

Fill in this information to identify your case:

United States Bankruptcy Court for the:
 CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION

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 Long Beach Oxford Services, Inc.

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

3. Debtor's federal Employer Identification Number (EIN) 33-0828550
33-0828550

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>280 Atlantic Ave</u> <u>Long Beach, CA 90802-3213</u> Number, Street, City, State & ZIP Code	_____
	<u>Los Angeles</u> County	Location of principal assets, if different from principal place of business <u>280 Atlantic Ave Long Beach, CA 90802-3213</u> Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

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

Debtor Long Beach Oxford Services, 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	<u>Central District of California</u>	When	<u>10/26/15</u>	Case number	<u>2:15-bk-26374-RN</u>
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	<u>Long Beach Homemakers, Inc.</u>	Relationship	<u>Corporate Parent</u>
District	<u>Central District of California</u>	When	_____
		Case number, if known	_____

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

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

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

Debtor Long Beach Oxford Services, 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 September 1, 2016
MM / DD / YYYY

X /s/ Robert Sobel
Signature of authorized representative of debtor

Title CEO

Robert Sobel
Printed name

18. Signature of attorney

X /s/ Jason Wallach
Signature of attorney for debtor

Date September 1, 2016
MM / DD / YYYY

Jason Wallach
Printed name

Gipson Hoffman & Pancione
Firm name

1901 Avenue of the Stars Ste 1100
Los Angeles, CA 90067-6002
Number, Street, City, State & ZIP Code

Contact phone (310) 556-4660x1864 Email address jwallach@ghplaw.com

75535
Bar number and State

**Balance Sheet
As of 7/31/2016**

OXFORD SERVICES (SSS)

Assets

Current Assets

002-50-000	PETTY CASH	\$	300.00
006-50-000	GENERAL CASH ACCOUNT	\$	-3,354.38
008-50-000	PAYROLL ACCOUNT	\$	-3,271.58
008-50-001	PAYROLL ACCOUNT- WELLS FARGO	\$	-121.60
009-50-001	FLEXIBLE SPENDING ACCOUNT- WELLS FARGO	\$	14.00
014-52-000	A/R - TORRANCE	\$	45,738.80
014-56-000	A/R - ORANGE COUNTY	\$	83,822.07
014-57-000	A/R - LA	\$	288.00
020-50-000	LESS: ALLOW. BAD DEBTS	\$	-35,185.16
028-50-000	PREPAID INS LIABILITY	\$	778.60
028-50-001	PREPAID INSURANCE BOND	\$	52.25
028-50-003	PREPAID WORKERS COMP INS	\$	28,324.58
028-50-004	PREPAID INS PROPERTY	\$	47.02
030-50-000	PREPAID EXPENSES	\$	1,315.03
036-50-000	DEPOSITS	\$	1,715.00
036-50-001	RESTITUTION	\$	4,045.00

Total Current Assets:

\$ 124,507.63

Fixed Assets

152-52-000	COMPUTER EQUIPMENT - TORRANCE	\$	13,723.93
152-56-000	COMPUTER EQUIPMENT - OC	\$	7,069.21
154-52-000	FURNITURE	\$	6,414.95
154-56-000	FURNITURES	\$	8,254.31
156-52-000	SOFTWARE APPLICATIONS - TOR	\$	10,670.00
156-56-000	SOFTWARE APPLICATIONS - OC	\$	4,413.60
170-50-000	ACCUMULATED DEPRECIATION	\$	-50,546.00

Total Fixed Assets:

\$ 0.00

Total Assets:

\$ 124,507.63

Liabilities

Current Liabilities

202-50-000	LINE OF CREDIT	\$	75,750.20
208-50-005	ACCOUNTING-CPA PAYABLE	\$	1,500.00
209-50-000	DUE TO HEALTHCARE	\$	72,139.59
212-56-030	CUSTOMER DEPOSITS REG CTR	\$	12,640.32
216-52-000	ACCOUNTS PAYABLE	\$	35,314.53
217-50-001	FINANCE PAYABLE LIABILITY	\$	55.52
218-50-000	401k EMPLOYEE CONTRIBUTION PAYABLE	\$	165.33
220-50-000	ACCRUED PAYROLL PAYABLE	\$	5,985.34
222-50-000	FICA TAX WITHHELD	\$	145.18
224-50-000	FED. INCOME TAX WITHHELD	\$	733.07
228-50-000	ACCRUED STATE DIS. INS	\$	9.05
230-50-000	QUARTERLY ST. UNEMPLOY TAX	\$	6,622.37
232-50-000	QUARTERLY FED. UNEMPL. TAX	\$	2,672.87
233-50-000	ACCRUED WORKERS COMP	\$	1.96
238-50-000	ACCRUED VACATION EXPENSE	\$	276.46

Total Current Liabilities:

\$ 214,011.79

Total Liabilities:

\$ 214,011.79

Equity

310-50-000	COMMON STOCK	\$	25,000.00
320-50-000	Retained Earnings-Current Year	\$	33,586.43
320-50-000	RETAINED EARNINGS - PRIOR	\$	-148,090.59

Balance Sheet
As of 7/31/2016

OXFORD SERVICES (SSS)

Total Equity:	\$	-89,504.16
Total Liabilities & Equity:	\$	<u>124,507.63</u>

Income Statement
For The 8 Periods Ended 7/31/2016

OXFORD SERVICES (SSS)

		Period to Date	% of Revenue	Year to Date	% of Revenue
Revenue					
402-52-020	SALES - PRIVATE TORRANCE	\$ 3,986.68	11.08%	\$ 46,965.71	15.26%
402-52-030	SALES-REGIONAL CENTER TORRANCE	\$ 10,574.98	29.40%	\$ 91,362.76	29.68%
402-52-040	SALES-STATE PROGRAMS TORRANCE	\$ 1,790.00	4.98%	\$ 21,892.00	7.11%
402-56-020	SALES - PRIVATE OC	\$ 1,183.44	3.29%	\$ 9,233.94	3.00%
402-56-030	SALES-REGIONAL CENTER OC	\$ 23,431.43	65.15%	\$ 183,288.65	59.55%
440-52-020	LESS: SALES ADJ PRIVATE	\$ 14.00	0.04%	\$ -56.52	-0.02%
440-52-030	LESS: SALE ADJ REG CTR	\$ -2,350.10	-6.53%	\$ -22,624.31	-7.35%
440-52-040	LESS: SALE ADJ ST PROGRAM	\$ -130.00	-0.36%	\$ -2,195.30	-0.71%
440-52-090	LESS: SALES ADJ OTHER	\$ 0.00	0.00%	\$ -0.01	0.00%
440-56-030	LESS: SALES ADJ REG CTR	\$ -2,533.50	-7.04%	\$ -20,058.98	-6.52%
Total Revenue:		\$ 35,966.93	100.00%	\$ 307,807.94	100.00%
Cost of Sales					
452-52-001	WAGES - REGULAR	\$ 7,902.00	21.97%	\$ 74,336.41	24.15%
452-52-002	WAGES - OVERTIME	\$ 216.00	0.60%	\$ 421.50	0.14%
452-52-003	WAGES - HOLIDAY HOURLY	\$ 0.00	0.00%	\$ 204.00	0.07%
452-52-014	WAGES: SICK PAY TOR	\$ 0.00	0.00%	\$ 31.50	0.01%
452-56-001	WAGES - REGULAR	\$ 11,223.71	31.21%	\$ 79,844.63	25.94%
452-56-002	WAGES - OVERTIME	\$ 18.75	0.05%	\$ 491.25	0.16%
452-56-014	WAGES: SICK PAY OC	\$ 0.00	0.00%	\$ 80.00	0.03%
476-52-000	PAYROLL TAXES	\$ 1,147.47	3.19%	\$ 10,966.14	3.56%
476-56-000	PAYROLL TAXES	\$ 1,460.80	4.06%	\$ 11,615.67	3.77%
478-52-000	WORK COMP INS	\$ 815.30	2.27%	\$ 8,010.72	2.60%
478-56-000	WORK COMP INS	\$ 1,126.42	3.13%	\$ 8,434.35	2.74%
480-52-000	INSURANCE - LIABILITY	\$ 389.31	1.08%	\$ 3,114.48	1.01%
480-52-001	INSURANCE BOND	\$ 36.58	0.10%	\$ 292.64	0.10%
480-56-000	INSURANCE - LIABILITY	\$ 389.32	1.08%	\$ 3,114.56	1.01%
480-56-001	INSURANCE BOND	\$ 15.67	0.04%	\$ 125.36	0.04%
482-52-000	INS. HEALTH & DENTAL	\$ 0.00	0.00%	\$ 262.73	0.09%
482-56-000	INS. HEALTH & DENTAL	\$ 278.24	0.77%	\$ 1,771.20	0.58%
484-52-000	TRAVEL - TORRANCE	\$ 1.68	0.00%	\$ 44.85	0.01%
484-56-000	TRAVEL - OC	\$ 1,734.03	4.82%	\$ 12,734.66	4.14%
486-52-000	MEDICAL SUPPLIES	\$ 0.00	0.00%	\$ 246.29	0.08%
486-56-000	MEDICAL SUPPLIES	\$ 0.00	0.00%	\$ 266.29	0.09%
488-52-000	TRAINING	\$ -10.00	-0.03%	\$ -5.00	0.00%
497-52-000	CAREGIVER EMPLOYMENT EXPENSE	\$ 31.34	0.09%	\$ 283.88	0.09%
497-56-000	CAREGIVER EMPLOYMENT EXPENSE	\$ 31.33	0.09%	\$ 282.81	0.09%
Total Cost of Sales:		\$ 26,807.95	74.53%	\$ 216,970.92	70.49%
Gross Profit:		\$ 9,158.98	25.47%	\$ 90,837.02	29.51%
Expenses					
504-52-000	ADVERTISING/RECRUITMENT	\$ 0.00	0.00%	\$ 100.05	0.03%
504-56-000	ADVERTISING/RECRUITMENT	\$ 0.00	0.00%	\$ 100.04	0.03%
508-52-000	ACCOUNTING	\$ 93.75	0.26%	\$ 750.00	0.24%
508-56-000	ACCOUNTING	\$ 93.75	0.26%	\$ 750.00	0.24%
520-52-000	BANK CHARGE/CARD FEES	\$ 31.50	0.09%	\$ 892.68	0.29%
520-56-000	BANK CHARGE/CARD FEES	\$ 31.50	0.09%	\$ 749.09	0.24%
536-52-000	COMPUTER MAINT & SUPPORT	\$ 99.75	0.28%	\$ 885.07	0.29%
536-56-000	COMPUTER MAINT & SUPPORT	\$ 99.75	0.28%	\$ 885.05	0.29%
540-52-000	COMPUTER SUPPLIES	\$ 0.00	0.00%	\$ 100.68	0.03%
540-56-000	COMPUTER SUPPLIES	\$ 0.00	0.00%	\$ 100.68	0.03%
544-52-000	CONFERENCES & MEETINGS	\$ 0.00	0.00%	\$ 71.45	0.02%
544-56-000	CONFERENCES & MEETINGS	\$ 0.00	0.00%	\$ 71.45	0.02%
564-52-000	DUES & SUBSCRIPTIONS	\$ 90.61	0.25%	\$ 1,267.58	0.41%
564-56-000	DUES & SUBSCRIPTIONS	\$ 90.60	0.25%	\$ 1,267.53	0.41%
572-52-000	EMPLOYEE RETENTION	\$ 0.00	0.00%	\$ 136.67	0.04%
572-56-000	EMPLOYEE RETENTION	\$ 0.00	0.00%	\$ 120.25	0.04%
584-52-000	INSURANCE	\$ 23.54	0.07%	\$ 188.32	0.06%
584-56-000	INSURANCE	\$ 23.54	0.07%	\$ 188.32	0.06%

Income Statement
For The 8 Periods Ended 7/31/2016

OXFORD SERVICES (SSS)

		Period to Date	% of Revenue	Year to Date	% of Revenue
592-56-000	INS HEALTH & DENTAL	\$ 154.98	0.43%	\$ 1,391.74	0.45%
596-52-000	INS. WORKERS' COMPENSATION	\$ 5.44	0.02%	\$ 81.04	0.03%
596-56-000	INS. WORKERS' COMPENSATION	\$ 15.14	0.04%	\$ 142.70	0.05%
600-52-000	LEGAL	\$ 648.72	1.80%	\$ 2,460.51	0.80%
600-56-000	LEGAL	\$ 648.72	1.80%	\$ 2,460.50	0.80%
612-52-000	OFFICE EXPENSE & SUPPLIES	\$ 0.00	0.00%	\$ 299.01	0.10%
612-56-000	OFFICE EXPENSE & SUPPLIES	\$ 0.00	0.00%	\$ 292.99	0.10%
620-52-000	POSTAGE	\$ 0.00	0.00%	\$ 24.50	0.01%
620-56-000	POSTAGE	\$ 0.00	0.00%	\$ 24.50	0.01%
624-52-000	PRINTING - BROCHURES/FORMS	\$ 71.77	0.20%	\$ 202.04	0.07%
624-56-000	PRINTING - BROCHURES/FORMS	\$ 71.77	0.20%	\$ 202.01	0.07%
628-52-000	PROFESSIONAL SERVICES	\$ 0.00	0.00%	\$ 502.50	0.16%
628-56-000	PROFESSIONAL SERVICES	\$ 0.00	0.00%	\$ 502.50	0.16%
632-56-000	RENT	\$ 410.00	1.14%	\$ 3,330.00	1.08%
640-52-000	TAXES & LICENSES	\$ 119.29	0.33%	\$ 608.89	0.20%
640-56-000	TAXES & LICENSES	\$ 100.47	0.28%	\$ 603.80	0.20%
644-52-000	TELEPHONE	\$ 253.13	0.70%	\$ 2,006.48	0.65%
644-56-000	TELEPHONE	\$ 253.12	0.70%	\$ 2,006.43	0.65%
652-52-000	TRAVEL	\$ 0.00	0.00%	\$ 38.45	0.01%
656-56-000	UTILITIES	\$ 5.40	0.02%	\$ 89.59	0.03%
700-52-001	ADMINISTRATIVE WAGES-TORRANCE	\$ 594.67	1.65%	\$ 9,187.07	2.98%
700-52-002	ADMINISTRATIVE OVERTIME-TOR	\$ 36.00	0.10%	\$ 36.00	0.01%
700-52-004	ADMIN VACATION PAY	\$ 0.00	0.00%	\$ 276.46	0.09%
700-56-001	ADMINISTRATIVE WAGES-OC	\$ 1,632.00	4.54%	\$ 15,193.74	4.94%
700-56-002	ADMINISTRATIVE OVERTIME-OC	\$ 36.00	0.10%	\$ 225.56	0.07%
700-56-003	ADMINISTRATIVE HOLIDAY-OC	\$ 96.00	0.27%	\$ 342.86	0.11%
700-56-004	ADMIN VACATION PAY	\$ 0.00	0.00%	\$ 150.53	0.05%
700-56-005	ADMIN PERSONAL DAY	\$ 0.00	0.00%	\$ 108.00	0.04%
700-56-006	ADMIN SICK PAY-OC	\$ 0.00	0.00%	\$ 108.00	0.04%
702-52-001	TRAVEL	\$ 0.00	0.00%	\$ 92.42	0.03%
702-56-001	TRAVEL	\$ 0.00	0.00%	\$ 335.30	0.11%
704-52-000	ADM PAYROLL TAXES	\$ 78.24	0.22%	\$ 1,271.79	0.41%
704-56-000	ADM PAYROLL TAXES	\$ 130.20	0.36%	\$ 1,964.96	0.64%
Total Expenses:		\$ 6,039.35	16.79%	\$ 55,187.78	17.93%
Net Income from Operations:		\$ 3,119.63	8.67%	\$ 35,649.24	11.58%
Other Income and Expense					
952-52-000	INTEREST EXPENSE	\$ 0.00	0.00%	\$ -1,031.42	-0.34%
952-56-000	INTEREST EXPENSE	\$ 0.00	0.00%	\$ -1,031.39	-0.34%
Total Other Income and		\$ 0.00	0.00%	\$ -2,062.81	-0.67%
Earnings before Income Tax:		\$ 3,119.63	8.67%	\$ 33,586.43	10.91%
Net Income (Loss):		\$ 3,119.63	8.67%	\$ 33,586.43	10.91%

**MOST RECENT FEDERAL INCOME TAX RETURN TO BE
FILED SEPARATELY PER 11 USC SECTION 1116(1)**

Fill in this information to identify the case:

Debtor name Long Beach Oxford Services, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

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

12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
California Dept of Industrial Relations, Office of Self Insured Plans 11050 Olson Dr Ste 230 Rancho Cordova, CA 95670-5600		Failure of HISIP	Contingent Unliquidated Disputed			\$0.00
California Healthcare Insurance Program 430 N Vineyard Ave Ste 102 Ontario, CA 91764-5453	(800) 275-4638					\$4,270.60
California Self Insurers Security Fund Nixon Peabody 1 Embarcadero Ctr Fl 18 San Francisco, CA 94111-3716	Karl Belgum, Esq.		Contingent Unliquidated Disputed			\$0.00
DEX Media PO Box 610619 Dallas, TX 75261-0619	(562) 594-3439					\$873.72
Epps & Coulson 707 Wilshire Blvd Ste 3000 Los Angeles, CA 90017-3565	Dawn Coulson, Esq. (213) 929-2390		Unliquidated			\$12,846.63

Debtor Long Beach Oxford Services, 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, and government)	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
Healthcare Industry Self Insured Program 430 N Vineyard Ave Ontario, CA 91764-5494	David G. Johnson		Contingent Unliquidated Disputed			\$30,000,000.00
Liberty Mutual Insurance Company c/o Watt Tieder 2040 Main St Irvine, CA 92614-7216	Rebecca Glos, Esq.		Contingent Unliquidated Disputed			\$20,000,000.00
YP PO Box 5021 Carol Stream, IL 60197-5021	(310) 874-4190					\$832.00

Minutes of a Joint Meeting of
The Board of Directors of Long Beach Homemakers, Inc. and
The Board of Directors of Long Beach Oxford Services, Inc.

A special joint meeting of the Boards of Directors of Long Beach Homemakers, Inc., a California corporation ("Healthcare") and Long Beach Oxford Services, Inc., a California corporation ("Services", and together with Healthcare, the "Corporations") was held by telephone, on September 2, 2016 at approximately 10:00 a.m..

Present on the call at the joint meeting were all of the directors of each board of directors of the Corporations: Robert Sobel and Alejandro Saldana. Each director waived notice of the joint meeting. Each director acknowledged that they could hear the others. No director objected to the lack of notice or the calling of the meetings. Also present on the call at the joint meeting was Donna Koenig Sobel, a shareholder of both Corporations.

A quorum of directors of the Corporations being present, the meeting was called to order. After discussion, Boards of Directors of Healthcare and Services, upon motion duly made and seconded, unanimously adopted the recitals and resolutions set forth below. Except as otherwise defined herein, capitalized terms used herein without definition shall have the same meanings assigned such terms in the Purchase Agreements (as defined below).

Approval of Chapter 11 Bankruptcy Filings

WHEREAS, Healthcare operates a licensed home health agency located at 280 Atlantic Ave, Long Beach, CA 90802, which possesses Medi-Cal and Medicare provider numbers and provides services to Medi-Cal and Medicare beneficiaries and Services provides non-licensed personnel for care and support of patients (collectively, the "Business");

WHEREAS, as of August 22, 2016, Miriana Care, LLC dba Libertana of California ("Buyer") and the Corporations have entered into Asset Purchase Agreements for Buyer to acquire certain business assets of the Corporations, free and clear of liens and claims, and which expressly contemplate and are conditioned upon the entry of an order of the Bankruptcy Court approving such sales. The Boards and the Corporations have previously approved such sales.

WHEREAS, the Corporations have previously filed Chapter 11 bankruptcy cases and are generally familiar with the processes and expense.

WHEREAS, the Corporations have previously engaged Jason Wallach, Esq. and Gipson, Hoffman & Pancione, PC as legal counsel to assist with the consummation of the sales, and to advise and act on behalf of the Corporations in connection with bankruptcy matters.

WHEREAS, the Corporations now desire to and intend to file Chapter 11 bankruptcy cases, in order to obtain the entry of orders approving such sales, and then to take appropriate action with the remaining assets and creditors.

NOW, THEREFORE, BE IT RESOLVED, that the Corporations each be, and hereby are, authorized to file Chapter 11 Voluntary Petitions in the United States Bankruptcy Court for the Central District of California.;

RESOLVED FURTHER, that the Corporations are each authorized and empowered to employ, engage and retain Jason Wallach, Esq. and Gipson Hoffman & Pancione, PC for necessary and proper legal representation in connection with such Chapter 11 cases, and that the prior engagement of such lawyers, to the extent needed, is ratified and approved;

RESOLVED FURTHER, that either of Robert S. Sobel or Alejandro Saldana, the executive officers of the Corporations, acting alone or together be, and each of them hereby is, authorized, directed and empowered, on behalf and in the name of the Corporations, to execute, deliver and perform the necessary documents and acts that may be required to proceed with such Chapter 11 cases.

Omnibus Resolutions

RESOLVED, that the officers of the Corporations be, and each of them hereby is, authorized, empowered and directed on behalf of the Corporations and in their name to do or cause to be done any and all such other acts and things as may be shown by such officer's execution or performance thereof to be in such officer's judgment necessary or desirable to consummate the transactions contemplated by the foregoing resolutions or otherwise to carry out the intent of the foregoing resolutions, the taking of such actions to be conclusive evidence that the same have been authorized and approved by the Corporations;

RESOLVED FURTHER, that all acts and things previously done and performed (or caused to be done and performed) on behalf of the Corporations and in their respective name by the officers and/or directors of the Corporations prior to the adoption of the foregoing resolutions and in connection with the transactions contemplated by these resolutions be, and the same hereby are, ratified, confirmed and approved as the acts and deeds of the Corporations.

I, Robert Sobel, certify that I am the duly appointed President of Long Beach Homemakers, Inc., a California corporation and of Long Beach Oxford Services, Inc., a California corporation. I further certify that the resolutions set forth above were adopted by the respective boards of directors of such corporations at a joint meeting held on September 2, 2016.



Name: Robert Sobel

Title: President

<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address</p> <p>JASON WALLACH, ESQ. (SBN 75535) GIPSON HOFFMAN & PANCIONE 1901 Avenue of the Stars, Suite 1100 Los Angeles, CA 90067 Tel: (310) 556-4660 Fax: (310) 556-8945 Email: jwallach@ghplaw.com</p> <p><input checked="" type="checkbox"/> Attorney for: Debtor</p>	<p>FOR COURT USE ONLY</p>
<p>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</p>	
<p>In re:</p> <p>LONG BEACH OXFORD SERVICES, INC. dba OXFORD SERVICES,</p> <p style="text-align: right;">Debtor(s).</p> <p style="text-align: right;">Plaintiff(s),</p> <p style="text-align: right;">Defendant(s).</p>	<p>CASE NO.:</p> <p>ADVERSARY NO.:</p> <p>CHAPTER: 11</p> <p style="text-align: center;">CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4</p> <p style="text-align: center;">[No hearing]</p>

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, (Printed name of attorney or declarant) Robert Sobel, the undersigned in the above-captioned case, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct:

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

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

1. I have personal knowledge of the matters set forth in this Statement because:

- I am the president or other officer or an authorized agent of the Debtor corporation
- I am a party to an adversary proceeding
- I am a party to a contested matter
- I am the attorney for the Debtor corporation


2. a. The following entities, other than the Debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

Long Beach Homemakers, Inc.

[For additional names, attach an addendum to this form.]

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

Date: 09/02/2016

By: 
Signature of Debtor, or attorney for Debtor

Name: Robert Sobel, CEO
Printed name of Debtor, or attorney for Debtor

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

**United States Bankruptcy Court
Central District of California, Los Angeles Division**

IN RE:

Case No. _____

Long Beach Oxford Services, Inc.

Chapter **11**

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

Registered name and last known address of security holder	Shares (or Percentage)	Security Class (or kind of interest)
Donna Koenig Sobel 6281 E Bridle Cir Long Beach, CA 90815-4710	1	Common Stockholder
Long Beach Homemakers, Inc. 280 Atlantic Ave Long Beach, CA 90802-3213	99	Common Stockholder

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

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

None

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

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).)

Long Beach Homemakers, Inc. dba Oxford Healthcare, Case #2:15-bk-20670, Chap. 11, filed 7-3-15, Hon. Richard M. Neiter; Long Beach Oxford Services, Inc. dba Oxford Services, Case #2:15-bk-26374, Chap. 11, filed 10-26-15

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 Long Beach, California



Signature of Debtor

Date: 09/02/2016

Signature of Joint Debtor

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

Fill in this information to identify the case:

Debtor name Long Beach Oxford Services, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION
 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 Schedule A/B.....	\$ <u>0.00</u>
1b. Total personal property:	
Copy line 91A from Schedule A/B.....	\$ <u>93,391.70</u>
1c. Total of all property:	
Copy line 92 from Schedule A/B.....	\$ <u>93,391.70</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 Amount of claim, from line 3 of Schedule D.....	\$ <u>376,474.12</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 Schedule E/F.....	\$ <u>0.00</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 Schedule E/F.....	+\$ <u>50,104,762.54</u>
4. Total liabilities	\$ <u>50,481,236.66</u>
Lines 2 + 3a + 3b	

Fill in this information to identify the case:

Debtor name Long Beach Oxford Services, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION
 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
\$300.00

2. Cash on hand

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

3.1. First Bank General Checking 3072 \$6,905.17

3.2. First Bank Payroll Checking 7068 \$1,999.26

4. Other cash equivalents (Identify all)

5. Total of Part 1.

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

\$9,204.43

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.

Debtor Long Beach Oxford Services, Inc. Case number (if known) _____
 Name

11.	Accounts receivable				
	11a. 90 days old or less:	<u>62,392.52</u>	-	<u>0.00</u>	= <u>\$62,392.52</u>
		face amount		doubtful or uncollectible accounts	
<hr/>					
	11a. 90 days old or less:	<u>67,799.18</u>	-	<u>47,459.43</u>	= <u>\$20,339.75</u>
		face amount		doubtful or uncollectible accounts	

12. **Total of Part 3.** \$82,732.27
 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.	<u>Office furniture Santa Ana office furniture and equipment</u>	<u>\$1,455.00</u>	<u>estimate</u>	<u>\$1,455.00</u>

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

43. **Total of Part 7.** \$1,455.00
 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?**

Debtor Long Beach Oxford Services, Inc. Case number (if known) _____
 Name

- 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.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
<u>Long Beach City Business License</u>	<u>\$0.00</u>		<u>\$0.00</u>
<u>Santa Ana City Business License</u>	<u>\$0.00</u>		<u>\$0.00</u>
63. Customer lists, mailing lists, or other compilations			
<u>Confidential patient records including care history and insurance records</u>	<u>unknown</u>		<u>unknown</u>

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

<u>\$0.00</u>

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

Debtor Long Beach Oxford Services, Inc. Case number (if known) _____
Name

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

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.

Debtor Long Beach Oxford Services, Inc. Case number (if known) _____
Name

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>	<u>\$9,204.43</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$82,732.27</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,455.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$93,391.70</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$93,391.70</u>

Fill in this information to identify the case:

Debtor name Long Beach Oxford Services, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION
 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.	
\$326,043.02	unknown

2.1 Funding280, LLC
 Creditor's Name

6281 E Bridle Cir
Long Beach, CA
90815-4710

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
4/26/16

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.

1. Funding280, LLC
2. Robert Sobel

Describe debtor's property that is subject to a lien
All assets including accounts, inventory, equipment, intangibles, etc.

Describe the lien
Assignee of First Bank credit line All Assets
 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

2.2 Robert Sobel
 Creditor's Name

6281 E Bridle Cir
Long Beach, CA
90815-4710

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
3/18/16-8/4/16

Last 4 digits of account number

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

\$50,431.10 **\$130,191.70**

Describe the lien
interim line of credit--receivables
 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)

Debtor Long Beach Oxford Services, Inc. Case number (if known) _____
Name

Do multiple creditors have an interest in the same property?

No

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

1. Funding280, LLC

2. Robert Sobel

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.

\$376,474.12

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 Long Beach Oxford Services, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION
 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.

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.

Amount of claim

3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
3.1	<p>California Dept of Industrial Relations, Office of Self Insured Plans 11050 Olson Dr Ste 230 Rancho Cordova, CA 95670-5600</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Claim related to failure of self insurance entity HISIP</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$0.00</u>
3.2	<p>California Healthcare Insurance Program</p> <p>430 N Vineyard Ave Ste 102 Ontario, CA 91764-5453</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Prior workers compensation self insurance plan terminated 6/30/16</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$4,270.60</u>
3.3	<p>California Self Insurers Security Fund Nixon Peabody 1 Embarcadero Ctr Fl 18 San Francisco, CA 94111-3716</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Claim from self insurer security fund re failed workers compensation insurer HISIP</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>\$0.00</u>
3.4	<p>DEX Media</p> <p>PO Box 610619 Dallas, TX 75261-0619</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</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>	<u>\$873.72</u>

Debtor Long Beach Oxford Services, Inc. Case number (if known) _____
 Name _____

3.5 Nonpriority creditor's name and mailing address Epps & Coulson As of the petition filing date, the claim is: *Check all that apply.* \$12,846.63
 707 Wilshire Blvd Ste 3000
 Los Angeles, CA 90017-3565
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address Healthcare Industry Self Insured Program As of the petition filing date, the claim is: *Check all that apply.* \$30,000,000.00
 430 N Vineyard Ave
 Ontario, CA 91764-5494
 Date(s) debt was incurred 1/1/13
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Lawsuit from failure of self insurance entity
 Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address Liberty Mutual Insurance Company As of the petition filing date, the claim is: *Check all that apply.* \$20,000,000.00
 c/o Watt Tieder
 2040 Main St
 Irvine, CA 92614-7216
 Date(s) debt was incurred 1/1/14
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Lawsuit claim from failure of self insurance entity
 Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address Long Beach Homemakers, Inc. As of the petition filing date, the claim is: *Check all that apply.* \$85,939.59
 280 Atlantic Ave
 Long Beach, CA 90802-3213
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: intercompany debt for advances
 Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address YP As of the petition filing date, the claim is: *Check all that apply.* \$832.00
 PO Box 5021
 Carol Stream, IL 60197-5021
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

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.

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
4.1 Richard K. Diamond Danning Gill Diamond & Kollitz LLP 1900 Avenue of the Stars Ste 1100 Los Angeles, CA 90067-4402	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	—

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 5a. \$ Total of claim amounts 0.00

Debtor Long Beach Oxford Services, Inc.
Name

Case number (if known) _____

5b. Total claims from Part 2

5b. + \$ **50,104,762.54**

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

5c. \$ **50,104,762.54**

Fill in this information to identify the case:

Debtor name Long Beach Oxford Services, Inc.
United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION
Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Drinking Water service**

State the term remaining **month to month**

List the contract number of any government contract _____

**Arrowhead
PO Box 856158
Louisville, KY 40285-6158**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Telephone/cell phones**

State the term remaining **month to month**

List the contract number of any government contract _____

**AT&T Mobility
PO Box 6463
Carol Stream, IL 60197-6463**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Health Insurance for LBOS**

State the term remaining **8/31/16**

List the contract number of any government contract _____

**HealthNet
PMB 52617
Los Angeles, CA 90074**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Santa Ana lease, \$410 per month**

State the term remaining **10/31/16**

List the contract number of any government contract _____

**Service First
18002 Irvine Blvd Ste 108
Tustin, CA 92780-3321**

Debtor 1 Long Beach Oxford Services, Inc.
First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Telephone \$374.42 monthly

State the term remaining

month to month

List the contract number of any government contract

**Telepacific
PO Box 509013
San Diego, CA 92150-9013**

2.6. State what the contract or lease is for and the nature of the debtor's interest

Monthly offsite backup

State the term remaining

month to month

List the contract number of any government contract

**Virtual IT Services
7231 Garden Grove Blvd Ste J
Garden Grove, CA 92841-4219**

Fill in this information to identify the case:

Debtor name Long Beach Oxford Services, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION
 Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
 Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	<i>Check all schedules that apply:</i>
2.1	Long Beach Homemakers, Inc.	280 Atlantic Ave Long Beach, CA 90802-3213	California Dept of Industrial Relations,	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
2.2	Long Beach Homemakers, Inc.	280 Atlantic Ave Long Beach, CA 90802-3213	California Self Insurers Security Fund	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.3</u> <input type="checkbox"/> G _____
2.3	Long Beach Homemakers, Inc.	280 Atlantic Ave Long Beach, CA 90802-3213	Epps & Coulson	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
2.4	Long Beach Homemakers, Inc.	280 Atlantic Ave Long Beach, CA 90802-3213	Funding280, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Long Beach Homemakers, Inc.	280 Atlantic Ave Long Beach, CA 90802-3213	Healthcare Industry Self Insured Program	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.6	Long Beach Homemakers, Inc.	280 Atlantic Ave Long Beach, CA 90802-3213	Liberty Mutual Insurance Company	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____

Debtor Long Beach Oxford Services, Inc.

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.7	Long Beach Homemakers, Inc.	280 Atlantic Ave Long Beach, CA 90802-3213	Robert Sobel	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Long Beach Oxford Services, Inc.
United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION
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 September 1, 2016

X /s/ Robert Sobel

Signature of individual signing on behalf of debtor

Robert Sobel

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Long Beach Oxford Services, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. 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).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2016 to Filing Date

Operating a business
 Other
Fiscal Year through
6/30/16

\$271,841.01

For prior year:
From 1/01/2015 to 12/31/2015

Operating a business
 Other
FYE 11/30/15

\$552,859.55

For year before that:
From 1/01/2014 to 12/31/2014

Operating a business
 Other
FYE 11/30/14

\$760,937.03

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor Long Beach Oxford Services, Inc. Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	various	\$7,059.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>payroll tax</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Long Beach Homemakers, Inc. 280 Atlantic Ave Long Beach, CA 90802-3213 Parent corporation	various	\$13,309.71	Intercompany advance/loan repayment
4.2. Donna Koenig Sobel 6281 E Bridle Cir Long Beach, CA 90815-4710 Shareholder, former officer and director	various	\$7,988.43	Salary

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Healthcare Industry Self Insurance Program Cases JCCP 4775	Claims resulting from failure of HISIP workers compensation insurance fund	Orange County Superior Court 600 E Civic Center Dr Santa Ana, CA 92701-4121	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Long Beach Oxford Services, Inc.

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small>		
	<small>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Gipson Hoffman & Pancione 1901 Avenue of the Stars Ste 1100 Los Angeles, CA 90067-6002		3/18/16 and 8/4/16, total \$46,717.00 retainer for services, both corporation s	\$0.00

Email or website address _____

Who made the payment, if not debtor?
Long Beach Homemakers, Inc.

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Debtor Long Beach Oxford Services, Inc. Case number (if known) _____

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

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

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.
 Yes. State the nature of the information collected and retained.

Care records and insurance records

Does the debtor have a privacy policy about that information?

No
 Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

No Go to Part 10.
 Yes. Fill in below:

Name of plan
Oxford Healthcare Profit Sharing Plan

Employer identification number of the plan
EIN: 33-0513377

Has the plan been terminated?

No
 Yes

Debtor Long Beach Oxford Services, Inc. Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Wells Fargo Bank DIP Payroll	XXXX-9195	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	5/10/16	\$0.00
18.2.	Wells Fargo Bank DIP General	XXXX-9187	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	7/27/16	\$0.00
18.3.	Wells Fargo Bank DIP Flex	XXXX-9252	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	7/14/16	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Iron Mountain Records Storage PO Box 601002 Pasadena, CA 91189-0002	Alejandro Saldana 280 Atlantic Ave, Long Beach, CA, 90802-3213	Patient records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Store and Save 319 Olive Ave Long Beach, CA 90802-3327	Alejandro Saldana 280 Atlantic Ave, Long Beach, CA, 90802-3213	Patient records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor Long Beach Oxford Services, Inc.

Case number (if known) _____

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
------------------	----------------------------

Debtor Long Beach Oxford Services, Inc.

Case number (if known) _____

Name and address **Date of service
From-To**

26a.1. **Staff only**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address **Date of service
From-To**

26b.1. **Michael Schneider** **Reviewed last
several years**
137 Spinnaker Mall
Marina del Rey, CA 90292-7263

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address **If any books of account and records are unavailable,
explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1. **various-consolidated with Parent**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Robert Sobel	6281 E Bridle Cir Long Beach, CA 90815-4710	Officer, Director (and Shareholder of Parent Corporation)	
Donna Koenig Sobel	6281 E Bridle Cir Long Beach, CA 90815-4710	shareholder	1
Alejandro Saldana	280 Atlantic Ave Long Beach, CA 90802-3213	Officer, Director	

Debtor Long Beach Oxford Services, Inc.

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Long Beach Homemakers, Inc.	280 Atlantic Ave Long Beach, CA 90802-3213	Shareholder	99

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Donna Koenig Sobel	6281 E Bridle Cir Long Beach, CA 90815-4710	former officer and director	resigned 9/11/15

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Long Beach Homemakers, Inc. 280 Atlantic Ave Long Beach, CA 90802-3213	\$13,309.71	various	Repayment of intercompany debt
Relationship to debtor Parent corporation			
30.2 Donna Koenig Sobel 6281 E Bridle Cir Long Beach, CA 90815-4710	\$7988.43	prior to 9/11/15; may be outside 1 year period	Salary
Relationship to debtor Shareholder and former officer and director			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
 Yes. Identify below.

Name of the parent corporation	Employer identification number of the parent corporation
Long Beach Homemakers, Inc.	EIN: 95-2486000

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
 Yes. Identify below.

Debtor Long Beach Oxford Services, Inc.

Case number (if known) _____

Name of the parent corporation

Employer identification number of the parent corporation

Part 14: Signature and Declaration

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.

I have examined the information in this *Statement of Financial Affairs* and any attachments 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 September 1, 2016

/s/ Robert Sobel
Signature of individual signing on behalf of the debtor

Robert Sobel
Printed name

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
 Yes

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Jason Wallach 1901 Avenue of the Stars Ste 1100 Los Angeles, CA 90067-6002 (310) 556-4660x1864 California State Bar Number: 75535 jwallach@ghplaw.com	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION	
In re: <p style="text-align: center;">Long Beach Oxford Services, Inc.</p>	CASE NO.: CHAPTER: 11
Debtor(s).	VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 4 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: September 1, 2016

/s/ Robert Sobel
Signature of Debtor 1

Date: _____

Signature of Debtor 2 (joint debtor)) (if applicable)

Date: September 1, 2016

/s/ Jason Wallach
Signature of Attorney for Debtor (if applicable)

Long Beach Oxford Services Inc
280 Atlantic Ave
Long Beach, CA 90802-3213

Gipson Hoffman & Pancione
1901 Avenue of the Stars Ste 1100
Los Angeles, CA 90067-6002

Arrowhead
PO Box 856158
Louisville, KY 40285-6158

AT&T Mobility
PO Box 6463
Carol Stream, IL 60197-6463

California Dept of Industrial Relations
Office of Self Insured Plans
11050 Olson Dr Ste 230
Rancho Cordova, CA 95670-5600

California Healthcare Insurance Program
430 N Vineyard Ave Ste 102
Ontario, CA 91764-5453

California Self Insurers Security Fund
Nixon Peabody
1 Embarcadero Ctr Fl 18
San Francisco, CA 94111-3716

DEX Media
PO Box 610619
Dallas, TX 75261-0619

Epps & Coulson
707 Wilshire Blvd Ste 3000
Los Angeles, CA 90017-3565

Funding280 LLC
6281 E Bridle Cir
Long Beach, CA 90815-4710

Healthcare Industry Self Insured Program
430 N Vineyard Ave
Ontario, CA 91764-5494

HealthNet
PMB 52617
Los Angeles, CA 90074

LIberty Mutual Insurance Company
c/o Watt Tieder
2040 Main St
Irvine, CA 92614-7216

Long Beach Homemakers Inc
280 Atlantic Ave
Long Beach, CA 90802-3213

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