

B1 (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>Integrated Medical Systems, Inc., A Wyoming 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):	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>95-4753775</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. and Street, City, and State): <b>1984 Obispo Avenue Signal Hill, CA</b> <div style="text-align: right; margin-top: 5px;">                     ZIP Code  <b>90755</b> </div>	Street Address of Joint Debtor (No. and Street, City, and State):  <div style="text-align: right; margin-top: 5px;">                     ZIP Code                 </div>
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>1422 Southridge Drive Brea, CA</b> <div style="text-align: right; margin-top: 5px;">                     ZIP Code  <b>92821</b> </div>	Mailing Address of Joint Debtor (if different from street address):  <div style="text-align: right; margin-top: 5px;">                     ZIP Code                 </div>
Location of Principal Assets of Business Debtor (if different from street address above): <b>1982-1984 Obispo Avenue Signal Hill, CA 90755</b>	

<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 of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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<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 type="checkbox"/> 1-49 <input checked="" 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 type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
<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 checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Integrated Medical Systems, Inc., A Wyoming Corporation</b>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <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> <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> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.  
 No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**  
(Check any applicable box)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

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

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

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

Name of Debtor(s):

**Integrated Medical Systems, Inc., A Wyoming Corporation**

**Signatures**

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

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

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

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

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

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

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

(Check only one box.)

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

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

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Gerard W. O'Brien  
Signature of Attorney for Debtor(s)

Gerard W. O'Brien 152820  
Printed Name of Attorney for Debtor(s)

Gerard W. O'Brien  
Firm Name

2878 E Imperial Hwy  
Brea, CA 92821

\_\_\_\_\_  
Address

Email: gerardwobrien@gmail.com  
(714) 985-9025 Fax: (714) 572-2192

\_\_\_\_\_  
Telephone Number

March 11, 2013                      152820

\_\_\_\_\_  
Date

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

**Signature of Non-Attorney Bankruptcy Petition Preparer**

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

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

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

\_\_\_\_\_  
Address

**X** \_\_\_\_\_

\_\_\_\_\_  
Date

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

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

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

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

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

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

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

**X** /s/ Todd Kneale  
Signature of Authorized Individual

Todd Kneale  
Printed Name of Authorized Individual

President  
Title of Authorized Individual

March 11, 2013

\_\_\_\_\_  
Date

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
Central District of California**

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**  
Debtor(s)

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

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

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>David Cryer 5 Little John Court Gales Ferry, CT 06335</b>	<b>David Cryer 5 Little John Court Gales Ferry, CT 06335</b>	<b>unpaid wages \$8,000 paid within the last 90 days</b>		<b>88,758.00</b>
<b>Frank Goodman 3148 Butler Avenue Los Angeles, CA 90066</b>	<b>Frank Goodman 3148 Butler Avenue Los Angeles, CA 90066</b>	<b>unpaid wages</b>		<b>43,860.00</b>
<b>Greg Johnson 29643 Stonecrest Road Palos Verdes Peninsula, CA 90274</b>	<b>Greg Johnson 29643 Stonecrest Road Palos Verdes Peninsula, CA 90274</b>	<b>unpaid wages</b>		<b>23,391.00</b>
<b>Greta Kane 1441 Btett Place # 138 San Pedro, CA 90732</b>	<b>Greta Kane 1441 Btett Place # 138 San Pedro, CA 90732</b>	<b>unpaid wages</b>		<b>17,730.00</b>
<b>Keith Laband 11436 212th Street Lakewood, CA 90715</b>	<b>Keith Laband 11436 212th Street Lakewood, CA 90715</b>	<b>unpaid wages</b>		<b>9,864.00</b>
<b>Konica Minolta/MB&amp;W 26000 Cannon Rd. Cleveland, OH 44146</b>	<b>Konica Minolta/MB&amp;W 26000 Cannon Rd. Cleveland, OH 44146</b>			<b>6,665.79</b>
<b>Mary Anne Saint John 1720 Armour Lane Redondo Beach, CA 90278</b>	<b>Mary Anne Saint John 1720 Armour Lane Redondo Beach, CA 90278</b>			<b>8,531.25</b>
<b>Matthew Hanson 8 Rodaja Rancho Santa Margarita, CA 92688</b>	<b>Matthew Hanson 8 Rodaja Rancho Santa Margarita, CA 92688</b>	<b>unpaid wages \$8,000 paid within the last 90 days</b>		<b>94,437.00</b>
<b>Obispo Assoc. 3850 E. Ocean Blvd. Long Beach, CA 90803</b>	<b>Obispo Assoc. 3850 E. Ocean Blvd. Long Beach, CA 90803</b>			<b>129,501.00</b>
<b>Rich Bongiovanni 3321 Tempe Drive Huntington Beach, CA 92649</b>	<b>Rich Bongiovanni 3321 Tempe Drive Huntington Beach, CA 92649</b>	<b>unpaid wages</b>		<b>19,069.00</b>
<b>RMS McGladrey One Church St, 8th Floor New Haven, CT 06510</b>	<b>RMS McGladrey One Church St, 8th Floor New Haven, CT 06510</b>			<b>36,476.00</b>

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

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

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

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Sally Hasse 2686 Temescal Avenue Norco, CA 92860	Sally Hasse 2686 Temescal Avenue Norco, CA 92860	unpaid wages		39,921.00
Southern California Edison PO Box 360 Rosemead, CA 91772	Southern California Edison PO Box 360 Rosemead, CA 91772	Utility		4,698.75
Spectrum Gas Products 1355 Logan Ave, #12 Costa Mesa, CA 92626	Spectrum Gas Products 1355 Logan Ave, #12 Costa Mesa, CA 92626			5,669.56
Stetina, Brunda, et al 75 Enterprise, #250 Aliso Viejo, CA 92656	Stetina, Brunda, et al 75 Enterprise, #250 Aliso Viejo, CA 92656			69,941.73
Terry Domae 12756 Charlwood Street Cerritos, CA 90703	Terry Domae 12756 Charlwood Street Cerritos, CA 90703	unpaid wages		57,343.00
Thai Nguyen 13801 Shirley Street # 41 Garden Grove, CA 92843	Thai Nguyen 13801 Shirley Street # 41 Garden Grove, CA 92843	unpaid wages		10,979.00
The DML Group PO Box 1147 Stafford, VA 22555	The DML Group PO Box 1147 Stafford, VA 22555			73,906.51
Todd Kneale 1422 Southridge Road Brea, CA 92821	Todd Kneale 1422 Southridge Road Brea, CA 92821	unpaid wages \$8,000 paid within the last 90 days		121,601.00
University of Miami PO Box 405803 Atlanta, GA 30384	University of Miami PO Box 405803 Atlanta, GA 30384			9,157.44

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

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

Date March 11, 2013

Signature /s/ Todd Kneale  
**Todd Kneale**  
**President**

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

**United States Bankruptcy Court  
Central District of California**

In re Integrated Medical Systems, Inc., A Wyoming Corporation,  
Debtor

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

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Anne E. Cheverton 64 South Hillside Avenue Succasunna, NJ 07876</b>		<b>7,500 shares</b>	<b>stockholder</b>
<b>Bryan Mitchell 10805B Lanshire Drive Austin, TX 78758</b>		<b>2,500 shares</b>	<b>stockholder</b>
<b>David D. Hood 2590 Hillcrest Street Signal Hill, CA 90755</b>		<b>15,000 shares</b>	<b>stockholder</b>
<b>David Hancock 3027 Spyglass Court Chino Hills, CA 91709</b>		<b>2,500 shares</b>	<b>stockholder</b>
<b>Donald Hanks 5141 Elvira Road Woodland Hills, CA 91364</b>		<b>2,500 shares</b>	<b>stockholder</b>
<b>Ernest A. Vigus, Jr. 420 Fernhill Lane Anaheim, CA 92807</b>		<b>2,500 shares</b>	<b>stockholder</b>
<b>Ernesto Ramirez 9208 Buhman Avenue Downey, CA 90240</b>		<b>5,000 shares</b>	<b>stockholder</b>
<b>Hugh B. Speed III 27772 Tirante Laguna Hills, CA 92653</b>		<b>2,500 shares</b>	<b>stockholder</b>
<b>Integrated Medical Systems Holding Company, LLC 1465 East Putman Avenue, Suite 229 Old Greenwich, CT 06870</b>		<b>5,500,000 shares</b>	<b>stockholder</b>
<b>James R. Ausbourne 22609 Susana Avenue Torrance, CA 90505</b>		<b>2,500 shares</b>	<b>stockholder</b>
<b>John M. Wilson, Jr. 1642 Kinston road Placentia, CA 92670</b>		<b>2,500 shares</b>	<b>stockholder</b>

In re Integrated Medical Systems, Inc., A Wyoming Corporation,

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

Debtor

## LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>John Park</b> 957 South Nicole Way Anaheim, CA 92808		5,000 shares	stockholder
<b>John Peter Koelsch</b> 34732 Calle Fortuna Capistrano Beach, CA 92624		2,500 shares	stockholder
<b>Joseph W. Pawlowski</b> 17387 Sunset Ridge Circle Granada Hills, CA 91344		2,500 shares	stockholder
<b>Keith Laband</b> 11436 212th Street Lakewood, CA 90715		10,000 shares	stockholder
<b>Keith Laband</b> 11436 212th Street Lakewood, CA 90715		2,500 shares	stockholder
<b>Leonard M. Levie</b> at Integrated Medical Systems Holding Company 1465 East Putman Avenue, Suite 229 Old Greenwich, CT 06870		5.5 million shares	Chairman of the Board & Treasurer
<b>Northrop Grumman Corporation</b> 1840 Century Park E Los Angeles, CA 90067		2,000,000 shares	Stockholder
<b>Paul D. Geiger</b> 472 Arden Ave Buellton, CA 93427		3,030 shares	stockholder
<b>Paul D. Geiger</b> 472 Arden Avenue Buellton, CA 93427		2,500 shares	stockholder
<b>Peduzzi Associates, LTD</b> 221 South Alfred Street Alexandria, VA 22314		10,690	stockholder
<b>Peduzzi Associates, LTD</b> 221 South Alfred Street Alexandria, VA 22314		7,525 shares	stockholder
<b>Peter A. Barnett</b> 429 E. 20th Street Costa Mesa, CA 92627		2,500 shares	stockholder

Sheet 1 of 2 continuation sheets attached to the List of Equity Security Holders

In re Integrated Medical Systems, Inc., A Wyoming Corporation,

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

Debtor

**LIST OF EQUITY SECURITY HOLDERS**

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Phil Morello</b> 1715 Samar Drive Costa Mesa, CA 92626		<b>8,749 shares</b>	<b>stockholder</b>
<b>Richard A. Bongiovanni</b> 3321 Tempe Drive Huntington Beach, CA 92649		<b>2,500 shares</b>	<b>stockholder</b>
<b>Robert M. Garcia</b> 41 Oxbow creek Lane Laguna Hills, CA 92653		<b>2,500 shares</b>	<b>stockholder</b>
<b>TASD Alexander Trust Subtrust B</b> c/o Amanda Alexander TTEE 4633 Rollando Drive Rolling Hills Estates, CA 90274		<b>100,000 shares</b>	<b>stockholder</b>
<b>William H. White</b> 812 Arden Avenue Glendale, CA 91202		<b>2,500 shares</b>	<b>stockholder</b>
<b>William R. Sobko</b> 23022 Fonthill Avenue Torrance, CA 90505		<b>2,500 shares</b>	<b>stockholder</b>
<b>William R. Sobko</b> 23022 Fonthill Avenue Torrance, CA 90505		<b>25,000 shares</b>	<b>stockholder</b>

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

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

Date March 11, 2013

Signature /s/ Todd Kneale  
**Todd Kneale**  
**President**

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

**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**

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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).)

**None**

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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**

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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).)

**None**

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

Executed at Brea, California.

/s/ Todd Kneale

**Todd Kneale**

Date: March 11, 2013

Signature of Debtor

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Signature of Joint Debtor

**United States Bankruptcy Court  
Central District of California**

In re Integrated Medical Systems, Inc., A Wyoming Corporation,  
Debtor

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

Chapter 11

**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	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>11</b>	<b>348,230.09</b>		
C - Property Claimed as Exempt	<b>No</b>	<b>0</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>5,117.29</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>11</b>		<b>902,782.59</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
J - Current Expenditures of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
Total Number of Sheets of ALL Schedules		<b>28</b>			
		Total Assets	<b>348,230.09</b>		
			Total Liabilities	<b>907,899.88</b>	

**United States Bankruptcy Court  
Central District of California**

In re Integrated Medical Systems, Inc., A Wyoming Corporation,  
Debtor

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

Chapter 11

**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)	
TOTAL	

**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)		

B6A (Official Form 6A) (12/07)

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**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 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, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)  
Total > **0.00**  
(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

**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 include 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	N O N E	Description and Location of Property	Husband, Wife, Joint or Community	Current Value of Debtor's Interest In Property, With- Out Deducting Any Secured Claim or Exemption
1. Cash on hand.	<b>X</b>			
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.		<b>Business Checking Account with People's United Bank, Acct No.: 7226</b>	-	<b>\$3,457.29</b>
		<b>Business Checking Account with Silicon Valley Bank, Acct No.: 4137</b>	-	<b>\$15,462.80</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security Deposit with Landlord Obispo Associates- 3850 E. Ocean Blvd, Long Beach, CA 90803</b>	-	<b>\$23,500.00</b>
4. Household goods and furnishings, including audio, video, and computer equipment.	<b>X</b>			
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.	<b>X</b>			
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

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

**Debtor**

**(If known)**

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint or Community	Current Value of Debtor's Interest In Property, With- Out Deducting Any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests 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).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		<b>Stocks, attached hereto.</b>	-	<b>Unknown</b>
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>None at the moment</b>	-	<b>\$0.00</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

Case No.

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint or Community	Current Value of Debtor's Interest In Property, With- Out Deducting Any Secured Claim or Exemption
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.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.		Patents, trademarks attached hereto.	-	\$15,000.00
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined 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.		Customer List SENER	-	\$0.00
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Copier-Printer- Konica Minolta, Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$500.00
		Copier-Printer Konica Minolta Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$500.00
		Plotter, HP DesignJet 750C Plus Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$500.00
		Misc coffee pots, phones, clocks, chairs, video player, microwave ovens, whiteboards, etc. Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$250.00
29. Machinery, fixtures, equipment, and supplies used in business.		Thermal Oven (small, blue M OV-8A) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$500.00
		Thermal Oven (Medium, Sun system) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$2,500.00
		Thermal Oven (large, Sun System) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$4,000.00

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

Case No.

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint or Community	Current Value of Debtor's Interest In Property, With- Out Deducting Any Secured Claim or Exemption
		Drill press (Delta Shopmaster DP350) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$500.00
		Bandshaw (rockwell, Model 14) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$500.00
		Shipping Scale (NCI weightronix) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$250.00
		Bench Grinder (Central machines, Model 39797) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$50.00
		Electro-Magnetic Effects (EME) Chamber Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$3,000.00
		Patient Gurney (Stryker "Big Wheel") Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$250.00
		Rolling Shelf Carts (Approximately 10) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$500.00
		3 misc equipment racks Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$250.00
		Laminar flow booth Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$1,500.00
		Misc Shelf Units, tools, supplies Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$1,500.00
		Dynamic Signal Analyzer (HP 3561A) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$4,500.00
		Electrical Safety Testes (BAPCO) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$6,000.00
		Function Generator (Wavetek 182A) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$2,000.00
		HIPOT tester (Rod-L Electronics) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$2,000.00
		Network Analyzer (HP8719A) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$18,000.00
		Oscilloscope (Tektronix213DMM) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$1,400.00

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

Case No.

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint or Community	Current Value of Debtor's Interest In Property, With- Out Deducting Any Secured Claim or Exemption
		Oscilloscope (Tektronix 468) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$3,000.00
		Oscilloscope (Tektronix 2335) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$1,800.00
		Misc electronic Equipment Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$10,000.00
30. Inventory.		three (3) LSTAT-B (Patient Care Platform) Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$150.00
		one (1) LSTAT-B, patient care platform Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$50.00
		LS-1 integrated care unit Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$10,000.00
		Misc Electronic Components Location: 1984 Obispo Avenue, Signal Hill CA 90755	-	\$1,000.00
31. Animals.	X			
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.		Potential claim against U.S.Army. Claim for previous contract close-outs or potential claim for rate differences from contract. Client estimates the value at \$100,000.00. Attorney estimated value at 0.	-	\$100,000.00
		proposed SENER agreement, see attachment.	-	\$113,860.00
			<b>Total &gt;</b>	<b>\$348,230.09</b>

(Report also on Summary of

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

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

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

**Category 1 - LSTAT APM, 3YC, and MRR Capability**

LSTAT Annual Preventative Maintenance (APM), Three-Year Calibration (3YC), and Minor Repair and Replacement (MRR) capability - Included with Category 2 - 4 Purchase

Item No.	Description	Total Price
1	Training for two people	Included
2	Existing Manuals	Included
3	Engineering Documentation	Included
4	Test Procedures	Included

Total Price: **Included**

**Category 2 - Test Equipment**

Item No.	Description	Unit Price	QTY	Total Price
1	RT200 Ventilator Tester	\$ 800	2	\$ 1,600
2	DNI 207B Pressure Meter	\$ 20	2	\$ 40
3	Calibrated Syringe, 1 L	\$ 200	2	\$ 400
4	Flow Meters	\$ 200	2	\$ 400
5	MaxO2	\$ 250	2	\$ 500
6	BioTec Test Lung vt2-ce & vt-2a	\$ 500	2	\$ 1,000
7	Michigan Instruments Test Lung	\$ 1,500	2	\$ 3,000
8	Ventilator Test Lung Restrictor Set	\$ 50	2	\$ 100
9	Ventilator Flow Valve Controller	\$ 250	2	\$ 500
10	Ventilator Test Cables	\$ 200	2	\$ 400
11	Ventilator Accumulator	\$ 200	2	\$ 400
12	Ventilator Software	\$ -	1	\$ -
13	Vacuum Bottle Test Assy	\$ 200	2	\$ 400
14	Vacuum Test Assy	\$ 200	2	\$ 400
15	DNI 300B Patient Simulator	\$ 1,500	2	\$ 3,000
16	SPO2 Tester	\$ 1,250	2	\$ 2,500
17	NIBP Tester	\$ 2,000	2	\$ 4,000
18	CO2 Gas and Regulators	\$ 350	2	\$ 700
19	CO2 Calibration Software	\$ -	1	\$ -
20	IVAC Calibration Kit	\$ 2,000	1.5	\$ 3,000
21	IVAC Field Service Software	\$ -	1	\$ -
22	ISTAT Calibration Cartridge	\$ 50	2	\$ 100
23	ISTAT Alignment Cartridge	\$ 50	2	\$ 100
24	ISTAT IR Interface	\$ 100	2	\$ 200
25	Defibrillator Load Box	\$ 250	2	\$ 500
26	DNI 3000	\$ 1,500	2	\$ 3,000
27	Defibrillator Test Power Isolator	\$ 250	1	\$ 250
28	Tubing Cutters	\$ 100	1	\$ 100
29	Drying Oven	\$ 500	1	\$ 500
30	Oven Thermometer	\$ 50	1	\$ 50

**Category 2 - Test Equipment Continued**

Item No.	Description	Unit Price	QTY	Total Price
31	Oxygen Clean Tools (set)	\$ 500	1	\$ 500
32	Pressure Relief Valve Tools	\$ 100	2	\$ 200
33	DNI 5000	\$ 4,000	2	\$ 8,000
34	Battery Cycle Tester	\$ 2,000	1	\$ 2,000

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

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

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

35	Power Supply Tester	\$ 2,000	2	\$ 4,000
36	Power Test Panels	\$ 2,000	2	\$ 4,000
37	Battery Load and Calibration Station	\$ 500	1	\$ 500
38	DDLS Load Station	\$ 500	1	\$ 500
39	DDLS Test Cable Set	\$ 200	2	\$ 400
40	Secondary Display Load Station	\$ 200	1	\$ 200

Total Price: \$ 47,440  
Discount: 15%  
Final Price: \$ 40,324

**Category 3 - LSTAT Spares**

Item No.	Description	Unit Price	QTY	Total Price
<b>Ventilator</b>				
1	Button and Knobs	\$ -	5	\$ -
2	Ventilator Chassis	\$ 3,000	1	\$ 3,000
3	Display and Control Panel	\$ -	1	\$ -
5	Foam Filters	\$ 3	6	\$ 18
6	Anti-asphyxia Valves	\$ -	14	\$ -
7	Ventilator Circuits	\$ 6	15	\$ 90
8	Airway Fittings	\$ 55	11	\$ 605
10	Ventilator Cable, RS232 W14	\$ 25	5	\$ 125
11	Air Tubing (in.)	\$ 0	4000	\$ 200
12	Air Fittings	\$ 2	50	\$ 100
13	One Way Valves	\$ 5	10	\$ 50
15	Compressor Heads	\$ 74	6	\$ 444
16	Compressors	\$ 74	1	\$ 74
17	Flow Boards, 9602B	\$ 1,300	1	\$ 1,300
18	Flow Boards, 9602C	\$ 1,300	1	\$ 1,300
19	Flow Board, Patient Panel Interface	\$ 55	10	\$ 550
20	Ventilator Board Set	\$ 3,000	1	\$ 3,000
21	Ventilator Leaf Valves	\$ 5	14	\$ 70
22	Ventilator Display Windows	\$ 61	7	\$ 427

**Suction**

23	Suction Kit	\$ 1,500	1	\$ 1,500
24	Suction Manifold	\$ 250	1	\$ 250
25	Suction Bottles	\$ 50	3	\$ 150

**Physiological Monitor**

28	106 Display Module	\$ -	1	\$ -
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**Category 3 - LSTAT Spares Continued**

Item No.	Description	Unit Price	QTY	Total Price
29	Recharge Board (analog)	\$ -	1	\$ -
30	Metal Parts	\$ -	2	\$ -
31	Left Side Panel	\$ 14	2	\$ 28
32	SPO2 Adapter ( 8 modified, 4 orig)	\$ 145	6	\$ 870
33	Power Board (Recharge Propac/IVAC)	\$ 50	5	\$ 250
34	Expansion Module, Rear Chassis Panel	\$ 50	3	\$ 150

**Infusion**

38	Cables	\$ 236	2	\$ 472
39	Drawers	\$ 121	1	\$ 121
40	Lower Housing	\$ -	3	\$ -

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

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

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

41	Display Chassis	\$ 167	2	\$ 334
42	EMI Windows	\$ 131	10	\$ 1,310
43	Power Switch	\$ 105	2	\$ 210
<b>Defibrillator</b>				
45	Unmodified Units	\$ 905	1	\$ 905
<b>Oxygen Subsystem</b>				
46	Pressure Relief Valve 7600d014	\$ -	2	\$ -
47	Pressure Relief Valve service Kits	\$ 6	2	\$ 12
49	O2 Bottles	\$ -	24	\$ -
50	O2 Mounting Clamps	\$ -	1	\$ -
51	OFDC ADBX6400A007	\$ 60	3	\$ 180
<b>Power Subsystem</b>				
54	Power Management PCB, Bare	\$ 98	5	\$ 490
55	Lower Power Cutoff Assy	\$ 42	5	\$ 210
56	Battery Monitor Assy	\$ 98	4	\$ 392
58	Power Switch Assy (old)	\$ -	2	\$ -
59	Power Switch PCB, Bare (new)	\$ 95	4	\$ 380
61	Secondary DC:DC Assy	\$ 400	1	\$ 400
63	Filter Assy Covers	\$ 100	4	\$ 400
<b>DDL</b>				
66	Ampro Motherboards 486i	\$ 900	4	\$ 3,600
67	Ampro Motherboards 486e	\$ 600	3	\$ 1,800
68	Ampro Memory for 486i	\$ 45	10	\$ 450
69	Ampro Memory for 486e	\$ 40	10	\$ 400
70	Analog Board	\$ 333	2	\$ 666
72	RS232	\$ 360	2	\$ 720
73	Thermocouple Board	\$ 460	1	\$ 460
74	SMB, Assembly	\$ 110	3	\$ 330
75	SMB, Bare Boards	\$ -	50	\$ -
<b>Accessories</b>				
78	Louvers	\$ 38	5	\$ 190
79	Patient Pads	\$ -	3	\$ -
80	Litters	\$ -	3	\$ -

Total Price: \$ 28,983  
Discount: 15%  
Final Price: \$ 24,636

**Category 4 - LSTAT Serial No. 89**

Item No.	Description	Unit Price	QTY	Total Price
1	LSTAT serial Number 89	\$ 50,000	1	\$ 50,000

Total Price: \$ 50,000  
Discount: 15%  
Final Price: \$ 42,500

**Category 5 - New Battery Engineering**

Item No.	Description	Unit Price	QTY	Total Price
1	Validated new battery design engineering and documentation	\$ 20,000	1	\$ 20,000

Total Price: \$ 20,000  
Discount: 15%

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

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

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

**Final Price: \$ 17,000**

**Total Asset Price**

<b>Item No.</b>	<b>Category</b>			<b>Final Price</b>
<b>1</b>	LSTAT APM, 3YC, and MRR Capability			<b>Included</b>
<b>2</b>	Test Equipment			\$ 40,324
<b>3</b>	LSTAT Spares			\$ 24,636
<b>4</b>	LSTAT Serial No. 89			\$ 42,500
<b>5</b>	New Battery Engineering			\$ 17,000
<b>Total Price:</b>				<b>\$ 124,460</b>
<b>Pre-Payment For Training:</b>				<b>\$ (10,600)</b>
<b>Final Price:</b>				<b>\$ 113,860</b>

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

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

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

**INTEGRATED MEDICAL SYSTEMS PROPRIETARY  
IMS PATENT PORTFOLIO**

3/10/2013

ACTIVE	IMS #	Status	Title	Reg	Patent #
Y	IMSOO-001B-1	Issued	High Speed High Resolution Ultrasonic Position and Orientation Tracker Using A	US	5,495,427
Y	IMSOO-002CPA	Issued	Mobile Self-Contained Trauma Care System	US	5,755,478
Y	IMSOO-003A	Issued	Multi-Dimensional Wavelet Tomography	US	5,841,890
Y	IMSOO-004A-1	Issued	Ultrasonic Micro-Machined Selectable Transducer Array	US	6,115,326
Y	IMSOO-005A	Issued	Non-Invasive Acoustic Screening Device for Coronary Stenosis	US	6,048,319
Y	IMSOO-008A	Issued	Stereotactic Ultrasonic Diagnostic Process	US	5,842,990
Y	IMSOO-010A-1	Issued	Impaired Operator Detection and Warning System Employing Analysis of Operator	US	5,798,695
Y	IMSOO-011A-1	Issued	Impaired Operator Detection and Warning System Employing Eyeblink Analysis	US	5,867,587
Y	IMSOO-012A-1	Issued	Eye Finding and Tracking System	US	5,859,686
Y	IMSOO-013A	Issued	Self-Contained Transportable Life Support System	US	5,975,081
Y	IMSOO-013C	Issued	Self-Contained Transportable Life Support System	US	6,488,029
Y	IMSOO-013C1	Issued	Self-Contained Transportable Life Support System	US	6,899,103
Y	IMSOO-014A	Issued	Apparatus for Acoustically Determining Position of an Endotracheal Tube	US	6,349,720
Y	IMSOO-015A	Issued	Stand-Off Non-Invasive Acoustic Baby Monitor	US	6,150,941
Y	IMSOO-016A	Issued	Isolation Bag	US	5,950,625
Y	IMSOO-017A	Issued	Self-Contained Isolation and Environmental Protection System	US	6,001,057
Y	IMSOO-018A	Issued	Environmental Protection System	US	6,233,748
Y	IMSOO-019A	Issued	Data Logger for Transportable Life Support System	US	6,234,176
Y	IMSOO-020A	Issued	Display for Transportable Life Support System	US	6,182,667
Y	IMSOO-021A	Issued	Electrical Power System for a Self-Contained Transportable Life Support System	US	6,230,710
Y	IMSOO-022A	Issued	Automatic Mechanical Lock Down for Transportable Life Support System	US	6,273,089
Y	IMSOO-023A	Issued	Control and Display Configuration Layout	US	6,234,172
Y	IMSOO-024A-1	Issued	Surgical Assistance and Monitoring System	US	5,819,229
Y	IMSOO-039A	Issued	Foldable, Portable Trauma Treatment and Patient Monitoring Patient Platform	US	7,818,840
Y	IMSOO-041A	Issued	Modular Transportable Life Support Device	US	8,033,281

A1 - Patentlog - 20130310

INTEGRATED MEDICAL SYSTEMS PROPRIETARY

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**

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

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Integrated medical Systems, Inc.  
**ASSET SUMMARY**  
March 2013

Type of Property	Do you own this type of property	Description and Location of Property	Value	Office Use Only Notes
22. Patents, copyrights, other intellectual property	Yes	Description: Trademark (IMS® - 1,890,235; 2,581,079)  Location: 1984 Obispo Avenue, Signal Hill, CA 90755	\$TBD	
	Yes	Description: Trademark (LSTAT® - 1,890,359)  Location: 1984 Obispo Avenue, Signal Hill, CA 90755	\$TBD	
	Yes	Description: Trademark (LS-1™)  Location: 1984 Obispo Avenue, Signal Hill, CA 90755	\$TBD	
	Yes	Description: Trademark (When Every Second Counts® - 1,890,367)  Location: 1984 Obispo Avenue, Signal Hill, CA 90755	\$TBD	
	Yes	Description: Trademark (ISYS®) - 3,304,005  Location: 1984 Obispo Avenue, Signal Hill, CA 90755	\$TBD	
	Yes		\$TBD	
	Yes		\$TBD	

Total Value: \$0



In re Integrated Medical Systems, Inc., A Wyoming Corporation

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

Debtor

## 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 "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.

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 the 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).

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

B6E (Official Form 6E) (4/10) - Cont.

In re Integrated Medical Systems, Inc., A Wyoming Corporation,  
Debtor

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

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

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

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
								AMOUNT ENTITLED TO PRIORITY	
Account No.			2012						
Franchise Tax Board Business Entity Bankruptcy MS A345 PO Box 2952 Sacramento, CA 95812-2952	-						800.00	0.00	
Account No. xxxxx/xx-xxx3775			2012						
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	-		IRS 940 Year 2012				628.29	0.00	
Account No. xxxxxxx9466,67,68									
LA County Property Tax PO Box 54027 Los Angeles, CA 90054	-						3,689.00	0.00	
Account No.									
Account No.									
Subtotal (Total of this page)							5,117.29	0.00	5,117.29
Total (Report on Summary of Schedules)							5,117.29	0.00	5,117.29

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

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

In re Integrated Medical Systems, Inc., A Wyoming Corporation,

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

Debtor

### 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 the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. 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.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>A1 Building Management</b> <b>2501 E. Chapman Ave, #100</b> <b>Fullerton, CA 92831</b>		-				<b>2,000.00</b>
Account No.  <b>Airgas USA, LLC</b> <b>PO Box 93500</b> <b>Long Beach, CA 90806</b>		-				<b>66.32</b>
Account No. <b>xxxxxx1729</b>  <b>Anthem/BCBS</b> <b>PO Box 9069</b> <b>Oxnard, CA 93031</b>		-				<b>2,324.25</b>
Account No. <b>xxxx7001</b>  <b>Aramark Uniform</b> <b>PO Box 101004</b> <b>Pasadena, CA 91189</b>		-				<b>160.00</b>
Subtotal (Total of this page)						<b>4,550.57</b>

10 continuation sheets attached

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W	J C				
Account No. <b>xxxx0001</b>  <b>Arizona Industries</b> <b>3013 W. Lincoln St</b> <b>Phoenix, AZ 85009</b>		-					<b>1,297.20</b>	
Account No. <b>xxxxxxxx0001</b>  <b>AT&amp;T</b> <b>PO Box 105068</b> <b>Atlanta, GA 30348</b>		-					<b>361.01</b>	
Account No.  <b>Austin Technology Incubator</b> <b>3925 W. Braker Lane, 3rd Floor</b> <b>Austin, TX 78759</b>		-					<b>670.79</b>	
Account No. <b>xxxx5897</b>  <b>Care Fusion</b> <b>25565 Network Place</b> <b>Chicago, IL 60673</b>		-					<b>179.90</b>	
Account No. <b>xxxxx1596</b>  <b>Charter Communications</b> <b>PO Box 118288</b> <b>Carrollton, TX 75011</b>		-					<b>366.99</b>	
Sheet no. <u>1</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>2,875.89</b>

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

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxxxxxx001C</b>  <b>Chubb Ins/Cisco, Inc.</b> <b>1702 Townhurst</b> <b>Houston, TX 77043</b>	-						<b>1,115.00</b>
Account No. <b>xxx-xxxx-00-02</b>  <b>City of Signall Hill</b> <b>2175 Cherry Ave</b> <b>Signal Hill, CA 90755</b>	-						<b>196.16</b>
Account No. <b>xxxx-0035</b>  <b>Clean Room Services</b> <b>PO Box 9276</b> <b>Canoga Park, CA 91309</b>	-						<b>225.00</b>
Account No.  <b>David Cryer</b> <b>5 Little John Court</b> <b>Gales Ferry, CT 06335</b>	-		<b>2012 &amp; 2013 unpaid wages \$8,000 paid within the last 90 days</b>				<b>88,758.00</b>
Account No.  <b>Derek Kenny</b> <b>16761 Viewpoint Lane # 150</b> <b>Huntington Beach, CA 92647</b>	-		<b>2012 unpaid wages</b>				<b>3,050.00</b>
Subtotal (Total of this page)							<b>93,344.16</b>

Sheet no. 2 of 10 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>x2508</b>  <b>Dun &amp; Bradstreet</b> <b>22761 Pacific Coast Hwy.</b> <b>Malibu, CA 90265</b>		-				<b>299.00</b>
Account No. <b>xxx4669</b>  <b>Earthlink</b> <b>PO Box 790216</b> <b>Saint Louis, MO 63179</b>		-				<b>153.70</b>
Account No. <b>xxxxx2928</b>  <b>Emergo Global Consulting</b> <b>611 West 5th Street, 5th Floor</b> <b>Austin, TX 78701</b>		-				<b>400.00</b>
Account No. <b>xxxx-x499-9</b>  <b>Federal Express</b> <b>PO Box 7221</b> <b>Pasadena, CA 91109</b>		-				<b>619.15</b>
Account No. <b>xxxxxx6804</b>  <b>FedEx Office</b> <b>PO Box 672085</b> <b>Dallas, TX 75267</b>		-				<b>43.53</b>
Subtotal (Total of this page)						<b>1,515.38</b>

Sheet no. 3 of 10 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

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

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. <b>xxx0017</b>  <b>Fluke Electronics</b> <b>PO Box 9090</b> <b>Everett, WA 98206</b>		-					<b>1,263.00</b>	
Account No.  <b>Frank Goodman</b> <b>3148 Butler Avenue</b> <b>Los Angeles, CA 90066</b>		-	<b>2012 unpaid wages</b>				<b>43,860.00</b>	
Account No.  <b>Greg Johnson</b> <b>29643 Stonecrest Road</b> <b>Palos Verdes Peninsula, CA 90274</b>		-	<b>2012 unpaid wages</b>				<b>23,391.00</b>	
Account No.  <b>Greta Kane</b> <b>1441 Btett Place # 138</b> <b>San Pedro, CA 90732</b>		-	<b>2012 unpaid wages</b>				<b>17,730.00</b>	
Account No. <b>xx0428</b>  <b>House of Batteries</b> <b>10910 Talbert Ave.</b> <b>Fountain Valley, CA 92708</b>		-					<b>4,173.32</b>	
Sheet no. <u>4</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>90,417.32</b>

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No.  <b>Keith Laband</b> <b>11436 212th Street</b> <b>Lakewood, CA 90715</b>		-	<b>2012</b> <b>unpaid wages</b>				<b>9,864.00</b>	
Account No. <b>xx0314</b>  <b>Konica Minolta/MB&amp;W</b> <b>26000 Cannon Rd.</b> <b>Cleveland, OH 44146</b>		-					<b>6,665.79</b>	
Account No. <b>2547</b>  <b>M&amp;M Internet</b> <b>200 Oceangate #800</b> <b>Long Beach, CA 90802</b>		-					<b>303.15</b>	
Account No.  <b>Mary Anne Saint John</b> <b>1720 Armour Lane</b> <b>Redondo Beach, CA 90278</b>		-					<b>8,531.25</b>	
Account No.  <b>Matthew Hanson</b> <b>8 Rodaja</b> <b>Rancho Santa Margarita, CA 92688</b>		-	<b>2012 &amp; 2013</b> <b>unpaid wages</b> <b>\$8,000 paid within the last 90 days</b>				<b>94,437.00</b>	
Sheet no. <u>5</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>119,801.19</b>

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

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No.  <b>Michael Hernandez</b> <b>45 Beach Rd.</b> <b>Belvedere, CA 94920</b>	-					<b>1,744.17</b>	
Account No. <b>xxx81LA</b>  <b>Micro Precision</b> <b>12686 Hoover St</b> <b>Garden Grove, CA 92841</b>	-					<b>275.00</b>	
Account No. <b>xx8657</b>  <b>Mpower Comm.</b> <b>PO Box 60767</b> <b>Los Angeles, CA 90060</b>	-					<b>713.72</b>	
Account No. <b>xxxx-1984</b>  <b>Obispo Assoc.</b> <b>3850 E. Ocean Blvd.</b> <b>Long Beach, CA 90803</b>	-					<b>129,501.00</b>	
Account No.  <b>Rich Bongiovanni</b> <b>3321 Tempe Drive</b> <b>Huntington Beach, CA 92649</b>	-	<b>2012 unpaid wages</b>				<b>19,069.00</b>	
Sheet no. <u>6</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>	<b>151,302.89</b>

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

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>xxx-607-8</b>  <b>RMS McGladrey</b> <b>One Church St, 8th Floor</b> <b>New Haven, CT 06510</b>	-					<b>36,476.00</b>
Account No.  <b>Sally Hasse</b> <b>2686 Temescal Avenue</b> <b>Norco, CA 92860</b>	-	<b>2012 &amp; 2013 unpaid wages</b>				<b>39,921.00</b>
Account No. <b>xx-xx xx3412</b>  <b>Signall Hill Disposal</b> <b>PO Box 398</b> <b>Buena Park, CA 90621</b>	-					<b>470.04</b>
Account No. <b>x-xx-xxx-4234</b>  <b>Southern California Edison</b> <b>PO Box 360</b> <b>Rosemead, CA 91772</b>	-	<b>Utility</b>				<b>4,698.75</b>
Account No.  <b>Spectrum Gas Products</b> <b>1355 Logan Ave, #12</b> <b>Costa Mesa, CA 92626</b>	-					<b>5,669.56</b>
Sheet no. <u>7</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b> <b>87,235.35</b>

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

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>IMSOO BBB</b>  <b>Stetina, Brunda, et al</b> <b>75 Enterprise, #250</b> <b>Aliso Viejo, CA 92656</b>		-				<b>69,941.73</b>
Account No. <b>x5069</b>  <b>TASCO</b> <b>1720 Hillsborough St, #100</b> <b>Raleigh, NC 27605</b>		-				<b>198.16</b>
Account No. <b>xxxxx4-IMS</b>  <b>TCORS</b> <b>43 Broad St.</b> <b>New London, CT 06320</b>		-				<b>1,405.56</b>
Account No. <b>xx8657</b>  <b>Tele Pacific</b> <b>PO Box 36430</b> <b>Las Vegas, NV 89133</b>		-				<b>273.90</b>
Account No.  <b>Terry Domae</b> <b>12756 Charwood Street</b> <b>Cerritos, CA 90703</b>		-	<b>2012 &amp; 2013</b> <b>unpaid wages</b>			<b>57,343.00</b>
Subtotal (Total of this page)						<b>129,162.35</b>

Sheet no. 8 of 10 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.  <b>Tesser &amp; Ruttenburg</b> <b>12100 Wilshire Blvd, #220</b> <b>Los Angeles, CA 90025</b>	-					<b>1,001.00</b>
Account No.  <b>Thai Nguyen</b> <b>13801 Shirley Street # 41</b> <b>Garden Grove, CA 92843</b>	-	<b>2012</b> <b>unpaid wages</b>				<b>10,979.00</b>
Account No.  <b>The DML Group</b> <b>PO Box 1147</b> <b>Stafford, VA 22555</b>	-					<b>73,906.51</b>
Account No.  <b>Todd Kneale</b> <b>1422 Southridge Road</b> <b>Brea, CA 92821</b>	-	<b>2012 &amp; 2013</b> <b>unpaid wages</b> <b>\$8,000 paid within the last 90 days</b>				<b>121,601.00</b>
Account No. <b>xx6202</b>  <b>Tyco-ADT Securty</b> <b>PO Box 1008</b> <b>Arlington Heights, IL 60006</b>	-					<b>3,895.48</b>
Sheet no. <u>9</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	<b>211,382.99</b>

In re Integrated Medical Systems, Inc., A Wyoming Corporation, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. <b>xx853E</b>  <b>University of Miami</b> <b>PO Box 405803</b> <b>Atlanta, GA 30384</b>		-				<b>9,157.44</b>	
Account No.  <b>University Research</b> <b>PO Box 667595</b> <b>Houston, TX 77266</b>		-				<b>1,000.00</b>	
Account No. <b>xxxxxx9-001</b>  <b>UNUM Insurance</b> <b>PO Box 406990</b> <b>Atlanta, GA 30384</b>		-				<b>263.26</b>	
Account No. <b>xxxxxxxxx-x0001</b>  <b>Verizon Wireless</b> <b>PO Box 25505</b> <b>Lehigh Valley, PA 18002</b>		-				<b>773.80</b>	
Account No.							
Sheet no. <b>10</b> of <b>10</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	<b>11,194.50</b>
						Total (Report on Summary of Schedules)	<b>902,782.59</b>

In re Integrated Medical Systems, Inc., A Wyoming Corporation,

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

Debtor

### 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 nature of debtor's interest 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 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.
<b>Konica-Minolta</b> <b>26000 Cannon Rd</b> <b>Cleveland, OH 44106</b>	<b>Lease with Copier-Not Available-</b>
<b>Obispo Associates, LLC</b> <b>3850 E. Ocean Blvd.</b> <b>Long Beach, CA 90803</b>	<b>Building rent; 31 July 2013- Original</b> <b>Terminated by Court on 28th of September 2012</b>

B6H (Official Form 6H) (12/07)

In re Integrated Medical Systems, Inc., A Wyoming Corporation,

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

Debtor

### 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 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 debtor's 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 debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

\_\_\_\_\_ continuation sheets attached to Schedule of Codebtors

**United States Bankruptcy Court  
Central District of California**

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**  
Debtor(s)

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

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the 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 **30** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 11, 2013**

Signature **/s/ Todd Kneale**  
**Todd Kneale**  
**President**

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

B7 (Official Form 7) (12/12)

**United States Bankruptcy Court  
Central District of California**

In re **Integrated Medical Systems, Inc., A Wyoming Corporation**  
Debtor(s)

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

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

**1. Income from employment or operation of business**

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$0.00</b>	<b>2013 YTD: Business Income</b>
<b>\$578,806.00</b>	<b>2012: Business Income</b>
<b>\$2,218,869.00</b>	<b>2011: Business Income</b>

**2. Income other than from employment or operation of business**

None  State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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**3. Payments to creditors**

None  **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None  b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
<b>Obispo Associates</b>	<b>12/02/2012</b>	<b>\$5,000.00</b>	<b>\$125,501.00</b>
<b>Obispo Associates</b>	<b>01/03/2013</b>	<b>\$5,000.00</b>	<b>\$125,501.00</b>

None  c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None  a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>OBISPO ASSOCIATES, LLC. c/o JOHN F. OAKES, State Bar No. 95808 LAW OFFICES OF JOHN F. OAKES A PROFESSIONAL CORPORATION</b>	<b>Unlawful Detainer</b>	<b>SUPERIOR COURT OF THE STATE OF CALIFORNIA FOR THE COUNTY OF LOS ANGELES - SOUTH DISTRICT Judge: Hon. Michele E. Flurer Dept: 85</b>	<b>Lien filed</b>
<b>v. Integrated Medical Systems, Inc., A Wyoming Corporation</b>			

**Case No.: NC057967  
6621 E. Pacific Coast Highway, Suite 150  
Long Beach, California 90803**

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

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CAPTION OF SUIT AND CASE NUMBER <b>County of Los Angeles Tax Lien</b>	NATURE OF PROCEEDING <b>Cert #12319-16366- \$2,120.35 Cert # 12319-16367- \$1,483.60 Cert # 12319-16367- \$85.03</b>	COURT OR AGENCY AND LOCATION <b>LA County Tax Collector 225 N. Hills St, Rm 122 Los Angeles, CA 90012</b>	STATUS OR DISPOSITION <b>open</b>
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None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and receiverships**

None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Gerard W. O'Brien 2878 E. Imperial Hwy Brea, CA 92821</b>	<b>03/2013</b>	<b>\$10,000.00- Retainer fee \$1,213.00- Court Filing Fee</b>
<b>Gerard W. O'Brien, Esq. 2878 E. Imperial Hwy Brea, CA 92821</b>	<b>02/2013</b>	<b>\$1,350.00</b>

**10. Other transfers**

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None  b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>Silicon Valley Bank &amp; Peoples United Bank</b>	<b>Silicon Valley Bank, Acct No.: 4137 People's United Bank, Acct No.: 7226 All active accounts to be closed and General &amp; Payroll accounts to be opened</b>	<b>03/12/2013</b>

**12. Safe deposit boxes**

None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None  List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None  If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None  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 **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

- None  a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Integrated Medical Systems, Inc.	95-4753775	1982-1984 Obispo Avenue Signal Hill, CA 90755	Medicalequipment development	1999 to present

- None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

- None  a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
David Cryer, CFO 5 Little John Court Gales Ferry, CT 06335	09/1999 to present

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None  b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
<b>McGladney &amp; Pollen LLP</b>	<b>One Church LLP 8th Floor New Haven, CT 06510</b>	<b>07/2005-12/2011</b>

None  c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
<b>David Cryer, CFO</b> <input type="checkbox"/>	<b>5 Little John Court Gales Ferry, CT 06335</b>

None  d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
<b>Northrop Grumman Corporation 1840 Century Park East West Hollywood, CA 90069</b>	<b>Quarterly through 27 May 2012 (Financials through 30 April 2012, since 2000)</b>

**20. Inventories**

None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
<b>07/31/2011</b>	<b>Todd Kneale</b>	<b>\$616,837.00 cost and/or market</b>
<b>07/31/2010</b>	<b>Todd Kneale</b>	<b>\$619,967.00 cost and/or market</b>

None  b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
<b>07/31/2011</b>	<b>David Cryer 5 Little John Court New Haven, CT 06510</b>
<b>07/31/2010</b>	<b>David Cryer 5 Little John Court New Haven, CT 06510</b>

**21. Current Partners, Officers, Directors and Shareholders**

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
<b>Northrop Grumman Corporation 1840 Century Park E Los Angeles, CA 90067</b>	<b>Preferred Stockholder</b>	<b>2,000,000 shares</b>

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NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
<b>Leonard M. Levie at Integrated Medical Systems Holding Comp 1465 East Putman Avenue, Suite 229 Old Greenwich, CT 06870</b>	<b>Chairman of the Board &amp; Treasurer</b>	<b>5,500,000 number of shares</b>
<b>Marcus Collardin 139 West 82nd Street, Apt 8F New York, NY 10024</b>	<b>Director</b>	<b>0%</b>
<b>Todd Kneale 1422 Southridge Road Brea, CA 92821</b>	<b>President and Chief Operation Officer</b>	<b>0%</b>
<b>David Cryer 5 Little John Court Gales Ferry, CT 06335</b>	<b>Chief Financial Officer and Secretary</b>	<b>0%</b>
<b>Matthew Hanson 8 Rodaja Rancho Santa Margarita, CA 92688</b>	<b>Vice President</b>	<b>0%</b>
<b>Frank Goodman 222 S. Chadbourne Ave Los Angeles, CA 90049</b>	<b>Vice President</b>	<b>0%</b>

**22 . Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None  b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23 . Withdrawals from a partnership or distributions by a corporation**

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None  If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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\*\*\*\*\*

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

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date March 11, 2013

Signature /s/ Todd Kneale  
**Todd Kneale**  
**President**

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

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

<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re  <b>Integrated Medical Systems, Inc., A Wyoming Corporation</b>  Debtor.	Case No.:  <div style="text-align: center;"><b>DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR</b></div>

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$ <u>300 per hour</u>
Prior to the filing of this statement I have received.....	\$ <u>11,350.00</u>
Balance Due.....	\$ _____

2. The source of the compensation paid to me was:

Debtor     Other (specify):

3. The source of compensation to be paid to me is:

Debtor     Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 11, 2013  
Date

/s/ Gerard W. O'Brien  
Gerard W. O'Brien  
Signature of Attorney  
Gerard W. O'Brien  
Name of Law Firm  
2878 E Imperial Hwy  
Brea, CA 92821  
(714) 985-9025 Fax: (714) 572-2192

**MASTER MAILING LIST**  
**Verification Pursuant to Local Bankruptcy Rule 1007-2(d)**

Name Gerard W. O'Brien  
Address 2878 E Imperial Hwy Brea, CA 92821  
Telephone (714) 985-9025 Fax: (714) 572-2192

- Attorney for Debtor(s)  
 Debtor in Pro Per

<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
List all names including trade names used by Debtor(s) within last 8 years: <b>Integrated Medical Systems, Inc., A Wyoming Corporation</b>	Case No.:
	Chapter: <b>11</b>

**VERIFICATION OF CREDITOR MAILING LIST**

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 8 sheet(s) is complete, correct, and consistent with the debtor's schedules pursuant to Local Rule 1007-2(d) and I/we assume all responsibility for errors and omissions.

Date: March 11, 2013

/s/ Todd Kneale  
**Todd Kneale/President**  
Signer/Title

Date: March 11, 2013

/s/ Gerard W. O'Brien  
Signature of Attorney  
**Gerard W. O'Brien**  
**Gerard W. O'Brien**  
**2878 E Imperial Hwy**  
**Brea, CA 92821**  
**(714) 985-9025 Fax: (714) 572-2192**

Integrated Medical Systems, Inc., A Wyoming Corporation  
1422 Southridge Drive  
Brea, CA 92821

Gerard W. O'Brien  
Gerard W. O'Brien  
2878 E Imperial Hwy  
Brea, CA 92821

A1 Building Management  
2501 E. Chapman Ave, #100  
Fullerton, CA 92831

Airgas USA, LLC  
PO Box 93500  
Long Beach, CA 90806

Anthem/BCBS  
PO Box 9069  
Oxnard, CA 93031

Aramark Uniform  
PO Box 101004  
Pasadena, CA 91189

Arizona Industries  
3013 W. Lincoln St  
Phoenix, AZ 85009

AT&T  
PO Box 105068  
Atlanta, GA 30348

Austin Technology Incubator  
3925 W. Braker Lane, 3rd Floor  
Austin, TX 78759

Care Fusion  
25565 Network Place  
Chicago, IL 60673

Charter Communications  
PO Box 118288  
Carrollton, TX 75011

Chubb Ins/Cisco, Inc.  
1702 Townhurst  
Houston, TX 77043

City of Signall Hill  
2175 Cherry Ave  
Signal Hill, CA 90755

Clean Room Services  
PO Box 9276  
Canoga Park, CA 91309

David Cryer  
5 Little John Court  
Gales Ferry, CT 06335

Derek Kenny  
16761 Viewpoint Lane # 150  
Huntington Beach, CA 92647

Dun & Bradstreet  
22761 Pacific Coast Hwy.  
Malibu, CA 90265

Earthlink  
PO Box 790216  
Saint Louis, MO 63179

Emergo Global Consulting  
611 West 5th Street, 5th Floor  
Austin, TX 78701

Federal Express  
PO Box 7221  
Pasadena, CA 91109

FedEx Office  
PO Box 672085  
Dallas, TX 75267

Fluke Electronics  
PO Box 9090  
Everett, WA 98206

Franchise Tax Board  
Business Entity Bankruptcy MS A345  
PO Box 2952  
Sacramento, CA 95812-2952

Frank Goodman  
3148 Butler Avenue  
Los Angeles, CA 90066

Greg Johnson  
29643 Stonecrest Road  
Palos Verdes Peninsula, CA 90274

Greta Kane  
1441 Btett Place # 138  
San Pedro, CA 90732

House of Batteries  
10910 Talbert Ave.  
Fountain Valley, CA 92708

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Keith Laband  
11436 212th Street  
Lakewood, CA 90715

Konica Minolta/MB&W  
26000 Cannon Rd.  
Cleveland, OH 44146

Konica-Minolta  
26000 Cannon Rd  
Cleveland, OH 44106

LA County Property Tax  
PO Box 54027  
Los Angeles, CA 90054

M&M Internet  
200 Oceangate #800  
Long Beach, CA 90802

Mary Anne Saint John  
1720 Armour Lane  
Redondo Beach, CA 90278

Matthew Hanson  
8 Rodaja  
Rancho Santa Margarita, CA 92688

Michael Hernandez  
45 Beach Rd.  
Belvedere, CA 94920

Micro Precision  
12686 Hoover St  
Garden Grove, CA 92841

Mpower Comm.  
PO Box 60767  
Los Angeles, CA 90060

Obispo Assoc.  
3850 E. Ocean Blvd.  
Long Beach, CA 90803

Obispo Associates, LLC  
3850 E. Ocean Blvd.  
Long Beach, CA 90803

Rich Bongiovanni  
3321 Tempe Drive  
Huntington Beach, CA 92649

RMS McGladrey  
One Church St, 8th Floor  
New Haven, CT 06510

Sally Hasse  
2686 Temescal Avenue  
Norco, CA 92860

Signall Hill Disposal  
PO Box 398  
Buena Park, CA 90621

Southern California Edison  
PO Box 360  
Rosemead, CA 91772

Spectrum Gas Products  
1355 Logan Ave, #12  
Costa Mesa, CA 92626

Stetina, Brunda, et al  
75 Enterprise, #250  
Aliso Viejo, CA 92656

TASCO  
1720 Hillsborough St, #100  
Raleigh, NC 27605

TCORS  
43 Broad St.  
New London, CT 06320

Tele Pacific  
PO Box 36430  
Las Vegas, NV 89133

Terry Domae  
12756 Charlwood Street  
Cerritos, CA 90703

Tesser & Ruttenburg  
12100 Wilshire Blvd, #220  
Los Angeles, CA 90025

Thai Nguyen  
13801 Shirley Street # 41  
Garden Grove, CA 92843

The DML Group  
PO Box 1147  
Stafford, VA 22555

Todd Kneale  
1422 Southridge Road  
Brea, CA 92821

Tyco-ADT Securirty  
PO Box 1008  
Arlington Heights, IL 60006

University of Miami  
PO Box 405803  
Atlanta, GA 30384

University Research  
PO Box 667595  
Houston, TX 77266

UNUM Insurance  
PO Box 406990  
Atlanta, GA 30384

Verizon Wireless  
PO Box 25505  
Lehigh Valley, PA 18002

Attorney or Party Name, Address, Telephone & FAX Nos., and State Bar No. & Email Address <b>Gerard W. O'Brien</b> <b>2878 E Imperial Hwy</b> <b>Brea, CA 92821</b> <b>(714) 985-9025 Fax: (714) 572-2192</b> California State Bar Number: <b>152820</b> <b>gerardwobrien@gmail.com</b>	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re: <b>Integrated Medical Systems, Inc., A Wyoming Corporation</b>  Debtor(s),  Plaintiff(s),    Defendant(s).	CASE NO.: ADVERSARY NO.: CHAPTER: <b>11</b>  <b>CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4</b>  [No hearing]

*Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, 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, **Gerard W. O'Brien**, 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:  
See Addendum
- b.  There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

**March 11, 2013**  
Date

By: **/s/ Gerard W. O'Brien**  
Signature of Debtor, or attorney for Debtor

Name: **Gerard W. O'Brien**  
Printed name of Debtor, or attorney for Debtor

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

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:

Northrop Grumman Corporation  
1840 Century Park E  
Los Angeles, CA 90067

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