

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name BIODATA MEDICAL LABORATORIES, INC

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 33-0782585

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 5494 E Arrow Hwy, Montclair, CA 91763 San Bernardino County

5. Debtor's website (URL) www.biodatalab.com

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if known) _____

7. Describe debtor's business A. Check one:

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

B. Check all that apply

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

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

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

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:
 - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 - A plan is being filed with this petition.
 - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
 - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

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

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No. Yes.

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

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

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

No

Yes.

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

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

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

What is the hazard? _____

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

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

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

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

14. Estimated number of creditors

1-49

50-99

100-199

200-999

1,000-5,000

5001-10,000

10,001-25,000

25,001-50,000

50,001-100,000

More than 100,000

15. Estimated Assets

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

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

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

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

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


Executed on November 28, 2016
MM / DD / YYYY

X 
Signature of authorized representative of debtor

Henry Wallach
Printed name

Title CEO

18. Signature of attorney

X 
Signature of attorney for debtor

Date November 28, 2016
MM / DD / YYYY

Robert M. Yaspan
Printed name

Law Offices of Robert M. Yaspan
Firm name

21700 Oxnard Street, Suite 1750
Woodland Hills, CA 91367
Number, Street, City, State & ZIP Code

Contact phone (818) 905-7711

Email address RYaspan@YaspanLaw.com

Bar number and State _____

Fill in this information to identify the case:

Debtor name BIODATA MEDICAL LABORATORIES, INC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

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

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

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

Executed on _____



Signature of individual signing on behalf of debtor

Henry Wallach

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **BIODATA MEDICAL LABORATORIES, INC**
 United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/1

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Abbott Diagnostics PO Box 92679 Chicago, IL 60675		Trade Debt	Disputed			\$212,766.34
Beckman Coulter c/o Robert S. Bernstein, Esq. Bernstein-Burkley, P.C. 707 Grant Street, Suite 2200 Pittsburgh, PA 15219		Broadform	Disputed	\$552,642.55	\$0.00	\$552,642.55
County of San Bernardino c/o Laura Crane, Dep County counsel 385 No. Arrowhead Avenue, 4th Floor San Bernardino, CA 92415-0140		Breach of contract	Disputed			\$33,435.00
DHCS Overpayment Unit MS 4720 PO Box 997421 Sacramento, CA 95899		Trade Debt; offset against receivables				\$150,290.84
Diasorin MW 8678 PO Box 1450 Minneapolis, MN 55485		Equipment Lease				\$51,621.42
Edward Lai, M.D. PO Box 3906 Montclair, CA 91763		Trade Debt				\$38,460.00

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Employment Development Department Bankruptcy Group MIC 92E P. O. Box 826880 Sacramento, CA 94280		Taxes				\$176,929.56
Euroimmune 1 Bloomfield Ave. Mountain Lakes, NJ 07046		Lease of EURO BLot One with option to buy --option does not appear to be attached				\$47,190.00
Fisher Scientific 1500 One PPG Pittsburgh, PA 15222		Trade Debt				\$91,080.07
GenMarkDX Diagnostics Inc 5964 La Place Court Carlsbad, CA 92008		Trade Debt - Reagent Rental Agreement - Medical Equipment				\$38,287.63
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101		4th quarter payroll taxes (estimated \$173,000); 3d quarter Taxes=\$261,000.00; 2nd quarter taxes=\$258,283.78 ; 1st quarter taxes= (estimated \$85,000)				\$777,000.00
Magellan Diagnostics, Inc. 101 Billerica Ave., Bld 4 North Billerica, MA 01862		Laboratory Equipment for Lead Testing				\$160,176.00
Pacific Diagnostics Laboratories c/o John C. Eck Griffith & Thronburgh LLP 8 East Figueroa St., Ste 300 Santa Barbara, CA 93101		Trade Debt - Pending Litigation				\$429,415.80
Pearl Beta Funding, LLC 100 William Street, 9th Floor, New York, NY 10038		Claimed broadform	Disputed	\$112,671.00	\$0.00	\$112,671.00

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Primex Clinical Laboratories, Inc 16742 Stagg St #120 Van Nuys, CA 91406		Trade Debt				\$112,959.31
River City Medical Group 7311 Greenhaven Drive, Suite 145 Sacramento, CA 95831		Trade Debt				\$60,611.60
Scott R. Leah Tucker Arensberg Attorneys 1500 One PPG Place Pittsburgh, PA 15222		Attorneys for Fisher Scientific Company LLC				\$151,518.40
State of California (DHCS) Collection Section & Overpayment Un MS 4720 PO Box 997425 Sacramento, CA 95899		Trade Debt				\$70,291.00
TriCore Reference Laboratories 1001 Woodward Place NE Albuquerque, NM 87102		Trade Debt; reference laboratory				\$200,000.00
Yellowstone Capital West LLC 160 Pearl Street, 5th Floor New York, NY 10005		Loan	Disputed	\$120,000.00	\$0.00	\$120,000.00

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

In re BIODATA MEDICAL LABORATORIES, INC

Debtor(s)

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
Akemi Uomoto 5494 E. Arrow Hwy Montclair, CA 91763	Common	50%	
Henry Wallach 5494 E. Arrow Hwy Montclair, CA 91763	Common	50%	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the CEO 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 November 28, 2016

Signature


Henry Wallach

*Penalty for making a false statement of 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 prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

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

None

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

None

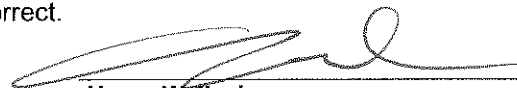
4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy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

None

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

Executed at _____, California.

Date: November 28, 2016



Henry Wallach
Signature of Debtor

Signature of Joint Debtor

Fill in this information to identify the case:

Debtor name **BIODATA MEDICAL LABORATORIES, INC**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA**

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>2,238,500.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>2,238,500.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>2,276,320.73</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>955,268.76</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>2,674,815.67</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>5,906,405.16</u>

Fill in this information to identify the case:

Debtor name BIODATA MEDICAL LABORATORIES, INC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$500.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)
 Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

Checking Account at U.S. Bank
 (amount varies day to day).

3.1. Approximately

\$25,000.00

4. Other cash equivalents (Identify all)

5. Total of Part 1.

\$25,500.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes Fill in the information below.

11. Accounts receivable

Debtor BIODATA MEDICAL LABORATORIES, INC Case number (if known) _____
Name

11a. 90 days old or less: 2,960,000.00 - 947,000.00 = ... \$2,013,000.00
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 399,000.00 - 299,000.00 = ... \$100,000.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.** \$2,113,000.00
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Miscellaneous office equipment (not including leased equipment)	\$0.00		\$75,000.00
Machinery and Equipment (not including leased equipment)	\$0.00		\$25,000.00

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor BIODATA MEDICAL LABORATORIES, INC Case number (if known) _____
Name

43. Total of Part 7. \$100,000.00
Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7?
 No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?
 No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
Claim against Vantage Medical Group for breach of contract, economic duress, etc.
Nature of claim _____
Amount requested \$0.00

Unknown

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if known) _____

Claims against "daily withdrawal" lenders for usury,
fraudulent transfer, etc.

Unknown

Nature of claim _____
Amount requested \$0.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

<u>\$0.00</u>

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$25,500.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$2,113,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$100,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.</i>>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$2,238,500.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$2,238,500.00

Fill in this information to identify the case:

Debtor name BIODATA MEDICAL LABORATORIES, INC

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

2.1 ARUP Laboratories

Creditor's Name
c/o Andrew Alper
1000 Wilshire Blvd., 19th Floor
Los Angeles, CA 90017

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Personal property per CCP 697.530.

Describe the lien

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply
 Contingent
 Unliquidated
 Disputed

\$504,000.00 **Unknown**

2.2 Bank of America

Creditor's Name
2059 Northlake Parkway
Tucker, GA 30084

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien
Lease agreement 21878-90000 (ARC 12000 SR)

Describe the lien

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

\$0.00 **Unknown**

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
 Unliquidated
 Disputed

2.3	Beckman Coulter <small>Creditor's Name</small> c/o Robert S. Bernstein, Esq. Bernstein-Burkley, P.C. 707 Grant Street, Suite 2200 Pittsburgh, PA 15219 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien Broadform	\$552,642.55	\$0.00
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		

2.4	Cardinal Health/Cardinal Health 200 <small>Creditor's Name</small> 7000 Cardinal Place Dublin, OH 43017 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien UCC-1 still filed; believed to have been paid off	\$0.00	Unknown
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		

2.5	Corporation Service Company <small>Creditor's Name</small> P.O. Box 2576 Springfield, IL 62708 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien Trade Debt - Agent for "Merchant Cash & Capital LLC	\$0.00	\$0.00
		Describe the lien		

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if know) _____

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply
 Contingent
 Unliquidated
 Disputed

2.6

Corporation Service Company
Creditor's Name

P.O. Box 2576
Springfield, IL 62708
Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Trade Debt

Unknown **\$0.00**

Describe the lien _____

Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply
 Contingent
 Unliquidated
 Disputed

2.7

Corporation Service Company
Creditor's Name

P.O. Box 2576
Springfield, IL 62708
Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien
"Representative" of unknown parties; request sent for names of secured creditors

\$0.00 **Unknown**

Describe the lien _____

Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
 Unliquidated
 Disputed

2.8 Diasorin, Inc. Creditor's Name 1951 Northwestern Avenue, Stillwater, MN 55082 Creditor's mailing address _____ Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Diasorin branded equipment Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
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2.9 LCA Bank Corporation Creditor's Name 1375 Deer Valley Drive Suite 218 Park City, UT 84060 Creditor's mailing address _____ Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Lease agreement 177960 Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
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2.1 Macquarie Equipment Finance, Inc. Creditor's Name 2285 Franklin Road Bloomfield Hills, MI 48302 Creditor's mailing address _____	Describe debtor's property that is subject to a lien Equipment lease agreement 1001244 Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No	\$0.00 Unknown
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Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if know)

Creditor's email address, if known

Yes
Is anyone else liable on this claim?

Date debt was incurred

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply

Contingent
 Unliquidated
 Disputed

2.1
1 **Merchant Cash & Capital dba Bizfi**

Creditor's Name

**460 Park Ave S, 10th Floor
New York, NY 10016**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$245,000.00

Unknown

Broadform

Describe the lien

Is the creditor an insider or related party?

No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

Contingent
 Unliquidated
 Disputed

2.1
2 **Pearl Beta Funding, LLC**

Creditor's Name

**100 William Street, 9th
Floor,
New York, NY 10038**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$112,671.00

\$0.00

Claimed broadform

Describe the lien

Is the creditor an insider or related party?

No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

Contingent
 Unliquidated
 Disputed

Debtor BIODATA MEDICAL LABORATORIES, INC Case number (if know) _____
Name

Last 4 digits of account number _____ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply
 Contingent
 Unliquidated
 Disputed

2.1 6	State of California (DHCS)	Describe debtor's property that is subject to a lien	\$150,290.84	\$150,290.84
	Creditor's Name Third Party Liability & Receovery D MS 4720 PO Box 997425 Sacramento, CA 95899	Accounts Receivable		
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Offset rights		
	Date debt was incurred	Is the creditor an insider or related party?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	0601	Is anyone else liable on this claim?		
	Do multiple creditors have an interest in the same property?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.1 7	State of California (DHCS)	Describe debtor's property that is subject to a lien	\$90,979.61	\$90,979.61
	Creditor's Name Third Party Liability & Receovery D MS 4720 PO Box 997425 Sacramento, CA 95899-9900	Accounts Receivable		
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Offset Rights		
	Date debt was incurred	Is the creditor an insider or related party?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
		As of the petition filing date, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor BIODATA MEDICAL LABORATORIES, INC Case number (if know) _____
Name

2.1 8	Stearns Bank, N.A. <small>Creditor's Name</small> 500 13th Street, Albany Albany, MN 56307 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 4/30/14 Last 4 digits of account number 4001 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Lease of GE Portable Logiq Book and attachments with fair market value option to buy <hr/> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
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2.1 9	Unilab Corp aka Quest Diagnostics <small>Creditor's Name</small> c/o Lanak & Hanna 625 The City Drive South Suite 190 Orange, CA 92868 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Personal property per CCP 697.530. Fair market value estimate at \$750,000 subject to appraisal. <hr/> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$413,142.73	Unknown
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2.2 0	Unilab Corp aka Quest Diagnostics <small>Creditor's Name</small> c/o Lanak & Hanna 625 The City Drive South, Suite 190 Orange, CA 92868 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small>	Describe debtor's property that is subject to a lien <hr/> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim?	\$47,000.00	Unknown
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Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if know)

Date debt was incurred No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply
 Contingent
 Unliquidated
 Disputed

2.2 1	Unilab Corporation	Describe debtor's property that is subject to a lien	\$0.00	Unknown
	Creditor's Name c/o Lanak & Hanna 625 The City Drive, So. Suite 190 Orange, CA 92868	Trade Debt; judgment lien		
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.2 2	Western Equipment Finance	Describe debtor's property that is subject to a lien	Unknown	Unknown
	Creditor's Name P. O. Box 640 503 Highway 2 West Devils Lake, ND 58301	Lease of Microsoft Server, etc.		
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if know) _____

2.2 **Yellowstone Capital West**
3 **LLC**

Creditor's Name

160 Pearl Street, 5th Floor
New York, NY 10005

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/3/16

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Loan

\$120,000.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,276,320.7
3

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name BIODATA MEDICAL LABORATORIES, INC
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA
 Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	Priority creditor's name and mailing address Employment Development Department Bankruptcy Group MIC 92E P. O. Box 826880 Sacramento, CA 94280 Date or dates debt was incurred _____ Last 4 digits of account number <u>2928</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$176,929.56</u>	<u>\$176,929.56</u>

2.2	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101 Date or dates debt was incurred _____ 2016 Last 4 digits of account number <u>2585</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 4th quarter payroll taxes (estimated \$173,000); 3d quarter Taxes=261,000.00; 2nd quarter taxes=\$258,283.78; 1st quarter taxes= (estimated \$85,000) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$777,000.00</u>	<u>\$777,000.00</u>
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Debtor BIODATA MEDICAL LABORATORIES, INC Case number (if known) _____
Name

2.3	Priority creditor's name and mailing address Los Angeles County Tax Collector P. O. Box 54110 Los Angeles, CA 90054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address State Board of Equalization Account Information Group, MIC: 29 P.O. Box 942879 Sacramento, CA 94279	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,339.20 \$1,339.20
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address Abbott Diagnostics PO Box 92679 Chicago, IL 60675	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$212,766.34
Date(s) debt was incurred _____		Basis for the claim: Trade Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.2	Nonpriority creditor's name and mailing address Advance Tech Staffing 3600 Lime St Suite 516 Riverside, CA 92501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,500.00
Date(s) debt was incurred _____		Basis for the claim: Trade Debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.3	Nonpriority creditor's name and mailing address Advanced Clinical Lab 15021 Ventura Blvd. Suite 771 Sherman Oaks, CA 91403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$26,000.00
Date(s) debt was incurred _____		Basis for the claim: Trade debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if known) _____

3.4	<p>Nonpriority creditor's name and mailing address Akemi Uomoto 5494 Arrow Highway Montclair, CA 91763</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$369,822.00</u></p>
<p>Basis for the claim: <u>Unpaid salary (\$90,000) + Unpaid expense reimbursement (\$6,000) + Loans to Company (\$356,101)+ Amounts due from company charged to creditor's credit card (\$16,800) Less loans from company (\$99,079)</u></p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.5	<p>Nonpriority creditor's name and mailing address Alltran Financial LP PO Box 4043 Concord, CA 94524</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$0.00</u></p>
<p>Basis for the claim: <u>Collection for Toyota Motor Credit</u></p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.6	<p>Nonpriority creditor's name and mailing address Americorp Financial 877 So. Adams Road, Birmingham, MI 48009</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$0.00</u></p>
<p>Basis for the claim: <u>Trade Debt</u></p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.7	<p>Nonpriority creditor's name and mailing address ATI 28358 Constellation Rd Unit 640 Valencia, CA 91355</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$4,898.00</u></p>
<p>Basis for the claim: <u>Trade Debt</u></p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.8	<p>Nonpriority creditor's name and mailing address Audit Microcontrols, Inc 3369 Eatonton, Eatonton, GA 31024</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$302.88</u></p>
<p>Basis for the claim: <u>Trade Debt</u></p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.9	<p>Nonpriority creditor's name and mailing address Beckman Coulter Corporate Mailstop DI.NW.03 Kraemer Blvd Brea, CA 92822</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>Unknown</u></p>
<p>Basis for the claim: <u>Trade Debt</u></p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.10	<p>Nonpriority creditor's name and mailing address Bio-Rad Laboratories, Inc. 4000 Alfred Nobel Drive Hercules, CA 94547</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$23,440.20</u></p>
<p>Basis for the claim: <u>Trade Debt</u></p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

3.11	<p>Nonpriority creditor's name and mailing address BioAmerica 17571 Von Karman Ave. Irvine, CA 92614</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$654.00
3.12	<p>Nonpriority creditor's name and mailing address Blank Rome LLP One Logan Square 130 North 18th Philadelphia, PA 19103</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Attorney Fees</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$12,147.08
3.13	<p>Nonpriority creditor's name and mailing address Burrtec Waste Industries 1250 E. Holt Ave Pomona, CA 91767</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,286.40
3.14	<p>Nonpriority creditor's name and mailing address Cardinal Health 7000 Cardinal Place Dublin, OH 43017</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.15	<p>Nonpriority creditor's name and mailing address Carolina Liquid Chemistries Dept 104 PO Box 37904 Charlotte, NC 28237</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,769.07
3.16	<p>Nonpriority creditor's name and mailing address Chiropractic Care Pamela M Wachholz Inc 760 W. Acacia Ave Suite 113 Hemet, CA 92543</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Debt - Pending Small Claims Litigation</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$750.00
3.17	<p>Nonpriority creditor's name and mailing address City of Los Angeles Judgment 200 No. Main Street Los Angeles, CA 90012</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if known) _____

3.18	Nonpriority creditor's name and mailing address Clinical Information Systems 18805 Willamette Drive West Linn, OR 97068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
3.19	Nonpriority creditor's name and mailing address College of American Pathologist PO Box 71698 Chicago, IL 60694 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,061.50</u>
3.20	Nonpriority creditor's name and mailing address Corporation Service Company P.O. Box 2576 Springfield, IL 62708 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Representation of unknown creditor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.21	Nonpriority creditor's name and mailing address County of San Bernardino c/o Laura Crane, Dep County counsel 385 No. Arrowhead Avenue, 4th Floor San Bernardino, CA 92415-0140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Breach of contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$33,435.00</u>
3.22	Nonpriority creditor's name and mailing address DHCS Overpayment Unit MS 4720 PO Box 997421 Sacramento, CA 95899 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt; offset against receivables</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$150,290.84</u>
3.23	Nonpriority creditor's name and mailing address Diasorin MW 8678 PO Box 1450 Minneapolis, MN 55485 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$51,621.42</u>
3.24	Nonpriority creditor's name and mailing address Diasorin, Inc. 1951 Northwestern Avenue, Stillwater, MN 55082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

3.25	<p>Nonpriority creditor's name and mailing address Docu-Trust 145 E. Mill St San Bernardino, CA 92408</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$2,197.50</u></p>
3.26	<p>Nonpriority creditor's name and mailing address Edgar Garcia 2021 South Vine Ave Ontario, CA 91762</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$7,905.00</u></p>
3.27	<p>Nonpriority creditor's name and mailing address Edward Lai, M.D. PO Box 3906 Montclair, CA 91763</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$38,460.00</u></p>
3.28	<p>Nonpriority creditor's name and mailing address Euroimmune 1 Bloomfield Ave. Mountain Lakes, NJ 07046</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lease of EURO BLot One with option to buy --option does not appear to be attached</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$47,190.00</u></p>
3.29	<p>Nonpriority creditor's name and mailing address Evoqua 28563 Network Place Chicago, IL 60673</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$6,385.23</u></p>
3.30	<p>Nonpriority creditor's name and mailing address Farzana Land Holdings LLC. Syed F. Azam 35400 Bob Hope Drive Unit 209 Rancho Mirage, CA 92270</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Former Landlord - Notice Only</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$0.00</u></p>
3.31	<p>Nonpriority creditor's name and mailing address Fisher Scientific 1500 One PPG Pittsburgh, PA 15222</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$91,080.07</u></p>

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

3.32	<p>Nonpriority creditor's name and mailing address Frontier Communications P.O. Box 740407 Cincinnati, OH 45274</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Land line telephones</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$8,737.70</u></p>
3.33	<p>Nonpriority creditor's name and mailing address GE Water & Process Technologies 7777 Industry Ave. Pico Rivera, CA 90660</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$95.26</u></p>
3.34	<p>Nonpriority creditor's name and mailing address GenMarkDX Diagnostics Inc 5964 La Place Court Carlsbad, CA 92008</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt - Reagent Rental Agreement - Medical Equipment</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$38,287.63</u></p>
3.35	<p>Nonpriority creditor's name and mailing address Greenway Medical Technologies, Inc 121 Greeway Blvd. Grayson, GA 30017</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$141.00</u></p>
3.36	<p>Nonpriority creditor's name and mailing address Hardy Diagnostics P.O. Box 645264 Cincinnati, OH 45264</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$6,000.00</u></p>
3.37	<p>Nonpriority creditor's name and mailing address Harold B. Glassberg 1000 4th Street Ste 570 San Rafael, CA 94901</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$0.00</u></p>
3.38	<p>Nonpriority creditor's name and mailing address Health Quest Laboratories 18000 Carnegie Avenue Santa Ana, CA 92705</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$8,000.00</u></p>

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

3.39	<p>Nonpriority creditor's name and mailing address Henry Wallach 5494 Arrow Highway Montclair, CA 91763</p> <p>Date(s) debt was incurred _ Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$58,969.00</p>
<p>Basis for the claim: Unpaid Salary (90,000) + Unpaid expense reimbursement (\$6000)+ Loans to Company (\$131,106), less loans from company (\$168,137)</p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.40	<p>Nonpriority creditor's name and mailing address Huntington Technology Finance 2285 Franklin Road Suite 100 Bloomfield Hills, MI 48302</p> <p>Date(s) debt was incurred _ Last 4 digits of account number 2441</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$10,200.00</p>
<p>Basis for the claim: Lease of equipment</p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.41	<p>Nonpriority creditor's name and mailing address Kaiser Foundation Health Plan File 5915 Los Angeles, CA 90074</p> <p>Date(s) debt was incurred _ Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$11,908.88</p>
<p>Basis for the claim: Trade Debt</p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.42	<p>Nonpriority creditor's name and mailing address Kimberly McGinty c/o Division of Labor Standards Enf 7575 Metropolitan Drive Suite 210 San Diego, CA 92108</p> <p>Date(s) debt was incurred January, 2016 Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$2,376.00</p>
<p>Basis for the claim: Wages claim; DLSE Award of November 17, 2016</p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.43	<p>Nonpriority creditor's name and mailing address Labor Commissioner State of CA Department of Industrial Relations 7575 Metropolitan Dr Ste 210 San Diego, CA 92108</p> <p>Date(s) debt was incurred _ Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$0.00</p>
<p>Basis for the claim: Notice Only</p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.44	<p>Nonpriority creditor's name and mailing address Las Palmas Medical Group 750 E. Grand Ave. Escondido, CA 92025</p> <p>Date(s) debt was incurred _ Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$281.60</p>
<p>Basis for the claim: Trade Debt</p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.45	<p>Nonpriority creditor's name and mailing address LCA Bank Corporation PO Box 1650 Troy, MI 48099</p> <p>Date(s) debt was incurred _ Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$0.00</p>
<p>Basis for the claim: Notice Only - Assignee of Fidelity Capital Partners LLC</p>		<p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if known) _____

3.46	<p>Nonpriority creditor's name and mailing address Life Technologies Corporation Bank of America Lock Box 12088 Collection Center Drive Chicago, IL 60693</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$16,841.48</u></p>
3.47	<p>Nonpriority creditor's name and mailing address Lucas, Horsfall, Murphy & Pindroh 100 E. Corson Street, Suite 200 Pasadena, CA 91103</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$30,782.00</u></p>
3.48	<p>Nonpriority creditor's name and mailing address Macquarie Equipment Finance, Inc. 2285 Franklin Road Bloomfield Hills, MI 48302</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$0.00</u></p>
3.49	<p>Nonpriority creditor's name and mailing address Magellan Diagnostics, Inc. 101 Billerica Ave., Bld 4 North Billerica, MA 01862</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Laboratory Equipment for Lead Testing</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$160,176.00</u></p>
3.50	<p>Nonpriority creditor's name and mailing address McKesson Medical Surgical PO Box 51020 Los Angeles, CA 90051</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$1,662.55</u></p>
3.51	<p>Nonpriority creditor's name and mailing address Medical Sales Associates PO Box 5485 Playa Del Rey, CA 90296</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$3,177.26</u></p>
3.52	<p>Nonpriority creditor's name and mailing address Memorial Care Health Systems Att: Laboratory, L Miller 2801 Atlantic Ave Long Beach, CA 90806</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$6,272.50</u></p>

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

3.53	<p>Nonpriority creditor's name and mailing address Mijac Alarm 9339 Charles Smith Ave, #100 Rancho Cucamonga, CA 91730</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$105.00</u>
3.54	<p>Nonpriority creditor's name and mailing address MJS Alarm Corp dba Mijac Alarm 9339 Chales Smith Sve., Suite 100 Rancho Cucamonga, CA 91730</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt - Pending Small Claims Litigation</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$541.46</u>
3.55	<p>Nonpriority creditor's name and mailing address On Trac PO Box 841664 Los Angeles, CA 90084</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$330.60</u>
3.56	<p>Nonpriority creditor's name and mailing address Pacific Diagnostics Laboratories c/o John C. Eck Griffith & Thronburgh LLP 8 East Figueroa St., Ste 300 Santa Barbara, CA 93101</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt - Pending Litigation</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$429,415.80</u>
3.57	<p>Nonpriority creditor's name and mailing address Phadia PO Box 714760 Atlanta, GA 30374</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$3,100.00</u>
3.58	<p>Nonpriority creditor's name and mailing address Pitney Bowes PO Box 371874 Pittsburgh, PA 15250</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt; estimated</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$20,000.00</u>
3.59	<p>Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Serv. PO Box 371887 Pittsburgh, PA 15250</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$1,409.42</u>

Debtor **BIODATA MEDICAL LABORATORIES, INC** Case number (if known) _____
Name _____

3.60 Nonpriority creditor's name and mailing address **Practice Fusion, Inc.** As of the petition filing date, the claim is: *Check all that apply.* \$8,060.00
650 Townsend St., Suite 500
San Francisco, CA 94103
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset? No Yes

3.61 Nonpriority creditor's name and mailing address **Primex Clinical Laboratories, Inc** As of the petition filing date, the claim is: *Check all that apply.* \$112,959.31
16742 Stagg St #120
Van Nuys, CA 91406
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset? No Yes

3.62 Nonpriority creditor's name and mailing address **Qiagen Inc.** As of the petition filing date, the claim is: *Check all that apply.* \$6,896.31
PO Box 5132
Hoffman Estates, IL 60192
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset? No Yes

3.63 Nonpriority creditor's name and mailing address **R&D Pest Services, INC.** As of the petition filing date, the claim is: *Check all that apply.* \$75.00
9320 Santa Anita Ave. Suite 105
Rancho Cucamonga, CA 91730
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset? No Yes

3.64 Nonpriority creditor's name and mailing address **Resolution Biomedical, Inc.** As of the petition filing date, the claim is: *Check all that apply.* \$27,559.82
3002 Dow Ave, Suite 132
Tustin, CA 92780
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset? No Yes

3.65 Nonpriority creditor's name and mailing address **River City Medical Group** As of the petition filing date, the claim is: *Check all that apply.* \$60,611.60
7311 Greenhaven Drive, Suite 145
Sacramento, CA 95831
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset? No Yes

3.66 Nonpriority creditor's name and mailing address **Royal Airconditioning & Appliance S** As of the petition filing date, the claim is: *Check all that apply.* \$378.00
24921 Muirlands Blvd #271
Lake Forest, CA 92630
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade Debt
 Is the claim subject to offset? No Yes

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

3.67	Nonpriority creditor's name and mailing address Sacramento Family Medical Clinic 3441 Marysville Blvd Sacramento, CA 95838 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Former Landlord - Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.68	Nonpriority creditor's name and mailing address Sarstedt PO Box 468 Newton, NC 28658 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$701.46
3.69	Nonpriority creditor's name and mailing address Scott R. Leah Tucker Arensberg Attorneys 1500 One PPG Place Pittsburgh, PA 15222 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Attorneys for Fisher Scientific Company LLC Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151,518.40
3.70	Nonpriority creditor's name and mailing address Sebia 1705 Corporate Drive Suite 400 Los Angeles, CA 90093 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Lease of MiniCap Flex Machine - with reagent purchase commitment Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,739.81
3.71	Nonpriority creditor's name and mailing address Sentry Alarm Systems 8 Thomas Owens Way Monterey, CA 93940 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.50
3.72	Nonpriority creditor's name and mailing address Shred-It 4111 Flat Rock Drive Riverside, CA 92505 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$393.26
3.73	Nonpriority creditor's name and mailing address Siemens Financial Services, Inc. 1717 Deerfield Road Deerfield, IL 60015 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

3.74	<p>Nonpriority creditor's name and mailing address Siemens Financial Services, Inc. 1700 Wood Avenue South Iselin, NJ 08830</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$0.00</u></p>
3.75	<p>Nonpriority creditor's name and mailing address Siemens Diagnostic Finance Co, LLC 1717 Deerfield Road Deerfield, IL 60015</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$0.00</u></p>
3.76	<p>Nonpriority creditor's name and mailing address Siemens Healthcare Diagnostics, Inc Glasgow Community Building 500, MS#530, P.O. Box 6101 Newark, DE 19714</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lease of ImmunoAssay machine; past due on reagent purchases</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$29,000.00</u></p>
3.77	<p>Nonpriority creditor's name and mailing address Southern California Edison P.O. Box 600 Rosemead, CA 91771</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$3,687.18</u></p>
3.78	<p>Nonpriority creditor's name and mailing address Southwest Airlines Cargo PO Box 97390 Dallas, TX 75397</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$2,119.74</u></p>
3.79	<p>Nonpriority creditor's name and mailing address State of California (DHCS) Collection Section & Overpayment Un MS 4720 PO Box 997425 Sacramento, CA 95899</p> <p>Date(s) debt was incurred __ Last 4 digits of account number <u>0601</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$70,291.00</u></p>
3.80	<p>Nonpriority creditor's name and mailing address Stericycle PO Box 6578 Carol Stream, IL 60197</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$12,851.31</u></p>

Debtor **BIODATA MEDICAL LABORATORIES, INC**
Name

Case number (if known)

3.81	<p>Nonpriority creditor's name and mailing address Taylor Time & Equipment 305 N. Second Ave. PMB 134 Upland, CA 91786</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$187.54</u></p>
3.82	<p>Nonpriority creditor's name and mailing address TD Graphis, Inc 1391 N Hundley Anaheim, CA 92806</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$1,464.96</u></p>
3.83	<p>Nonpriority creditor's name and mailing address The Guerrini Law Firm 106 South Mentor Ave., Suite 150 Pasadena, CA 91106</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt: Collection for Alere North American Inc</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$5,740.16</u></p>
3.84	<p>Nonpriority creditor's name and mailing address Thue Duong MD 7260 E. Southgate Dr., Ste D Sacramento, CA 95823</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Former Landlord - Notice Only</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$0.00</u></p>
3.85	<p>Nonpriority creditor's name and mailing address Ton Le 3929 W 5th St. Unit 56 Santa Ana, CA 92706</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$6,950.00</u></p>
3.86	<p>Nonpriority creditor's name and mailing address Tosoh Bioscience, Inc PO Box 712415 Cincinnati, OH 45271-2415</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$8,002.30</u></p>
3.87	<p>Nonpriority creditor's name and mailing address Toyota Motor Creditor Corporation P.O. Box 5236 Carol Stream, IL 60197</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Lease Nos. 704-022-6650426-0001 and 704-001-6743865-0001 (deficiencies)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><u>\$1,433.00</u></p>

Debtor **BIODATA MEDICAL LABORATORIES, INC**

Case number (if known)

3.88	<p>Nonpriority creditor's name and mailing address Toyota Motor Creditor Corporation P.O. Box 9490 Cedar Rapids, IA 52409</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,305.81</p>
3.89	<p>Nonpriority creditor's name and mailing address TriCore Reference Laboratories 1001 Woodward Place NE Albuquerque, NM 87102</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt; reference laboratory</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$200,000.00</p>
3.90	<p>Nonpriority creditor's name and mailing address Uline PO Box 88741 Chicago, IL 60680</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$208.44</p>
3.91	<p>Nonpriority creditor's name and mailing address Ultimate Internet Access 3633 Inland Empire Blvd #890 Ontario, CA 91764</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$14,778.04</p>
3.92	<p>Nonpriority creditor's name and mailing address United States Trustee 3801 University Avenue, Suite 720 Riverside, CA 92501</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice Only</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
3.93	<p>Nonpriority creditor's name and mailing address Verizon Wireless P.O. Box 4005 Acworth, GA 30101</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Telephone utility</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$8,002.05</p>
3.94	<p>Nonpriority creditor's name and mailing address Werfen USA LLC PO Box 347934 Pittsburgh, PA 15251</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$13,000.00</p>

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Debtor BIODATA MEDICAL LABORATORIES, INC
Name

Case number (if known) _____

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 955,268.76
5b. +	\$ 2,674,815.67
5c.	\$ 3,630,084.43