

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

United States Bankruptcy Court for the:  
**CENTRAL DIST. OF CALIFORNIA**

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 Mohdsameer Aljanedi Dental Corporation

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

3. Debtor's federal Employer Identification Number (EIN) 20 - 5 8 3 3 2 4 4

4. Debtor's address

<p><b>Principal place of business</b></p> <p><u>18800 Main St. #110</u>  Number Street</p> <hr/> <p><u>Huntington Beach CA 92648</u>  City State ZIP Code</p> <hr/> <p><u>Orange</u>  County</p>	<p><b>Mailing address, if different from principal place of business</b></p> <p><u>13600 Marina Point Dr. #1904</u>  Number Street</p> <hr/> <p>P.O. Box</p> <hr/> <p><u>Marina del Rey CA 90292</u>  City State ZIP Code</p> <hr/> <p><b>Location of principal assets, if different from principal place of business</b></p> <p>_____  Number Street</p> <hr/> <p>_____  City State ZIP Code</p>
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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 Mohdsameer Aljanedi Dental Corporation 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. District Central District LA (Wrong Div) When 08/09/2013 Case number 13-30138  
MM / DD / YYYY

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

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

If more than 2 cases, attach a separate list.

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

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 \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

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

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

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.

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

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 checked="" 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 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 checked="" 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 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 10/15/2017  
MM / DD / YYYY

X /s/ Mohdsameer Aljanedi Mohdsameer Aljanedi  
Signature of authorized representative of debtor Printed name

Title President

18. Signature of attorney X /s/ Michael R. Totaro Date 10/15/2017  
Signature of attorney for debtor MM / DD / YYYY

Michael R. Totaro  
Printed name

Totaro & Shanahan  
Firm name

P.O. Box 789  
Number Street

Pacific Palisades CA 90272  
City State ZIP Code

(800) 541-8202 Ocbkatty@aol.com  
Contact phone Email address

102229 CA  
Bar number State

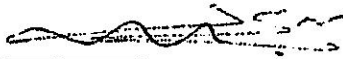
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION	
Attorney or Party Name, Address, Telephone & FAX Nos., State Bar Number & Email Address  Michael R. Totaro Pacific Palisades, CA 90272  (800) 541-8202 Fax(319) 496-1260 102229	CASE NO.:  CHAPTER: 11  ADVERSARY NO.: <i>(if applicable)</i>
Attorney for: In re: Mohdsameer Aljanedi Dental Corporation   <div style="text-align: right;">Debtor(s)</div>	<b>ELECTRONIC FILING DECLARATION (NON-INDIVIDUAL) [LBR 1002-1(f)]</b>

- |   |                   |
|---|-------------------|
| <input type="checkbox"/> Petition, statement of affairs, schedules or lists                   | Date Filed: _____ |
| <input type="checkbox"/> Amendments to the petition, statement of affairs, schedules or lists | Date Filed: _____ |
| <input type="checkbox"/> Other (specify): _____   | Date Filed: _____ |

**PART I - DECLARATION OF SIGNATORY OF DEBTOR OR OTHER PARTY**

I, the undersigned, declare under penalty of perjury that: (1) I have been authorized by the Debtor or other party on whose behalf the above-referenced document is being filed (Filing Party) to sign and to file, on behalf of the Filing Party, the above-referenced document being filed electronically (Filed Document); (2) I have read and understand the Filed Document; (3) the information provided in the Filed Document is true, correct and complete; (4) the "/s/," followed by my name, on the signature lines for the Filing Party in the Filed Document serves as my signature on behalf of the Filing Party and denotes the making of such declarations, requests, statements, verifications and certifications by me and by the Filing Party to the same extent and effect as my actual signature on such signature lines; (5) I have actually signed a true and correct printed copy of the Filed Document in such places on behalf of the Filing Party and provided the executed printed copy of the Filed Document to the Filing Party's attorney; and (6) I, on behalf of the Filing Party, have authorized the Filing Party's attorney to file the electronic version of the Filed Document and this *Declaration* with the United States Bankruptcy Court for the Central District of California.

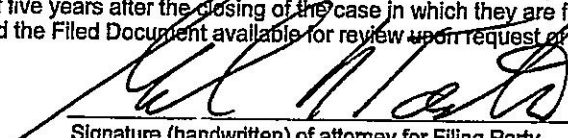
Date: 10/13/17

  
 \_\_\_\_\_  
 Signature (handwritten) of authorized signatory of Filing Party  
MOHDSAMEER ALJANEDI  
 \_\_\_\_\_  
 Printed Name of authorized signatory of Filing Party  
President  
 \_\_\_\_\_  
 Title of authorized signatory of Filing Party

**PART II - DECLARATION OF ATTORNEY FOR SIGNING PARTY**

I, the undersigned Attorney for the Filing Party, declare under penalty of perjury that: (1) the "/s/," followed by my name, on the signature lines for the Attorney for the Filing Party in the Filed Document serves as my signature and denotes the making of such declarations, requests, statements, verifications and certifications to the same extent and effect as my actual signature on such signature lines; (2) an authorized signatory of the Filing Party signed *Part 1 - Declaration of Authorized Signatory of Debtor or Other Party* of this *Declaration* before I electronically submitted the Filed Document for filing with the United States Bankruptcy Court for the Central District of California; (3) I have actually signed a true and correct hard copy of the Filed Document in the locations that are indicated by "/s/," followed by my name, and have obtained the signature of the authorized signatory of the Filing Party in the locations that are indicated by "/s/," followed by the name of the Filing Party's authorized signatory, on the true and correct printed copy of the Filed Document; (4) I shall maintain the executed originals of this *Declaration* and the Filed Document for a period of five years after the closing of the case in which they are filed; and (5) I shall make the executed originals of this *Declaration* and the Filed Document available for review upon request of the court or other parties.

Date: October 13, 2017

  
 \_\_\_\_\_  
 Signature (handwritten) of attorney for Filing Party  
Michael R. Totaro  
 \_\_\_\_\_  
 Printed Name of attorney for Signing Party

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

B 201 - Notice of Available Chapters (Rev. 06/14)

USBC, Central District of California

Name: Totaro & Shanahan

Address: P.O. Box 789  
Pacific Palisades, CA 90272

Telephone: (800) 541-8202 Fax: (319) 496-1260

- Attorney for Debtor
- Debtor in Pro Per

<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
List all names, including trade names, used by Debtor(s) within last 8 years:	Case No.:
Mohdsameer Aljanedi Dental Corporation aka Beachside Dental Group	<b>NOTICE OF AVAILABLE CHAPTERS</b>  <small>(Notice to Individual Consumer Debtor Under § 342(b) of the Bankruptcy Code)</small>

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. **The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss
2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

B 201 - Notice of Available Chapters (Rev. 06/14)

USBC, Central District of California

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

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

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

X  
\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Mohdsameer Aljanedi  
\_\_\_\_\_  
Printed Name(s) of Debtor(s)

/s/ Mohdsameer Aljanedi, President  
October 15, 2017  
\_\_\_\_\_  
Signature of Debtor Date

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

\_\_\_\_\_  
Signature of Joint Debtor (if any) Date



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

Ch 11 Dismissed 2:13-bk-30138-WB DIsmissed Filed 8/9/2013

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 as follows: (Set forth the complete number and title of 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).)

Ch 11 2:13-bk-30127-WB Closed Pending Payments Filed 8/9/2013

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

None

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

None

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

Executed at Huntington Beach, California /s/ Mohdsameer Aljanedi, President  
Debtor

Dated October 15, 2017  
Joint Debtor

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This form is mandatory by Order of the United States Bankruptcy Court for the Central District of California.

Attorney or Party Name, Address, Telephone & FAX Nos, State Bar No. & Email Address Michael R. Totaro P.O. Box 789 Pacific Palisades, CA 90272  (800) 541-8202 (319) 496-1260 102229 Ocbkatty@aol.com <input type="checkbox"/> Attorney for : Mohdsameer Aljanedi Dental Corporation	FOR COURT USE ONLY						
<b>UNITED STATES BANKRUPTCY COURT                  CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION</b>							
In re: Mohdsameer Aljanedi Dental Corporation  <div style="text-align: right;">Debtor(s).</div> <div style="text-align: right;">Plaintiff(s).</div> <div style="text-align: right;">Defendant(s).</div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">                             CASE NO.:                              ADVERSARY NO.:                              CHAPTER:                         </td> <td style="width:40%; text-align: center;">                             11                         </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>CORPORATE OWNERSHIP STATEMENT                              PURSUANT TO FRBP 1007(a) (1)                              and 7007.1, and LBR 1007-4</b> </td> </tr> <tr> <td colspan="2" style="text-align: center;">                             [No Hearing]                         </td> </tr> </table>	CASE NO.: ADVERSARY NO.: CHAPTER:	11	<b>CORPORATE OWNERSHIP STATEMENT                              PURSUANT TO FRBP 1007(a) (1)                              and 7007.1, and LBR 1007-4</b>		[No Hearing]	
CASE NO.: ADVERSARY NO.: CHAPTER:	11						
<b>CORPORATE OWNERSHIP STATEMENT                              PURSUANT TO FRBP 1007(a) (1)                              and 7007.1, and LBR 1007-4</b>							
[No Hearing]							

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

I, Michael R. Totaro, 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:

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[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.

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

Date: October 15, 2017

By: /s/ Michael R. Totaro  
Signature of Debtor, or attorney for Debtor

Name: Michael R. Totaro  
Printed name of Debtor, or attorney for Debtor

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This form is optional. 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 Mohdsameer Aljanedi Dental Corporation

United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA

Case number \_\_\_\_\_  
(if known)

Check if this is an amended filing

Official Form 204

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

12/15

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 claims 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		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Community West Bank 445 Pine Ave Goleta, CA 93117		Secured Loans	Disputed	\$2,835,040.00	\$1,407,245.00	\$1,427,795.00
2	Gibraltar 400 Skokie blvd. #375 nIL 60062		Cash Advance	Disputed			\$176,000.00
3	First Global Capital 1250 E. Hallandale Beach Bvd. 409 Hallandale Beach, FL 33009		Cash Advance	Disputed			\$158,001.77
4	IOU Financial 600 Town Park Lane # 140 Kennesaw, GA 30144		Cash Advance	Disputed			\$145,000.00
5	National Funding 9820 Towne Center Dr. # 200 San Diego, CA 92121		Cash Advance	Disputed			\$127,500.00

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_  
Name

	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 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
6	Business Backer LLC 1 South Main St. #1590 Dayton, OH 45402		Cash Advance	Disputed			\$90,510.00
7	World Global Financial 141 North East 3rd Ave. Miami, FL 33132		Cash Advance	Disputed			\$53,000.00
8	Internal Revenue Service Central Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101		Taxes 941	Disputed			\$22,662.82
9	Bizfi 460 Park Ave. S New York, NY 10016		Cash Advance	Disputed			\$20,000.00
10	Everbank P.O. Box 911608 Denver, CO 802291		Lease	Disputed	\$107,000.00	\$90,000.00	\$17,000.00
11	US Bank Equipment Finance 1101 California Ave. # 100 Corona, CA 92881		Equipment	Disputed			\$15,111.00
12	Legis Law 2101 E 4th ST. #A120 Santa Ana, CA 92705		Legal Fees	Disputed			\$7,218.34
13	A&M Dental Laboratory 425 S. Santa Fe St. Santa Ana, CA 92705		Dental Lab	Disputed			\$6,923.31

Debtor **Mohdsameer Aljanedi Dental Corporation** Case number (if known) \_\_\_\_\_  
Name

	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 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
14	Pure Life Dental 201 Santa Monica Blvd. # 400 Santa Monica, CA 90401		Supplies	Disputed			\$6,583.02
15	Employment Development Department Bankruptcy Group MIC 92E P.O. Box 826880 Sacramento, CA 94280		Taxes	Disputed			\$5,628.30
16	Fundbox 300 Montgomery St. San Francisco, CA 94104		Loan	Disputed			\$5,385.06
17	Fundbox 300 Montgomery St. San Francisco, CA 94104		Loan	Disputed			\$2,467.14
18	OC Dental Laboratory 23761 Via Fabricante D Mission Viejo, CA 92691		Lab	Disputed			\$1,922.40
19	Xhandpiece 2284 N. Glassell St. Unit C Orange, CA 92865		Repair	Disputed			\$759.00
20	Internal Revenue Service Central Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101		Taxes 940	Disputed			\$255.54

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SANTA ANA DIVISION**

IN RE:  
**Mohdsameer Aljanedi Dental Corporation**

CHAPTER 11

DEBTOR(S)

CASE NO

**LIST OF EQUITY SECURITY HOLDERS**

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
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**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

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

Date: 10/15/2017

Signature: /s/ Mohdsameer Aljanedi  
**Mohdsameer Aljanedi**  
President

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

Debtor Name Mohdsameer Aljanedi Dental Corporation

United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

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

1a. <b>Real property:</b> Copy line 88 from Schedule A/B.....	<u>\$0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from Schedule A/B.....	<u>\$1,501,745.00</u>
1c. <b>Total of all property</b> Copy line 92 from Schedule A/B.....	<u>\$1,501,745.00</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....	<u>\$2,942,040.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of Schedule E/F.....	<u>\$28,546.66</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+ <u>\$816,570.04</u>
4. <b>Total liabilities</b> Lines 2 + 3a + 3b.....	<u>\$3,787,156.70</u>



Fill in this information to identify the case	
Debtor name	<u>Mohdsameer Aljanedi Dental Corporation</u>
United States Bankruptcy Court for the:	<u>CENTRAL DIST. OF CALIFORNIA</u>
Case number (if known)	_____

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets -- Real and Personal Property**

12/15

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

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

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

**Part 1: Cash and cash equivalents**

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

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

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\_\_\_\_\_

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. <u>Checking account Community</u>	<u>Checking account</u>	<u>4 4 0 0</u>	<u>\$250.00</u>
3.2. <u>Checking account Wells Fargo</u>	<u>Checking account</u>	<u>4 1 1 5</u>	<u>\$4,250.00</u>

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

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

<b>\$4,500.00</b>
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**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.

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_  
 Name

Current value of debtor's interest

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$0.00

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

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

Current value of debtor's interest

**11. Accounts receivable**

11a. 90 days old or less: \$44,419.00 — \$0.00 = ..... → \$44,419.00  
 face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$0.00 — \$0.00 = ..... → \$0.00  
 face amount doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$44,419.00

**Part 4: Investments**

**13. Does the debtor own any investments?**

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

Valuation method used for current value

Current value of debtor's interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

**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.

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_  
 Name

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
<u>Various See attached</u>	<u>10/12/2017</u>	<u>\$4,000.00</u>	<u>Estimate</u>	<u>\$4,000.00</u>

23. Total of Part 5  
 Add lines 19 through 22. Copy the total to line 84. \$4,000.00

24. Is any of the property listed in Part 5 perishable?  
 No  
 Yes
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?  
 No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?  
 No  
 Yes

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

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?  
 No. Go to Part 7.  
 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
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			

33. Total of Part 6.  
 Add lines 28 through 32. Copy the total to line 85. \$0.00

34. Is the debtor a member of an agricultural cooperative?  
 No  
 Yes. Is any of the debtor's property stored at the cooperative?  
 No  
 Yes
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?  
 No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_
36. Is a depreciation schedule available for any of the property listed in Part 6?  
 No  
 Yes
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?  
 No  
 Yes

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_  
 Name

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
<u>CT Scanners</u>		<u>Experience</u>	<u>\$90,000.00</u>
<u>Various Equipment and Supplies</u> Appraisal is from 2013 but the items remain the same	<u>\$42,000.00</u>		<u>\$42,000.00</u>
42. Collectibles <i>Examples:</i> 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. Add lines 39 through 42. Copy the total to line 86.			<u>\$132,000.00</u>

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No  
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

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

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			<u>\$0.00</u>

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No  
 Yes

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_  
 Name

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No  
 Yes

**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.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No  
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No  
 Yes

**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			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			

UCC on Equipment and Receivables \$1,316,826.00 Former Appraisal \$1,316,826.00

66. Total of Part 10.

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

\$1,316,826.00

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 Mohdsameer Aljanedi Dental Corporation 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.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

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

76. Trusts, equitable or future interests in property

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

78. Total of Part 11.

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

**\$0.00**

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

- No
- Yes

Debtor Mohdsameer Aljanedi Dental Corporation 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>\$4,500.00</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>\$44,419.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$4,000.00</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>\$132,000.00</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>\$1,316,826.00</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. 91a.	<u>\$1,501,745.00</u>	<u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$1,501,745.00</u>

2141 E. PHILADELPHIA ST. UNIT Q, ONTARIO CA 91761  
 PHONE: (909) 954-4140 FAX: (909) 954-4150

**Equipment Appraisal Form**

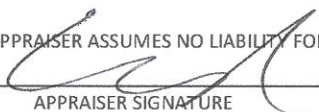
<b>NAME:</b>	BEACHSIDE DENTAL
<b>ADDRESS:</b>	18800 MAIN ST. SUITE # 110
<b>CITY:</b>	HUNTINGTON BEACH CA
<b>STATE, ZIP CODE:</b>	CA, 92648
<b>PHONE NO:</b>	714-842-9973
<b>FAX NO:</b>	714-842-6764

<b>APPRAISAL #</b>	080715
<b>APPRAISER</b>	LUIS ROSALES

THIS ESTIMATION IS BASED ON THE CURRENT RETAIL VALUE AND IS NOT INTENDED TO INCLUDE ANY APPLICABLE STATE OR FEDERAL TAX. IN THE EVENT OF ANY DAMAGE TO THE ITEM(S) DESCRIBED BELOW, THE APPRAISER IS NOT RESPONSIBLE FOR THE COST OF THE REPLACEMENT OF SAID ITEMS.

QTY	YEAR	MFG	MODEL/EQUIPMENT	CONTIDION	VALUE	COMMENTS
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	N/A	N/A	DOCTOR STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$15.00	
1	N/A	N/A	ASSISTANT STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$25.00	
1	N/A	BELMONT	DENTAL CHAIR W/ UNIT & LIGHT	VERY GOOD GOOD FAIR <u>POOR</u>	\$460.00	SHORT IN LIGHT FLICKERING
1	N/A	DISCUSS	ZOOM LIGHT	VERY GOOD GOOD <u>FAIR</u> POOR	\$320.00	
1	N/A	N/A	ZOOM LIGHT	VERY GOOD GOOD <u>FAIR</u> POOR	\$320.00	
1	N/A	DELL	DELL OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	N/A	PROMA	ROYAL DENTAL CHAIR MODEL 16 W/ UNIT /LIGHT	VERY GOOD GOOD <u>FAIR</u> POOR	\$520.00	
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	N/A	SSWHITE	X-RAY UNIT	VERY GOOD GOOD FAIR <u>POOR</u>	\$200.00	NO PARTS AVAILABLE
1	N/A	N/A	DOCTOR STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$15.00	
1	N/A	N/A	ASSISTANT STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$25.00	
1	N/A	DEXTA	CHAIR W/ UNIT PELTON LIGHT	VERY GOOD GOOD FAIR <u>POOR</u>	\$425.00	VARIOUS AIR LEAKS IN UNIT
1	N/A	N/A	DOCTOR STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$15.00	
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	N/A	N/A	ASSISTANT STOOL	VERY GOOD <u>GOOD</u> FAIR POOR	\$25.00	
1	N/A	MARUS	DENTAL CHAIR W/ UNIT/ PELTON LIGHT	VERY GOOD GOOD FAIR <u>POOR</u>	\$475.00	BAD BASE, NEEDS NEW CHAIR BRACKET RECLINE PISTON BAD
1	N/A	N/A	DOCTOR STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$15.00	
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	N/A	DENTAL EZ	J-CHAIR NO UNIT	VERY GOOD GOOD FAIR <u>POOR</u>	\$150.00	NON WORKING
1	N/A	SSWHITE	DENTAL INTRAORAL X-RAY	VERY GOOD GOOD FAIR <u>POOR</u>	\$200.00	NO PARTS AVAILABLE
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
				VERY GOOD GOOD FAIR POOR		

THE APPRAISER ASSUMES NO LIABILITY FOR ANY ACTION TAKEN BASED ON THIS APPRAISAL

  
 APPRAISER SIGNATURE

8/9/13  
 DATE

TOTAL APPRAISED VALUE  
\$9,075



# Empire Dental SUPPLIES & SERVICE

2141 E. PHILADELPHIA ST. UNIT Q, ONTARIO CA 91761

PHONE: (909) 954-4140 FAX: (909) 954-4150

## Equipment Appraisal Form

<b>NAME:</b>	BEACHSIDE DENTAL
<b>ADDRESS:</b>	18800 MAIN ST. SUITE # 110
<b>CITY:</b>	HUNTINGTON BEACH
<b>STATE, ZIP CODE:</b>	CA, 92648
<b>PHONE No:</b>	714-842-9973
<b>FAX No:</b>	714-842-6764

<b>APPRAISAL #</b>	080715
<b>APPRAISER</b>	LUIS ROSALES

THIS ESTIMATION IS BASED ON THE CURRENT RETAIL VALUE AND IS NOT INTENDED TO INCLUDE ANY APPLICABLE STATE OR FEDERAL TAX. IN THE EVENT OF ANY DAMAGE TO THE ITEM(S) DESCRIBED BELOW, THE APPRAISER IS NOT RESPONSIBLE FOR THE COST OF THE REPLACEMENT OF SAID ITEMS.

QTY	YEAR	MFG	MODEL/EQUIPMENT	CONTIDION	VALUE	COMMENTS
1	N/A	BELMONT	BELMONT CHAIR W/ UNIT PELTON LF1 LIGHT	VERY GOOD GOOD FAIR <u>POOR</u>	\$620.00	VERY OLD PACKAGE
1	N/A	N/A	ASSISTANT STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$25.00	
1	N/A	N/A	DOCTOR STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$15.00	
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	N/A	GE	DENTAL INTRAORAL X-RAY	VERY GOOD GOOD FAIR <u>POOR</u>	\$250.00	PARTS UNAVAILABLE
1	N/A	PARKELL	CAVITRON	VERY GOOD GOOD <u>FAIR</u> POOR	\$125.00	
1	N/A	DEXTA	DEXTA CHAIR W/ UKNOWN UNIT / PELTON LIGHT	VERY GOOD GOOD FAIR <u>POOR</u>	\$425.00	PISTON ISSUES LIGHT ARM BROKEN
1	N/A	N/A	ASSISTANT STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$25.00	
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	N/A	N/A	DOCTOR STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$15.00	
1	N/A	GE	DENTAL INTRAORAL X-RAY	VERY GOOD GOOD FAIR <u>POOR</u>	\$250.00	PARTS UNAVAILABLE
1	N/A	UNITEK	DENTAL CHAIR W/ UKNOWN UNIT PELTON LIGHT	VERY GOOD GOOD FAIR <u>POOR</u>	\$325.00	MULTIPLE AIR LEAKS
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	1984	BELMONT	907 DENTAL X-RAY UNIT	VERY GOOD GOOD <u>FAIR</u> POOR	\$325.00	
1	N/A	FORREST	FORREST DENTAL CHAIR W/ UNIT FARO LIGHT	VERY GOOD GOOD <u>FAIR</u> POOR	\$310.00	
1	N/A	N/A	DOCTOR STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$15.00	
1	N/A	N/A	ASSISTANT STOOL	VERY GOOD GOOD FAIR <u>POOR</u>	\$25.00	
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	N/A	N/A	E4D MILLING UNIT AND FURNACE	VERY GOOD GOOD <u>FAIR</u> POOR	\$18,750	
1	N/A	N/A	NITROUS SYSTEM 4 CYL	VERY GOOD GOOD <u>FAIR</u> POOR	\$380.00	
1	N/A	N/A	COMPRESSOR DUAL HEAD	VERY GOOD GOOD FAIR <u>POOR</u>	\$1200.00	NEEDS SERVICE KIT
1	N/A	APOLLO	2HP VACUUM PUMP	VERY GOOD GOOD FAIR <u>POOR</u>	\$460.00	NEEDS O RINGS REPLACED
1	N/A	FORREST	DENTAL CHAIR W/ DENTAL UNIT /DENTAL LIGHT	VERY GOOD GOOD FAIR <u>POOR</u>	\$450.00	CHAIR HYDRAULIC FAILURE
1	N/A	DELL	OPTIPLEX COMPUTER	VERY GOOD <u>GOOD</u> FAIR POOR	\$145.00	
1	N/A	DENTX	X70 DENTAL INTRAORAL X-RAY	VERY GOOD GOOD FAIR <u>POOR</u>	\$475.00	SCISSOR ARM DRIFTING
2	N/A	PARKELL	CAVITRON	VERY GOOD GOOD <u>FAIR</u> POOR	\$125.00	

THE APPRAISER ASSUMES NO LIABILITY FOR ANY ACTION TAKEN BASED ON THIS APPRAISAL

APPRaiser SIGNATURE

DATE

TOTAL APPRAISED VALUE

\$25,440

8/9/13



BEACHSIDE DENTAL SUPPLY INVENTORY			
BACK OFFICE			
QTY	ITEM	COST PER ITEM	COST
2 Bottles	CHLORHEXIDINE	5.99	11.98
1 BOX	PRE-TIPPED SYRINGES 3CC	28.99	28.99
1 BOX	MONOJET SYRINGE	18.99	18.99
1 BOX	COTTON ROLLS	9.99	19.99
1 BOX	COTTON TIP APPLICATORS 3"	12.99	12.99
1 BOX	2X2 GAUZE	26	26
1 BOX	VARNISH	86.38	86.38
1 BOTTLE	LIGHT CURE SELF ETCHING	11.99	11.99
2 BOXES	GLIDE REFILL	11.99	23.98
1 CARTRIDGE	FUJI CEM 2	232	232
1 BOX	DRI ANGLE SMALL	18.99	18.99
5 BOXES	SENSOR COVERS	15.99	79.95
2 BOXES	CURING LIGHT SLEEVES	15.99	31.98
2 BOXES	BITEWING TABS	9	18
1 BOTTLE	SEAL- N -SHINE	65.99	65.99
2 BOXES	PROPHY ANGLES	121.99	243.98
1 BOX	VENUS WHITE PRO	165	165
1 BOX	CONTRAST AM PATIENT WHITENING	145	145
2 BOXES	PATIENT BIBS	16.99	33.98
5 BOXES	FACE MASK	7.5	37.5
1 BOX	GEL FOAM	120	120
4 BOXES	LIDOCAINE 2 % WITH EPI	25.99	103.96
10 BOXES	SEPTOCAINE 4%	46.99	469.9
6 BOXES	27G MONOJET NEEDLES	8.99	53.94
6 BOXES	30G MONOJET NEEDLES	8.99	53.94
2 BOXES	B1 LV TPH COMPOSITE	105.99	211.98

QTY	ITEM	28 of 56	COST PER ITEM	COST
1 BOX	A1 LV TPH COMPOSITE		105.99	105.99
3 BOXES	A2 LV TPH COMPOSITE		105.99	317.97
2 BOXES	A3 LV TPH COMPOSITE		105.99	211.98
3 BOXES	A4 LV TPH COMPOSITE		105.99	317.97
1 BOX	PORCELAIN ETCH		29.99	29.99
1 BOX	LIME LITE		39.59	39.59
6 REFILL BOX	TELIO		59.39	356.34
5 pack	MICRO BRUSHES		5.25	26.25
2 BOXES	POLYBITE TRAYS- POSTERIOR		14.99	29.98
2 BOXES	POLYBITE TRAYS- ANTERIOR		14.99	29.98
3 BOXES	POLYBITE TRAYS-FULL		14.99	44.97
1 BULK BOX	GENIE HEAVY BODY		550	550
4 BOXES	GENIE BITE REGISTRATION		32.99	131.96
2 BOXES	INTEGRITY TEMP A2		202.99	405.98
2 BAGS	3WAY SYRINGE TIPS		215.65	431.3
5 BAGS	HP TEAL IMP TIPS		22	110
6 BAGS	HP YELLOW IMP TIPS		22	110
1 BOTTLE	FORMOL CRESOL		26.5	26.5
10 BOXES	NITRILE BLUE XSMALL GLOVES		6.5	65
4 BOXES	NITRILE BLUE SMALL GLOVES		6.5	26
10 BOXES	NITRILE BLUE MEDIUM GLOVES		6.5	65
15 BOXES	NITRILE BLUE LARGE GLOVES		6.5	97.5
4 BOTTLES	TOPICAL GEL		3.99	15.96
2 BOXES	FULL CHAIR COVERS		28.99	57.98
3 BOXES	TRAY COVERS		14.99	44.97
1 BOX	TRAY BARRIERS		8.99	8.99
1 CASE	PATIENT CUPS		16.99	16.99

QTY	ITEM	COST PER ITEM	COST
4 BOTTLES	CAVIWIPES	8.5	34
3 BOXES	PATTERNS RESIN	34.99	104.97
3 ROLLS	BLUE BARRIER ROLL	8.99	26.97
5 BOXES	3 WAY SYRINGE COVERS	6.5	32.5
1 BOX	EASY TRAP FILTERS	44.99	44.99
2 BOXES	DIPOSABLE TRAP	39.99	79.98
2 CONTAINERS	SHARP CONTANIERS LG	21.99	43.96
3 CONTAINER	SHARP CONTANIERS MD	14.99	44.97
2 CASES	SODIUM CHLORIDE .09%	172.89	345.78
1 CASE	EXTENSION SET 12' LF	55.69	55.69
2 CASES	IV SET 15DRP/ML 78'	61.79	123.58
3CASES	STOPCOCK 3 WAY	53.69	161.07
6 BOXES	ELECTRODE RED DOT ADULT	12.75	76.5
3 BOXES	SURGICAL BLADE #15 ss	20.29	60.87
1/1/1900	QLICKSMART	38.29	38.29
5 BOXES	SCALPEL HANDLE #3	4.09	20.45
2 BOXES	WIEDER RETRACTOR SM BLADE	59.99	119.98
9 BOXES	MARCAINE 5%	64.89	584.01
2 BOXES	MIDWEST AEROSOL CLEAN	63.89	127.78
1 BOTTLE	AH 26 COMPLETE KIT	118.99	118.99
2 TIPS	CAVITRON POWERLINE	170.99	341.98
4 BOXES	NEO DIAMONDS FG	39.85	159.4

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

Debtor name Mohdsameer Aljanedi Dental Corporation

United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

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

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

**Part 1: List Creditors Who Have Secured Claims**

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

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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<b>2.1</b>	<p><b>Creditor's name</b> <u>Community West Bank</u></p> <p><b>Creditor's mailing address</b> <u>445 Pine Ave</u></p> <p><u>Goleta</u> <u>CA</u> <u>93117</u></p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred</b> <u>2016</u></p> <p><b>Last 4 digits of account number</b> <u>2 1 2 3</u></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b> <u>UCC on Equipment and Receivables</u></p> <p><b>Describe the lien</b> <u>Secured Loans / Agreement</u></p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>	<p><u>\$2,835,040.00</u></p>	<p><u>\$1,407,245.00</u></p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$2,942,040.00

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

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

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.2</b>	<p><b>Creditor's name</b> <u>Everbank</u></p> <hr/> <p><b>Creditor's mailing address</b> <u>P.O. Box 911608</u> <u>Denver, CO 802291</u></p> <hr/> <p><b>Creditor's email address, if known</b> _____</p> <hr/> <p><b>Date debt was incurred</b> <u>2016</u></p> <hr/> <p><b>Last 4 digits of account number</b> <u>4 8 7 8</u></p> <hr/> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b> <u>CT Scans</u></p> <hr/> <p><b>Describe the lien</b> <u>Lease / Agreement</u></p> <hr/> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <hr/> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>	<p><u>\$107,000.00</u></p>	<p><u>\$90,000.00</u></p>
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**Fill in this information to identify the case:**

Debtor Mohdsameer Aljanedi Dental Corporation

United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

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

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

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

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

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim                      Priority amount

<p><b>2.1</b> Priority creditor's name and mailing address</p> <p><u>Employment Development Department</u></p> <p><u>Bankruptcy Group MIC 92E</u></p> <p><u>P.O. Box 826880</u></p> <p><u>Sacramento</u>                      <u>CA</u>    <u>94280</u></p> <p>Date or dates debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u>6</u> <u>3</u> <u>1</u> <u>5</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Taxes</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$5,628.30</u></p> <p><u>\$0.00</u></p>
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<p><b>2.2</b> Priority creditor's name and mailing address</p> <p><u>Internal Revenue Service</u></p> <p><u>Central Insolvency Operations</u></p> <p><u>P.O. Box 7346</u></p> <p><u>Philadelphia</u>                      <u>PA</u>    <u>19101</u></p> <p>Date or dates debt was incurred <u>2016</u></p> <p>Last 4 digits of account number <u>3</u> <u>2</u> <u>4</u> <u>4</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Taxes 941</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$22,662.82</u></p> <p><u>\$0.00</u></p>
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Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
<p><b>2.3</b> Priority creditor's name and mailing address</p> <p><u>Internal Revenue Service</u></p> <p><u>Central Insolvency Operations</u></p> <p><u>P.O. Box 7346</u></p> <p><u>Philadelphia PA 19101</u></p> <p>Date or dates debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u>3 2 4 4</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Taxes 940</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$255.54</u></p>	<p><u>\$0.00</u></p>

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.1</div> Nonpriority creditor's name and mailing address <u>A&amp;M Dental Laboratory</u> <u>425 S. Santa Fe St.</u> <hr/> <u>Santa Ana</u> <u>CA</u> <u>92705</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u>  8  3  0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Dental Lab</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,923.31</u>

<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.2</div> Nonpriority creditor's name and mailing address <u>Bizfi</u> <u>460 Park Ave. S</u> <hr/> <u>New York</u> <u>NY</u> <u>10016</u> Date or dates debt was incurred <u>2014</u> Last 4 digits of account number <u>  n  t  a  l</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Cash Advance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,000.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.3</div> Nonpriority creditor's name and mailing address <u>Business Backer LLC</u> <u>1 South Main St. #1590</u> <hr/> <u>Dayton</u> <u>OH</u> <u>45402</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u>  n  t  a  l</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Cash Advance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$90,510.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">3.4</div> Nonpriority creditor's name and mailing address <u>First Global Capital</u> <u>1250 E. Hallandale Beach Blvd. 409</u> <hr/> <u>Hallandale Beach</u> <u>FL</u> <u>33009</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u>  n  t  a  l</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Cash Advance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$158,001.77</u>
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Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.5</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,385.06</u>
	<u>Fundbox</u>	<input type="checkbox"/> Contingent	
	<u>300 Montgomery St.</u>	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	<u>San Francisco CA 94104</u>	Basis for the claim:	
		<u>Loan</u>	
	Date or dates debt was incurred <u>2017</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>1 2 3 1</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.6</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,467.14</u>
	<u>Fundbox</u>	<input type="checkbox"/> Contingent	
	<u>300 Montgomery St.</u>	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	<u>San Francisco CA 94104</u>	Basis for the claim:	
		<u>Loan</u>	
	Date or dates debt was incurred <u>2017</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>8 1 8 1</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.7</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$176,000.00</u>
	<u>Gibraltar</u>	<input type="checkbox"/> Contingent	
	<u>400 Skokie blvd. #375</u>	<input type="checkbox"/> Unliquidated	
	<u>nIL 60062</u>	<input checked="" type="checkbox"/> Disputed	
	<u>San Francisco CA 94104</u>	Basis for the claim:	
		<u>Cash Advance</u>	
	Date or dates debt was incurred <u>2015</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>8 0 0 5</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.8</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$189.00</u>
	<u>Hiossen, Inc.</u>	<input type="checkbox"/> Contingent	
	<u>270 Sylvan Ave. #1130</u>	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	<u>Englewood Cliffs NJ 07632</u>	Basis for the claim:	
		<u>Implants</u>	
	Date or dates debt was incurred <u>2017</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>8 0 1 1</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.9</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$145,000.00</u>
	<u>IOU Financial</u>	<input type="checkbox"/> Contingent	
	<u>600 Town Park Lane #140</u>	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	<u>Kennesaw GA 30144</u>	<b>Basis for the claim:</b>	
		<u>Cash Advance</u>	
	Date or dates debt was incurred <u>2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>2 7 8 7</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.10</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$7,218.34</u>
	<u>Legis Law</u>	<input type="checkbox"/> Contingent	
	<u>2101 E 4th ST. #A120</u>	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	<u>Santa Ana CA 92705</u>	<b>Basis for the claim:</b>	
		<u>Legal Fees</u>	
	Date or dates debt was incurred <u>2017</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>n t a l</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.11</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$127,500.00</u>
	<u>National Funding</u>	<input type="checkbox"/> Contingent	
	<u>9820 Towne Center Dr. #200</u>	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	<u>San Diego CA 92121</u>	<b>Basis for the claim:</b>	
		<u>Cash Advance</u>	
	Date or dates debt was incurred <u>2016</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>n t a l</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.12</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,922.40</u>
	<u>OC Dental Laboratory</u>	<input type="checkbox"/> Contingent	
	<u>23761 Via Fabricante D</u>	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	<u>Mission Viejo CA 92691</u>	<b>Basis for the claim:</b>	
		<u>Lab</u>	
	Date or dates debt was incurred <u>2017</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u>s i d e</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

<p><b>3.13</b> Nonpriority creditor's name and mailing address</p> <p><u>Pure Life Dental</u>  <u>201 Santa Monica Blvd. #400</u>    <u>Santa Monica</u> <u>CA</u> <u>90401</u></p> <p>Date or dates debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u>5 9 9 4</u></p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <u>Supplies</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p><u>\$6,583.02</u></p>
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<p><b>3.14</b> Nonpriority creditor's name and mailing address</p> <p><u>US Bank Equipment Finance</u>  <u>1101 California Ave. #100</u>    <u>Corona</u> <u>CA</u> <u>92881</u></p> <p>Date or dates debt was incurred <u>2015</u></p> <p>Last 4 digits of account number <u>n t a l</u></p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <u>Equipment</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p><u>\$15,111.00</u></p>
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<p><b>3.15</b> Nonpriority creditor's name and mailing address</p> <p><u>World Global Financial</u>  <u>141 North East 3rd Ave.</u>    <u>Miami</u> <u>FL</u> <u>33132</u></p> <p>Date or dates debt was incurred <u>2015</u></p> <p>Last 4 digits of account number <u>n t a l</u></p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <u>Cash Advance</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p><u>\$53,000.00</u></p>
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<p><b>3.16</b> Nonpriority creditor's name and mailing address</p> <p><u>Xhandpiece</u>  <u>2284 N. Glassell St. Unit C</u>    <u>Orange</u> <u>CA</u> <u>92865</u></p> <p>Date or dates debt was incurred <u>2017</u></p> <p>Last 4 digits of account number <u>m e e r</u></p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:  <u>Repair</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Amount of claim</p> <p><u>\$759.00</u></p>
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Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

**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	<u>Altick &amp; Corwin Co LPA</u> <u>1 South Main St. #1590</u> _____ <u>Dayton OH 45402</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Collecting for - The Business Backer</b>	<u>5 8 3 3</u>
4.2	<u>Jeff Fulton</u> <u>1545 Hotel circle Sourth #240</u> _____ <u>San Diego CA 92108</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Collecting for - US Bank</b>	<u>9 3 3 9</u>
4.3	<u>Neil S. Salisian</u> <u>550 S. Hope St. #750</u> _____ <u>Los Angeles CA 90071</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Collecting for - National Funding</b>	_____
4.4	<u>Office of the United States Trustee</u> <u>411 W. Fourth St. 7th Fl.</u> _____ <u>Santa Ana CA 92701</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Required Notification</b>	_____
4.5	<u>Steven Zakharyayev, Esq.</u> <u>1250 Hallandale Beach Blvd.</u> <u>#409</u> _____ <u>Hallandale Beach FL 33009</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Collecting for - 1 West Capital</b>	_____

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

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

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

Total of claim amounts

5a. Total claims from Part 1	5a. <u>\$28,546.66</u>	
5b. Total claims from Part 2	5b. + <u>\$816,570.04</u>	
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <table border="1"><tr><td><u>\$845,116.70</u></td></tr></table>	<u>\$845,116.70</u>
<u>\$845,116.70</u>		

Fill in this information to identify the case:		
Debtor name	<u>Mohdsameer Aljanedi Dental Corporation</u>	
United States Bankruptcy Court for the:	<u>CENTRAL DIST. OF CALIFORNIA</u>	
Case number (if known)	Chapter	<u>11</u>

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, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?
- No. Check this box and file this form with the court 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 contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

	<b>2. List all contracts and unexpired leases</b>		<b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b>
<b>2.1</b>	State what the contract or lease is for and the nature of the debtor's interest	<b>UCC on Equipment and Receivables Contract to be ASSUMED</b>	<u>Community West Bank</u>
	State the term remaining		<u>445 Pine Ave</u>
	List the contract number of any government contract		<u>Goleta CA 93117</u>
<b>2.2</b>	State what the contract or lease is for and the nature of the debtor's interest	<b>CT Scans Contract to be ASSUMED</b>	<u>Everbank</u>
	State the term remaining		<u>P.O. Box 911608</u>
	List the contract number of any government contract		<u>Denver, CO 802291</u>
<b>2.3</b>	State what the contract or lease is for and the nature of the debtor's interest	<b>Credit Card Processing Contract to be ASSUMED</b>	<u>Moneris</u>
	State the term remaining		<u>150 N. Martingale Rd. # 900</u>
	List the contract number of any government contract		<u>Schaumburg IL 60173</u>
<b>2.4</b>	State what the contract or lease is for and the nature of the debtor's interest	<b>Facility Rental Contract to be ASSUMED</b>	<u>SABR, LLC</u>
	State the term remaining		<u>1618 Stanford St.</u>
	List the contract number of any government contract		<u>Santa Monica CA 90404</u>



Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

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  State the term remaining  List the contract number of any government contract	Credit Card Processing Contract to be ASSUMED  _____  _____	Wells Fargo Bank, NA P.O. Box 14517 _____ _____ Des Moines IA 50306
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**Fill in this information to identify the case:**

Debtor name Mohdsameer Aljanedi Dental Corporation

United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 206H

**Schedule H: 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.

- Does the debtor 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
- 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>
------	-----------------	------	--

Fill in this information to identify the case and this filing:	
Debtor Name	<u>Mohdsameer Aljanedi Dental Corporation</u>
United States Bankruptcy Court for the:	<u>CENTRAL DIST. OF CALIFORNIA</u>
Case number (if known)	_____

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)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206-Summary)
- 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 10/15/2017  
MM / DD / YYYY

**X /s/ Mohdsameer Aljanedi**  
Signature of individual signing on behalf of debtor

**Mohdsameer Aljanedi**  
Printed name  
**President**  
Position or relationship to debtor

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

Debtor name Mohdsameer Aljanedi Dental Corporation

United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA

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 <u>01/01/2017</u> to <u>01/01/2017</u>	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$1,314,000.00</u>
For prior year:	From <u>01/01/2016</u> to <u>12/31/2016</u>		<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$1,658,753.00</u>
For the year before that:	From <u>01/01/2015</u> to <u>12/31/2015</u>		<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$1,505,163.00</u>

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

**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 or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>First Global Capital</u> Creditor's name <u>1250 E. Hallandale Beach Blvd. #409</u> Street	<u>Last 90 days</u>	<u>\$10,000.00</u>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<u>Hallandale Beach</u> City	<u>FL</u> State	<u>33009</u> ZIP Code	

Debtor <b>Mohdsameer Aljanedi Dental Corporation</b>		Case number (if known) _____	
Name			
Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer
<b>3.2. National Funding</b> Creditor's name <b>9820 Towne Center Dr. #200</b> Street <hr/> <b>San Diego CA 92121</b> City State ZIP Code	<b>Last three months</b>	<b>\$15,000.00</b>	Check all that apply <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<b>3.3. IOU Financial</b> Creditor's name <b>600 Town Park Lane #140</b> Street <hr/> <b>Kennesaw GA 30144</b> City State ZIP Code	<b>Last three months</b>	<b>\$13,800.00</b>	Check all that apply <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<b>3.4. Business Backer LLC</b> Creditor's name <b>1 South Main St. #1590</b> Street <hr/> <b>Dayton OH 45402</b> City State ZIP Code	<b>Last three months</b>	<b>\$5,800.00</b>	Check all that apply <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<b>3.5. Fundbox</b> Creditor's name <b>300 Montgomery St.</b> Street <hr/> <b>San Francisco CA 94104</b> City State ZIP Code	<b>Last Three Months</b>	<b>\$2,700.00</b>	Check all that apply <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<b>3.6. US Bank Equipment Finance</b> Creditor's name <b>1101 California Ave. #100</b> Street <hr/> <b>Corona CA 92881</b> City State ZIP Code	<b>Last Three Months payments</b>	<b>\$5,600.00</b>	Check all that apply <input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<b>3.7. Bizfi</b> Creditor's name <b>460 Park Ave. S</b> Street <hr/> <b>New York NY 10016</b> City State ZIP Code	<b>Last Three Months</b>	<b>\$1,900.00</b>	Check all that apply <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<b>3.8. World Global Financial</b> Creditor's name <b>141 North East 3rd Ave.</b> Street <hr/> <b>Miami FL 33132</b> City State ZIP Code	<b>Last three months</b>	<b>\$18,000.00</b>	Check all that apply <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor **Mohdsameer Aljanedi Dental Corporation** Case number (if known) \_\_\_\_\_  
 Name

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.9.	<b>Gibraltar</b> Creditor's name <b>400 Skokie blvd. #375</b> Street	<b>Last Three Months</b>	<b>\$12,000.00</b>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
	<b>Chicago</b> <b>IL</b> <b>60062</b> City State ZIP Code			
3.10.	<b>SABR, LLC</b> Creditor's name <b>1618 Stanford St.</b> Street	<b>Last Three Months</b>	<b>\$30,830.79</b>	<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 <b>Rent</b>
	<b>Santa Monica</b> <b>CA</b> <b>90404</b> City State ZIP Code			
3.11.	<b>Community West Bank</b> Creditor's name <b>445 Pine Ave</b> Street	<b>Last Three Months</b>	<b>\$33,121.98</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
	<b>Goleta</b> <b>CA</b> <b>93117</b> City State ZIP Code			

**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 co-signed 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

**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

**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

Debtor **Mohdsameer Aljanedi Dental Corporation** Case number (if known) \_\_\_\_\_  
Name

**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	Nature of case	Court or agency's name and address	Status of case
7.1. <b>US Bank v. Mohdsameer</b>	<b>Collection</b>	_____ Name _____ Street _____ _____ City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Case number</b> _____			
7.2. <b>The Business Backer v. Mohdsameer</b>	<b>Collection</b>	<b>Court of Common Pleas</b> _____ Name _____ Street _____ _____ City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Case number</b> <b>Civil 2016-05833</b> _____		<b>OH</b> _____	
7.3. <b>Nationa Funding v. Mohdsameer</b>	<b>Collection</b>	<b>Orange County Superior Court</b> _____ Name _____ Street _____ _____ City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Case number</b> <b>00856464</b> _____			
7.4. <b>1 West Capital v. Mohdsameer</b>	<b>Collection</b>	<b>Circuit Court of Florida</b> _____ Name _____ Street _____ _____ City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Case number</b> <b>17-6909</b> _____			

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_  
Name

**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

**Part 5: Certain Losses**

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

None

**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?	If not money, describe the property transferred	Dates	Total amount or value
11.1. <u>Totaro &amp; Shanahan</u> Address <u>P.O. Box 789</u> Street  <u>Pacific Palisades CA 90272</u> City State ZIP Code  Email or website address  Who made the payment, if not debtor?	Fees are for pre-petition work only. Also an additional 1717 is for the filing fee.	10/10/2017	<u>\$15,000.00</u>

**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 **Mohdsameer Aljanedi Dental Corporation** Case number (if known) \_\_\_\_\_  
Name

**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

**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

**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.

**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 \_\_\_\_\_

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:

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_  
Name

**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

**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

**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

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

**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 Environmental 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.

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_  
Name

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.

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

- No  
 Yes. Provide details below.

**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

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	Dates of service	
	From	To
26a.1. <u>Jarrar &amp; Associates CPA's Inc.</u>	<u>2006</u>	<u>Present</u>
<small>Name</small>		
<u>433 N. Camden Dr. 4th Fl</u>		
<small>Street</small>		
<u>Beverly Hills</u>	<u>CA</u>	<u>90210</u>
<small>City</small>	<small>State</small>	<small>ZIP Code</small>

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

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

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

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.

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
------	---------	-------------------------------------	-----------------------

Debtor Mohdsameer Aljanedi Dental Corporation Case number (if known) \_\_\_\_\_  
Name

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
------	---------	-------------------------------------	---

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.

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.

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.

**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 10/15/2017  
MM / DD / YYYY

X /s/ Mohdsameer Aljanedi Printed name Mohdsameer Aljanedi  
Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

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

- No
- Yes

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
SANTA ANA DIVISION

In re **Mohdsameer Aljanedi Dental Corporation**

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

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.....	<u>\$15,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$15,000.00</u>
Balance Due..... Hourly at \$500.00 an hour post petition	_____

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 another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

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

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

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  
**Adversary actions based on fraud.**

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.

10/15/2017

*Date*

/s/ Michael R. Totaro

*Michael R. Totaro*

Bar No. 102229

Attorney or Party name, Address, Telephone and Fax Numbers, and California State Bar No. & Email Address  Totaro & Shanahan Michael R. Totaro 102229 P.O. Box 789 Pacific Palisades, CA 90272  (800) 541-8202 FAX (319) 496-1260 Ocbkatty@aol.com  <input type="checkbox"/> Debtor(s) appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re:  Mohdsameer Aljanedi Dental Corporation          Debtor(s)	CASE NO:  Chapter 11          <div style="text-align: center;"> <b>VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(d)]</b> </div>

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: October 15, 2017

/s/ Mohdsameer Aljanedi Dental Corporation  
Signature of Debtor 1

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

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

Date: October 15, 2017

/s/ Michael R. Totaro  
Signature of Attorney for Debtor (if applicable)

A&M Dental Laboratory  
425 S. Santa Fe St.  
Santa Ana, CA 92705

Hiossen, Inc.  
270 Sylvan Ave. #1130  
Englewood Cliffs, NJ 07632

Pure Life Dental  
201 Santa Monica Blvd. #400  
Santa Monica, CA 90401

Altick & Corwin Co LPA  
1 South Main St. #1590  
Dayton, OH 45402

Internal Revenue Service  
Central Insolvency Operations  
P.O. Box 7346  
Philadelphia, PA 19101

SABR, LLC  
1618 Stanford St.  
Santa Monica, CA 90404

Bizfi  
460 Park Ave. S  
New York, NY 10016

IOU Financial  
600 Town Park Lane #140  
Kennesaw, GA 30144

Steven Zakharyayev, Esq.  
1250 Hallandale Beach Blvd.  
#409  
Hallandale Beach, FL 33009

Business Backer LLC  
1 South Main St. #1590  
Dayton, OH 45402

Jeff Fulton  
1545 Hotel circle Saurth #240  
San Diego, CA 92108

US Bank Equipment Finance  
1101 California Ave. #100  
Corona, CA 92881

Community West Bank  
445 Pine Ave  
Goleta, CA 93117

Legis Law  
2101 E 4th ST. #A120  
Santa Ana, CA 92705

Wells Fargo Bank, NA  
P.O. Box 14517  
Des Moines, IA 50306

Employment Development Departm  
Bankruptcy Group MIC 92E  
P.O. Box 826880  
Sacramento, CA 94280

Moneris  
150 N. Martingale Rd. # 900  
Schaumburg, IL 60173

World Global Financial  
141 North East 3rd Ave.  
Miami, FL 33132

Everbank  
P.O. Box 911608  
Denver, CO 802291

National Funding  
9820 Towne Center Dr. #200  
San Diego, CA 92121

Xhandpiece  
2284 N. Glassell St. Unit C  
Orange, CA 92865

First Global Capital  
1250 E. Hallandale Beach Bvd. 409  
Hallandale Beach, FL 33009

Neil S. Salisian  
550 S. Hope St. #750  
Los Angeles, CA 90071

Fundbox  
300 Montgomery St.  
San Francisco, CA 94104

OC Dental Laboratory  
23761 Via Fabricante D  
Mission Viejo, CA 92691

Gibraltar  
400 Skokie blvd. #375  
nIL 60062

Office of the United States Trustee  
411 W. Fourth St. 7th Fl.  
Santa Ana, CA 92701