1007(a)(1) and 7007.1, and Local Bankruptcy Rule 1002-5**

*Pursuant to F.R.B.P. 1007(a)(1) and 7007.1, and Local Bankruptcy Rule 1002-5, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.*

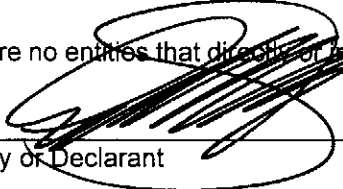
I, David Malintsyan, the undersigned in the above-captioned case, hereby declare  
 (Print Name of Attorney or Declarant)

under penalty of perjury under the laws of the United States of America that the following is true and correct:

**[Check the appropriate boxes and, if applicable, provide the required information.]**

1. I have personal knowledge of the matters set forth in this Statement because:
  - I am the president or other officer or an authorized agent of the debtor corporation
  - I am a party to an adversary proceeding
  - I am a party to a contested matter
  - I am the attorney for the debtor corporation
  
2. a.  The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:  
 [For additional names, attach an addendum to this form.]

b.  There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

  
 \_\_\_\_\_  
 Signature of Attorney or Declarant

\_\_\_\_\_  
 Date 3/11/13

\_\_\_\_\_  
 Printed Name of Attorney or Declarant  
 David Malintsyan

**UNITED STATES BANKRUPTCY COURT  
 CENTRAL DISTRICT OF CALIFORNIA  
 SAN FERNANDO VALLEY DIVISION**

In re *Enova Medical Response, Inc.*, a California corporation

Case No.  
 Chapter 11

\_\_\_\_\_ / Debtor

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	Yes	1	\$ 0.00		
B-Personal Property	Yes	4	\$ 51,500.00		
C-Property Claimed as Exempt	No	0			
D-Creditors Holding Secured Claims	Yes	2		\$ 187,144.66	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 232,642.56	
F-Creditors Holding Unsecured Nonpriority Claims	Yes	9		\$ 1,116,812.76	
G-Executory Contracts and Unexpired Leases	Yes	1			
H-Codebtors	Yes	1			
I-Current Income of Individual Debtor(s)	No	0			\$ 0.00
J-Current Expenditures of Individual Debtor(s)	No	0			\$ 0.00
<b>TOTAL</b>		<b>20</b>	<b>\$ 51,500.00</b>	<b>\$ 1,536,599.98</b>	

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SAN FERNANDO VALLEY DIVISION**

In re *Enova Medical Response, Inc.*, a California corporation

Case No.  
Chapter 11

\_\_\_\_\_ / Debtor

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
<b>TOTAL</b>	\$

State the following:

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
None				None

No continuation sheets attached

**TOTAL \$**  
(Report also on Summary of Schedules.)

0.00



In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE B-PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply 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 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption			
			Husband--H	Wife--W	Joint--J	Community--C
1. Cash on hand.	X					
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Wells Fargo Bank Checking Account No. 5409 Wells Fargo Bank Checking Account No. 8282 Wells Fargo Bank Checking Account No. 0646 Balance fluctuates daily; amount estimated Location: In debtor's possession				\$1,500.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X					
4. Household goods and furnishings, including audio, video, and computer equipment.	X					
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X					
6. Wearing apparel.	X					
7. Furs and jewelry.	X					
8. Firearms and sports, photographic, and other hobby equipment.	X					
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X					
10. Annuities. Itemize and name each issuer.	X					
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X					
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X					

In re Enova Medical Response, Inc.

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**SCHEDULE B-PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.		Accounts Receivable; medicare and medical billings outstanding, etc. Location: In debtor's possession		\$15,000.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		The Debtor reserves the right to pursue claims against third parties for diversion of corporate assets, including but not limited to, claims against Arthur Kirakosian, Aleksan Kirakosian, Vachagan Galfayan and Gagik Papoyan Location: In debtor's possession		Unknown
		Indemnity Claim against Station One Ambulance; debtor is being sued for claim arising from auto accident involving vehicle sold to Station One Ambulance Location: In debtor's possession		Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Operating Licenses: Los Angeles City Business License; California Highway Patrol; Department of Transportation; Medical Provider License;		Unknown

In re Enova Medical Response, Inc.

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**SCHEDULE B-PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X	<p><i>Medicare Provider License; and Los Angeles County Business license application pending</i> <i>Location: In debtor's possession</i></p>		
25. Automobiles, trucks, trailers and other vehicles and accessories.		<p><i>The debtor owns or leases the following vehicles: Four (4) wheel chair vans and eleven (11) ambulances only six of which are operational, consisting of following: 2005 Ford Econoline VIN 1FDSS34P55HB32459 2005 Ford Econoline VIN 1FDWE35P55HA69628 2005 Ford Econoline VIN 1FDSS34P35HA02616 2007 Ford Econoline VIN 1FDSS34PX7DA01232 2006 Ford Econoline VIN 1FDSS34P36HB30064 2009 Ford Econoline VIN 1FDSS34P19DA90739</i></p> <p><i>Location: In debtor's possession</i></p>		\$30,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		<p><i>Office furniture, equipment and supplies</i> <i>Location: In debtor's possession</i></p>		\$2,500.00
29. Machinery, fixtures, equipment and supplies used in business.		<p><i>Medical and related ambulance supplies</i> <i>Location: In debtor's possession</i></p>		\$2,500.00
30. Inventory.	X			
31. Animals.	X			

In re Enova Medical Response, Inc.  
 Debtor(s)

Case No. \_\_\_\_\_  
 (if known)

**SCHEDULE B-PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	
			Husband--H Wife--W Joint--J Community--C	
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

**Total** → **\$51,500.00**

(Report total also on Summary of Schedules.)  
 Include amounts from any continuation sheets attached.

B6D (Official Form 6D) (12/07)

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, 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 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above.)</i>	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No: 3431  Creditor # : 1 ASTRALEASE ASSOCIATES, INC. 200 MOTOR PARKWAY, SUITE D-21 HAUPTPAUGE NY 11788		Lease one ambulance  Value: \$ 0.00			X	\$ 12,000.00	\$ 12,000.00
Account No: 7900  Creditor # : 2 EMPLOYMENT DEVELOPMENT DEPT. PO BOX 826880 SACRAMENTO CA 94280		2012  State Tax Lien  Value: \$ 0.00			X	\$ 27,020.29	\$ 27,020.29
<b>Subtotal \$</b> (Total of this page)						<b>\$ 39,020.29</b>	<b>\$ 39,020.29</b>
<b>Total \$</b> (Use only on last page)							

1 continuation sheets attached

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

B6D (Official Form 6D) (12/07) - Cont.

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above.)</i>	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Co-Debtor H--Husband W--Wife J--Joint C--Community	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No:  Creditor # : 3 L.A. County Tax Collector 225 North Hill St., Rm. 122 Los Angeles CA 90012	2012  Personal propety tax lien  Value: \$ 0.00			X		\$ 124.37	\$ 124.37
Account No:  Creditor # : 4 Lilit Kapanyan 605 E. Garfield Avenue Glendale CA 91205	2006  Loans Vehicles  Value: \$ 30,000.00					\$ 148,000.00	\$ 118,000.00
Account No:  Value:							
Account No:  Value:							
Account No:  Value:							

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims

<b>Subtotal \$</b> (Total of this page)	<b>\$ 148,124.37</b>	<b>\$ 118,124.37</b>
<b>Total \$</b> (Use only on last page)	<b>\$ 187,144.66</b>	<b>\$ 157,144.66</b>

(Report also on Summary of Schedules.)  
(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re Enova Medical Response, Inc.,

Debtor(s)

Case No. \_\_\_\_\_

(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: Taxes and Certain Other Debts Owed to Governmental Units

Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See Instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred and Consideration for Claim	Contingent	Unliquidated	Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, If any
Account No: <u>XXXXXX18-0</u> Creditor # : <u>1</u> Employment Development Dept. Bankruptcy Group MIC 92E PO Box 826880 Sacramento CA 94280		<u>2009-2012</u> payroll taxes, interest and pen taxes assessed, including tax, penalties and interest, for periods			X	\$213,242.79	\$ 0.00	\$213,242.79
Account No: <u>XXXXXX7900</u> Creditor # : <u>2</u> Internal Revenue Service PO Box 21126 Philadelphia PA 19114		<u>2009</u> income taxes, interest and penalt			X	\$ 19,399.77	\$ 0.00	\$ 19,399.77
Account No:								
Account No:								
Account No:								

Sheet No. 1 of 1 continuation sheets  
attached to Schedule of Creditors Holding Priority Claims

<b>Subtotal \$</b> (Total of this page)	232,642.56	0.00	232,642.56
<b>Total \$</b> (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)	232,642.56		
<b>Total \$</b> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and		0.00	232,642.56



B6F (Official Form 6F) (12/07)

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address Including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim	
Account No: 3759 Creditor # : 1 Airgas USA, LLC PO Box 93500 Long Beach CA 90809		2012 equipment rental Invoice No. 9902993759				\$ 1,493.63	
Account No: Creditor # : 2 Aleksn Kirakosian 7235 Balboa Blvd. Apt. B Van Nuys CA 91406		2010 Unknown claim listed for notice purposes only	X	X	X	\$ 0.00	
Account No: Creditor # : 3 Aramais Grigoryan c/o Akop Baltayan, Esq. 1201 No. Pacific Ave., #204 Glendale CA 91202	X	2012 Judgment Assignee of Judgment Creditor Case No. BC473195 Claim does not include			X	\$ 321,412.71	
8 continuation sheets attached						Subtotal \$ Total \$	\$ 322,906.34

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 4 Arthur Kirakosian 7235 Balboa Blvd., Apt. B Van Nuys CA 91406		2010 Unknown claim listed for notice purposes only	X	X	X	\$ 0.00
Account No: Creditor # : 5 B&M Chiropractic, Inc. 435 Arden Avenue Suite 1200 Glendale CA 91203		2012 Medical Bill for work related			X	\$ 125.00
Account No: Creditor # : 6 Budget Industrial Uniform Inc. c/o Lawrence D. Levine, Esq. 910 Hampshire Rd. Suite R Westlake Village CA 91361		2011 Judgment Case No. BS133806				\$ 36,701.77
Account No: 4198 Creditor # : 7 Cedars Sinai Medical Center 1808 W. Olympic Blvd. Pasadena CA 91199		employee medical treatment File No. 1108 Account No. 11187031 Medical services rendered to			X	\$ 0.00
Account No: 4198 Representing: Cedars Sinai Medical Center		PMS 1521 W. Cameron Avenue West Covina CA 91793				

Sheet No. 1 of 8 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 36,826.77**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 8 Central Auto & Electric 900 So. Central Avenue Glendale CA 91204		2012 Auto repairs			X	\$ 4,221.65
Account No: 4787 Creditor # : 9 Chan Yang Methodist Church c/o Cha & Nam 3424 Wilshire Blvd., Suite 120 Los Angeles CA 90010		2012 Stipulated Judgment - Unpaid rent See Case No. 12U14787			X	\$ 25,080.00
Account No: Creditor # : 10 City of Los Angeles PVB Correspondence PO Box 30247 Los Angeles CA 90030		2012 Parking ticket/violations Ticket Nos. 2131002985; 2112396425; 2108984216; 2107840825; 2107840814; 2112917424; 2118048144			X	\$ 1,101.00
Account No: Representing: City of Los Angeles		City of Los Angeles c/o LDC Collection Systems PO Box 30420 Los Angeles CA 90030				
Account No: 1155 Creditor # : 11 Conrad Castanon c/o Law Office of John Mendoza 300 E. San Antonio Dr. Long Beach CA 90807		2011 Workers compensation claim			X	\$ 0.00

Sheet No. 2 of 8 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 30,402.65

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 12 Cynthia Limon 2250 Vista Del Sol Fullerton CA 92831		2012		X	X	Unknown
Account No: Representing: Cynthia Limon		Grant & Weber PO Box 8669 Calabasas CA 91372				
Account No: Creditor # : 13 Eli M. Kantor, Esq. 9595 Wilshire Blvd., Ste. 405 Beverly Hills CA 90212		2012 attorney's fees				\$ 2,305.00
Account No: Creditor # : 14 Five Point Capital, Inc. 13280 Evening Creek Dr. South Suite 200 San Diego CA 92128		2007 installment purchase agreement Designated Lease No. 10080443 dated 9/28/2007 Equipment T99K06596; T02H36743;			X	\$ 17,000.00
Account No: Creditor # : 15 Gagik Papoyan 3919 Edenhurst Ave Los Angeles CA 90026		2010 Unknown Contingent claim listed for notice purposes only	X	X	X	\$ 0.00

Sheet No. 3 of 8 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 19,305.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Enova Medical Response, Inc.

Debtor(s)

Case No. \_\_\_\_\_

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 16 Guadalupe Lopez c/o Frank J. Mastrony, Esq. 7755 Center Avenue, Ste. 1100 Huntington Beach CA 92647		2012 Workers compensation claim	X	X	X	\$ 0.00
Account No: XXXXXXXX3431 Creditor # : 17 Hann Financial Services Corp. One Centre Drive Monroe Township NJ 08831		2013 Vehicle Finance Account No. 24411013431 - 2008 Ford Econoline VIN 1FTNE14W18DA82613 Account No. 24411013390 - 2008 Ford				\$ 8,065.89
Account No: Creditor # : 18 Independent Critical Care Transport 444 W. Ocean Blvd. Suite 1403 Long Beach CA 90802		2012 transport services			X	\$ 17,275.00
Account No: Representing: Independent Critical Care Transport		Michael Weiss, Esq. 633 W. Fifth St. Ste. 3330 Los Angeles CA 90071				
Account No: 8209 Creditor # : 19 Kinecta Alternative Financial Solutions 1440 Rosecrans Avenue Manhattan Beach CA 90266		2012 Returned Check			X	\$ 1,848.42

Sheet No. 4 of 8 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 27,189.31

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See Instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 1714 Creditor # : 20 Linda Chun c/o Michael V. Beckwith, Esq. 1280 S. Victoria Avenue #110 Ventura CA 93003		2011 Workers compensation claim Case No. ADJ6691714 pending before Worker's Compensation Appeals Board		X	X	Unknown
Account No: 1714 Representing:  Linda Chun		Glazer & Blinder 23945 Calabasas Rd. Ste. 200 Calabasas CA 91302				
Account No: 1714 Creditor # : 21 Mid-Legal LLC 1430 E. Holt Avenue Covina CA 91724		2012 Costs Case No. ADJ6691714 ML Control No. 9-18947			X	\$ 176.11
Account No: XX/585 Creditor # : 22 Norman Shall & Associates 1055 Wilshire Blvd. #1503 Los Angeles CA 90017		2011 deposition costs Chun litigation claim			X	\$ 250.00
Account No: 6387 Creditor # : 23 RCS PO Box 901 Northvale NJ 07647		2012 Vendor services/materials			X	\$ 896.58

Sheet No. 5 of 8 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 1,322.69

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 24 Rodik Mehrabi 417 Fischer Street Apt. 2 Glendale CA 91205		2011 Unpaid wages, etc.		X	X	\$ 2,090.00
Account No: Creditor # : 25 Salvador Orozco c/o Novak & Ben-Cohen, LLP 8383 Wilshire Blvd., PH 1004 Beverly Hills CA 90211		2012 Judgment Case No. BC443091 Judgment based upon alleged wrongful termination			X	\$ 700,000.00
Account No: Representing:  Salvador Orozco		Bruce Traney, Esq. 15216 Burbank Blvd. Ste. 103 Van Nuys CA 91411				
Account No: Creditor # : 26 Satoorian Accountancy Corp. 1101 N. Pacific Avenue Suite 303 Glendale CA 91202		2012-2013 Prof. Services				\$ 1,850.00
Account No: Creditor # : 27 Thiet T. Huynh 110 E. Garvey Ave. #203 Monterey Park CA 91755		2012 Personal injuries alleged damages arising from automobile accident		X	X	\$ 0.00

Sheet No. 6 of 8 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 703,940.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address Including Zip Code, And Account Number (See Instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:  Representing:  THiet T. Huynh		Winston Phan, Esq. 1101 E. Garvey Ave. Suite 203 Monterey Park CA 91755				
Account No: 1714 Creditor # : 28 Uninsured Employers Benefits Trust Fund c/o Dept. of Industrial Rel. 320 W. Fourth Street, Ste. 600 Los Angeles CA 90013		2011 Worker's comp; subrogation claim Case No. ADJ6691714			X	Unknown
Account No: 1714 Representing:  Uninsured Employers Benefits Trust Fund		Dept. of Industrial Relations Office of the Dir. Legal Unit 320 W. Fourth St. Ste. 600 Los Angeles CA 90013				
Account No: 7031 Creditor # : 29 USC Medical Center PO Box 514647 Los Angeles CA 90051		Medical care for employee medical services rendered to employee for alleged job related injuries			X	\$ 0.00
Account No: Creditor # : 30 Vachagan Galfayan 3919 Edenhurst Avenue Los Angeles CA 90026		2010 Unknown Unknown contingent claim listed for notice purposes only	X	X	X	Unknown

Sheet No. 7 of 8 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 0.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related



B6F (Official Form 6F) (12/07) - Cont.

In re Enova Medical Response, Inc.  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i>	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 31 Vartan Mananyan 6127 Case Avenue North Hollywood CA 91606		Unemployment claim		X	X	\$ 0.00
Account No: Creditor # : 32 Velma Williams c/o Interinsurance Exchange 2601 S. Figueroa St., #H109 Los Angeles CA 90007		2011 Auto Accident auto accident; Date of alleged loss 4/10/2011 Claim No. 001375544		X	X	\$ 0.00
Account No: Creditor # : 33 Western General Insurance CO. PO Box 4493 Woodland Hills CA 91365		2012 Reimburesment and/or subrogation Claim No. 201200103484 Policy No. PPR740827902	X	X	X	Unknown
Account No: Creditor # : 34 Xuan Tung Nguyen c/o Winston Phan Esq. 1101 E. Garvey Ave. #203 Monterey Park CA 91755		2012 Personal injury claim claim arising from automobile accident Case No. 12S01156		X	X	Unknown
Account No:						

Sheet No. 8 of 8 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 0.00

Total \$ \$ 1,141,892.76

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re Enova Medical Response, Inc.

/ Debtor

Case No. \_\_\_\_\_

(if known)

## SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, 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 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
<p><i>Chan-Yang Methodist Church            119 No. Belmont Avenue            Los Angeles CA 90026</i></p>	<p>Contract Type: <i>Commercial Real Property Lease</i>            Terms: <i>ten month term ending 12/31/2011; month to month</i>            Beginning date:            Debtor's Interest: <i>Lessee</i>            Description: <i>119 Belmont Avenue            Los Angeles, CA 90026</i>            Buyout Option: <i>None</i></p>
<p><i>Sonia Oganesyanyan            16921 Gunther Street            Granada Hills CA 91344</i></p>	<p>Contract Type: <i>Office Lease</i>            Terms: <i>five years terminating 9/30/2016</i>            Beginning date:            Debtor's Interest: <i>Lessee</i>            Description: <i>Office lease at 14114 Victory Blvd., Suite 201            Van Nuys, CA 91401</i>            Buyout Option: <i>None</i></p>

In re Enova Medical Response, Inc.

/ Debtor

Case No. \_\_\_\_\_

(if known)

### SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, 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 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor
<p>David Malintyan 14114 Victory Blvd., Ste. 201 Van Nuys CA 91401</p>	<p>Aramais Grigoryan c/o Akop Baltayan, Esq. 1201 No. Pacific Ave., #204 Glendale CA 91202</p>

In re Enova Medical Response, Inc., a California corporation  
Debtor

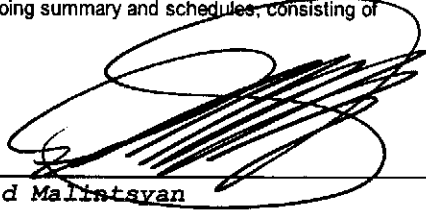
Case No. \_\_\_\_\_  
(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY ON BEHALF OF A CORPORATION

I, David Malintsyan, President of the Corporation  
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets,  
and that they are true and correct to the best of my knowledge, information, and belief.

Date: 3/11/13

Signature   
Name: David Malintsyan  
Title: President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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.