

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

CENTRAL District of CALIFORNIA  
(State)

Case number (if known): Chapter 11

☐ Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

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 the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name MC PHARMACY, INC.

2. All other names debtor used in the last 8 years D/B/A TODAY PHARMACY  
Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 7 2 - 1 5 5 7 6 7 5

4. Debtor's address

| Principal place of business                    | Mailing address, if different from principal place of business                                                      |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 2200 E. ANAHEIM STREET, STE C<br>Number Street | Number Street                                                                                                       |
| LONG BEACH, CA 90804<br>City State ZIP Code    | P.O. Box<br>City State ZIP Code                                                                                     |
| LOS ANGELES<br>County                          | Location of principal assets, if different from principal place of business<br>Number Street<br>City State ZIP Code |

5. Debtor's website (URL) NONE

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

Debtor MC PHARMACY, INC. Case number (if known) \_\_\_\_\_  
Name

**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>.*

4 4 6 1

**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. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

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

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY  
Case number, if known \_\_\_\_\_

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

Debtor MC PHARMACY, INC. Case number (if known) \_\_\_\_\_  
Name

**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 for distribution 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"/> 5,001-10,000  | <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        |

Debtor MC PHARMACY, INC. Case number (if known) \_\_\_\_\_  
Name

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

**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 09/26/2016  
MM / DD / YYYY

X/S/ VANNESA LY

Signature of authorized representative of debtor

VANNESA LY

Printed name

Title VICE-PRESIDENT

18. Signature of attorney

X/S/ JUSTIN G. LYNCH

Signature of attorney for debtor

Date 09/26/2016

MM / DD / YYYY

JUSTIN G. LYNCH  
Printed name

LAW OFFICES OF JUSTIN G. LYNCH  
Firm name

15855 E, EDNA PLACE, STE 25  
Number Street

IRWINDALE  
City

CA 91706  
State ZIP Code

949-689-3295  
Contact phone

JUSTIN@JGLYNCHLAW.COM  
Email address

Bar number

State

|                                                                                                                                                                                                                                                                                                          |  |                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|
| <p>Attorney or Party Name, Address, Telephone &amp; FAX Nos., State Bar No. &amp; Email Address</p> <p>JUSTIN LYNCH (SBN: 226513)<br/>LAW OFFICES OF JUSTIN G. LYNCH<br/>15855 E. EDNA PLACE, STE 25<br/>IRWINDALE, CA 91706</p> <p><input checked="" type="checkbox"/> <i>Attorney for:</i> DEBTORS</p> |  | <p>FOR COURT USE ONLY</p>                                                                                  |  |
| <p><b>UNITED STATES BANKRUPTCY COURT<br/>CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</b></p>                                                                                                                                                                                                   |  |                                                                                                            |  |
| <p>In re:</p> <p>MC PHARMACY, INC.</p>                                                                                                                                                                                                                                                                   |  | <p>CASE NO.:<br/>ADVERSARY NO.:<br/>CHAPTER: 11</p>                                                        |  |
| <p>Debtor(s).</p>                                                                                                                                                                                                                                                                                        |  |                                                                                                            |  |
| <p>Plaintiff(s),</p>                                                                                                                                                                                                                                                                                     |  | <p><b>CORPORATE OWNERSHIP STATEMENT<br/>PURSUANT TO FRBP 1007(a)(1)<br/>and 7007.1, and LBR 1007-4</b></p> |  |
| <p>Defendant(s).</p>                                                                                                                                                                                                                                                                                     |  | <p>[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) VANNESA LY ON BEHALF OF MC PHARMACY, INC., 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:

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Date: 09/26/2016

By: /S/ VANNESA LY  
Signature of Debtor, or attorney for Debtor

Name: VANNESA LY  
Printed name of Debtor, or attorney for Debtor

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

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

NONE

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

N/A

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

NONE

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

N/A

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

Executed at LONG BEACH, California

/S/ VANNESA LY

Signature of Debtor

Date: 09/26/2016

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

**Fill in this information to identify the case:**

Debtor name MC PHARMACY, INC.  
United States Bankruptcy Court for the: CENTRAL District of CA  
(State)  
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 the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim<br>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 |
| 1 | RAPID CAPITAL FUNDING<br>55 2ND STREET, STE 1700<br>SAN FRANCISCO, CA 94105 | EVA M. CERRETA<br>(415) 227-0770                              | LOAN                                                                                                        | DISPUTE                                                    |                                                                                                                                                                                                                                            |                                             | 160000.00       |
| 2 | FUNDING METRICS<br>884 TOWN CENTER DR.<br>LANGHORNE, PA 19047               |                                                               | LOAN                                                                                                        | DISPUTE                                                    |                                                                                                                                                                                                                                            |                                             | 136000.00       |
| 3 | EVEREST BUSINESS FUNDING<br>2001 NW 107 AVE., #300<br>MIAMI, FL 33172       | PAULETTE YIAMBILIS<br>(267) 569-2119                          | LOAN                                                                                                        | DISPUTE                                                    |                                                                                                                                                                                                                                            |                                             | 159517.25       |
| 4 | ESBF CALIFORNIA, INC.<br>PO BOX 280<br>FT MYERS, FL 33902                   | CARLOS KELLY<br>(239) 344-1326                                | LOAN                                                                                                        | DISPUTE                                                    |                                                                                                                                                                                                                                            |                                             | 159517.25       |
| 5 |                                                                             |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 6 |                                                                             |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 7 |                                                                             |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 8 |                                                                             |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |



Debtor MC PHARMACY, 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 the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim<br>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 |
| 9  |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 10 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 11 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 12 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 13 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 14 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 15 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 16 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 17 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 18 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 19 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |
| 20 |                                                                   |                                                               |                                                                                                             |                                                            |                                                                                                                                                                                                                                            |                                             |                 |

United States Bankruptcy Court  
CENTRAL DISTRICT OF CALIFORNIA

In re MC PHARMACY

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

Debtor

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

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

For legal services, I have agreed to accept ..... \$ 5,000.00

Prior to the filing of this statement I have received ..... \$ 2,000.00

Balance Due ..... \$ 3,000.00

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

☒ Debtor ☐ Other (specify)

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

☒ Debtor ☐ Other (specify)

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

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

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

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

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

- (1) ANY ADVERSARY PROCEEDINGS;
- (2) ANY MOTIONS FOR RELIEF FROM AUTOMATIC STAY;
- (3) ANY MOTIONS TO VOID LIENS;
- (4) ANY AND ALL OTHER DISPUTED MATTERS

CERTIFICATION

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

09/26/2016

*Date*

/S/ JUSTIN G. LYNCH

*Signature of Attorney*

LAW OFFICES OF JUSTIN G. LYNCH

*Name of law firm*

|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address<br>JUSTIN G. LYNCH<br>LAW OFFICES OF JUSTIN G. LYNCH<br>15855 E. EDNA PLACE., STE 25<br>IRWINDALE, CA 91706<br><br><input type="checkbox"/> Debtor(s) appearing without attorney<br><input checked="" type="checkbox"/> Attorney for Debtor | FOR COURT USE ONLY                                                                                                                              |
| <b>UNITED STATES BANKRUPTCY COURT<br/>CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</b>                                                                                                                                                                                                                                  |                                                                                                                                                 |
| In re:<br>MC PHARMACY, INC.<br><br><br><br><br><br><br><br><br><br>Debtor(s).                                                                                                                                                                                                                                                    | CASE NO.:<br>CHAPTER: 11<br><br><br><br><br><br><br><br><br><br><b>VERIFICATION OF MASTER<br/>MAILING LIST OF CREDITORS<br/>[LBR 1007-1(a)]</b> |

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 1 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: 09/26/2016

/S/ VANNESA LY FOR MC PHARMACY INC.  
Signature of Debtor 1

Date: \_\_\_\_\_

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

Date: 09/26/2016

/S/ JUSTIN LYNCH  
Signature of Attorney for Debtor (if applicable)

RAPID CAPITAL FUNDING  
C/O BUCHALTER NEMER  
55 SECOND ST., SUITE 1700  
SAN FRANCISCO, CA 94105

FUNDING METRICS  
884 TOWN CENTER DRIVE  
LANGHORNE, PA 19047

EVEREST BUSINESS FUNDING  
2001 NW 107 AVENUE, STE 300  
MIAMI, FL 33172

RAPID CAPITAL FUNDING II LLC  
55 SECOND STREET, SUITE 1700  
SAN FRANCISCO, CA 94105