

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA, RIVERSIDE DIVISION

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name Non-Surgical Wellness, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number 46-5600645 (EIN)

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

6770 Magnolia Ave Riverside, CA 92506-2908

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Riverside

County

Location of principal assets, if different from principal place of business

6770 Magnolia Ave Riverside, CA 92506-2908

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) non-surgicalweightloss.com

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify:

Debtor Non-Surgical Wellness, Inc. Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

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

Debtor Non-Surgical Wellness, Inc. Case number (if known) _____
Name

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

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- No
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
 - It needs to be physically secured or protected from the weather.
 - It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
 - Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- No
 - Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*
- Funds will be available for distribution to unsecured creditors.
 - After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

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

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

Debtor Non-Surgical Wellness, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

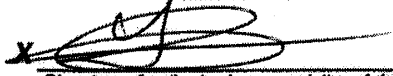
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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

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

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

Executed on January 16, 2018
MM / DD / YYYY

X 

Signature of authorized representative of debtor

Title President

Elizabeth M. Hartzell

Printed name

18. Signature of attorney

X /s/ J. Scott Williams

Signature of attorney for debtor

Date January 16, 2018

MM / DD / YYYY

J S. Williams

Printed name

The Williams Firm

Firm name

15615 Alton Pkwy Ste 175
Irvine, CA 92618-7303

Number, Street, City, State & ZIP Code

Contact phone (949) 660-8680 Email address jwilliams@williamsbkfirm.com

110173

Bar number and State

Fill in this information to identify the case:

Debtor name	Non-Surgical Wellness, Inc.
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, RIVERSIDE DIVISION
Case number (if known):	_____

Check if this is an

amended filing

Official Form 204

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

12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Attic Self-Storage 3375 Arlington Ave Riverside, CA 92506-3209		Trade debt				\$200.00
Autopilot USA 140 2nd St Fl 5 San Francisco, CA 94105-3741		Trade debt				\$200.00
Franchise Tax Board Bankruptcy Section MS: A-340 PO Box 2952 Sacramento, CA 95812-2952						\$0.00
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346						\$0.00
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346						\$0.00
NJ Publishing 231 E Alessandro Blvd Riverside, CA 92508-5084		Trade debt				\$358.00
PJ Publishing 2109 Canyon View Ln Redlands, CA 92373-6973		Trade debt				\$1,020.00

Debtor Non-Surgical Wellness, Inc.
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Soloma Construction 6896 Farrier Ave Riverside, CA 92503-1283	Miguel Soloma 951-732-1784					\$2,200.00
Spectrum Business 4145 S Falkenburg Rd Riverview, FL 33578-8652	(855) 706-7188	Trade debt				\$234.93
Stephen M. Martinez SMM & Associates, Inc. 1040 Nevada St Redlands, CA 92374-2961		Trade debt				\$200.00
Suthar MD, Inc. c/o Law Office of Lawrence R. Bynum, APC 6700 Indiana Ave Ste 240 Riverside, CA 92506-4258	Lawrence R. Bynum (951) 682-2345		Unliquidated Disputed			\$120,000.00
TIG Advertising, Inc. 10780 Civic Center Dr Ste 130 Rancho Cucamonga, CA 91730-3805	(909) 551-4321	Trade debt				\$5,000.00
US Bank PO Box 790179 Saint Louis, MO 63179-0179		Bank loan		\$144,700.00	\$488,552.99	\$144,700.00
Venus Concept USA 1880 N Commerce Pkwy Ste 2 Weston, FL 33326-3223						\$3,489.06
Yelp 140 New Montgomery St San Francisco, CA 94105-3705		Trade debt				\$1,650.00

Non-Surgical Wellness Inc
6770 Magnolia Ave
Riverside, CA 92506-2908

The Williams Firm
15615 Alton Pkwy Ste 175
Irvine, CA 92618-7303

Ascentium Capital
23970 Highway 59 N
Kingwood, TX 77339-1535

Attic Self Storage
3375 Arlington Ave
Riverside, CA 92506-3209

Attic Self-Storage
3375 Arlington Ave
Riverside, CA 92506-3209

Autopilot USA
140 2nd St Fl 5
San Francisco, CA 94105-3741

Franchise Tax Board
Bankruptcy Section MS: A-340
PO Box 2952
Sacramento, CA 95812-2952

Hartford Underwriters Insurance Company
1 Hartford Plz
Hartford, CT 06155-0001

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

LIU LLC
6670 Magnolia Ave
Riverside, CA 92506-2925

Magnolia Bodysculpting & Wellness
6770 Magnolia Ave
Riverside, CA 92506-2908

NJ Publishing
231 E Alessandro Blvd
Riverside, CA 92508-5084

PJ Publishing
2109 Canyon View Ln
Redlands, CA 92373-6973

Sentinel Insurance Co Ltd
1 Hartford Plz
Hartford, CT 06115-1707

Soloma Construction
6896 Farrier Ave
Riverside, CA 92503-1283

Spectrum Business
4145 S Falkenburg Rd
Riverview, FL 33578-8652

Stephen M Martinez
SMM & Associates Inc
1040 Nevada St
Redlands, CA 92374-2961

Suthar MD Inc
c/o Law Office of Lawrence R Bynum APC
6700 Indiana Ave Ste 240
Riverside, CA 92506-4258

TIG Advertising Inc
10780 Civic Center Dr Ste 130
Rancho Cucamonga, CA 91730-3805

TIG Advertising Inc
10780 Civic Center Dr Ste 130
Rancho Cucamonga, CA 91730-3805

US Bank
PO Box 790179
Saint Louis, MO 63179-0179

Venus Concept USA
1880 N Commerce Pkwy Ste 2
Weston, FL 33326-3223

Yelp
140 New Montgomery St
San Francisco, CA 94105-3705

United States Bankruptcy Court
Central District of California, Riverside Division

IN RE:

Case No. _____

Non-Surgical Wellness, Inc.

Chapter **11**

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

Registered name and last known address of security holder	Shares (or Percentage)	Security Class (or kind of interest)
Elizabeth M. Hartzell c/o Hoffman Law Corporation 27405 Puerta Real Ste 250 Mission Viejo, CA 92691-6388	70	Common Stockholder
Lawrence Hartzell Hoffman Law Corporation 27405 Puerta Real Ste 250 Mission Viejo, CA 92691-6388	30	Common Stockholder

STATEMENT OF RELATED CASES
Main Document Page 12 of 41
INFORMATION REQUIRED BY LBR 1015-2

UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

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

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

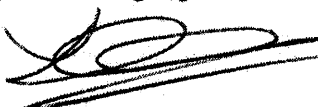
3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership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

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

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

Executed at Irvine, California.

Dated: January 16, 2018



/s/ Elizabeth M. Hartzell

Signature of Debtor

Signature of Joint Debtor

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

Fill in this information to identify the case:

Debtor name Non-Surgical Wellness, Inc.

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

Case number (if known) _____

Check if this is an amended filing

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

12/15

Part 1: Summary of Assets

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

1a. **Real property:**

Copy line 88 from Schedule A/B..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from Schedule A/B..... \$ 488,552.99

1c. **Total of all property:**

Copy line 92 from Schedule A/B..... \$ 488,552.99

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A Amount of claim, from line 3 of Schedule D..... \$ 486,724.87

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ 134,551.99

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 621,276.86

Fill in this information to identify the case:

Debtor name Non-Surgical Wellness, Inc.

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

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

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

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

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

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>US Bank</u>	<u>Checking</u>	<u>0261</u>	<u>\$40,552.99</u>
---------------------	-----------------	-------------	--------------------

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

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

\$40,552.99

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

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

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

Part 4: Investments

13. Does the debtor own any investments?

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

Debtor Non-Surgical Wellness, Inc. Case number (if known) _____
Name

Part 5: Inventory, excluding agriculture assets

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

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

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

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

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

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Furniture and fixtures	\$30,000.00	Book	\$30,000.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Cool Sculpting Device	\$135,000.00	Book	\$135,000.00
Medical devices and equipment	\$80,000.00	Book	\$80,000.00

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

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$245,000.00

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

- No
 Yes

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

- No
 Yes

Part 8: Machinery, equipment, and vehicles

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

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

Part 9: Real property

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 2

Debtor Non-Surgical Wellness, Inc.
Name

Case number (if known) _____

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

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

Part 10: Intangibles and intellectual property

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
Goodwill and intangibles	\$200,000.00		\$200,000.00

66. Total of Part 10.

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

\$200,000.00

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

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)

Note Receivable/Brenden Bradley	3,000.00	-	0.00	=	\$3,000.00
	Total face amount		doubtful or uncollectible amount		

Debtor Non-Surgical Wellness, Inc.
Name

Case number (if known) _____

- 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.

<u>\$3,000.00</u>

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
 No
 Yes

Debtor Non-Surgical Wellness, Inc.
Name

Case number (if known) _____

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$40,552.99</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>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$245,000.00</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>\$200,000.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$3,000.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$488,552.99</u>	<u>+ 91b. \$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$488,552.99</u>

Fill in this information to identify the case:

Debtor name Non-Surgical Wellness, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, RIVERSIDE DIVISION
 Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<p>Ascentium Capital <small>Creditor's Name</small></p> <p>23970 Highway 59 N Kingwood, TX 77339-1535 <small>Creditor's mailing address</small></p> <p>_____ <small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 6414</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 1. Ascentium Capital 2. US Bank 3. US Bank</p>	<p>Describe debtor's property that is subject to a lien Cool Sculpting Device</p> <p>_____ Describe the lien Equipment Loan</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$124,000.00</p>	<p>\$135,000.00</p>
2.2	<p>US Bank <small>Creditor's Name</small></p> <p>PO Box 790179 Saint Louis, MO 63179-0179 <small>Creditor's mailing address</small></p> <p>_____ <small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 2329</p>	<p>Describe debtor's property that is subject to a lien US Bank</p> <p>_____ Describe the lien Commercial Loan</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	<p>\$218,024.87</p>	<p>\$488,552.99</p>

Debtor Non-Surgical Wellness, Inc.
Name

Case number (if known) _____

Do multiple creditors have an interest in the same property?

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

1. US Bank
2. US Bank
3. Ascentium Capital

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.3 US Bank

Creditor's Name

PO Box 790179
Saint Louis, MO
63179-0179

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
6854

Do multiple creditors have an interest in the same property?

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

1. US Bank
2. US Bank
3. Ascentium Capital

Describe debtor's property that is subject to a lien

US Bank

\$144,700.00

\$488,552.99

Describe the lien

SBA Loan

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

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

\$486,724.87

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

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

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

Name and address

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

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Non-Surgical Wellness, Inc.**
 United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA, RIVERSIDE DIVISION**
 Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

No. Go to Part 2.

Yes. Go to line 2.

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

Total claim Priority amount

2.1 Priority creditor's name and mailing address
Franchise Tax Board
Bankruptcy Section MS: A-340
PO Box 2952
Sacramento, CA 95812-2952

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

unknown \$0.00

Date or dates debt was incurred

Basis for the claim:

Any corporate income tax due

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

No

Yes

2.2 Priority creditor's name and mailing address
Internal Revenue Service

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

unknown \$0.00

Date or dates debt was incurred

Basis for the claim:

Any unpaid corporate income tax liability

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

No

Yes

Debtor Non-Surgical Wellness, Inc.
Name

Case number (if known)

2.3 Priority creditor's name and mailing address
Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

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

unknown \$0.00

Date or dates debt was incurred

Basis for the claim:
Any corporate payroll tax liability

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

No
 Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

3.1 Nonpriority creditor's name and mailing address
Attic Self-Storage

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

Amount of claim

\$200.00

3375 Arlington Ave
Riverside, CA 92506-3209

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: **Storage unit rental**

Last 4 digits of account number

Is the claim subject to offset? No Yes

3.2 Nonpriority creditor's name and mailing address
Autopilot USA

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

\$200.00

140 2nd St Fl 5
San Francisco, CA 94105-3741

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: **Software licensing**

Last 4 digits of account number

Is the claim subject to offset? No Yes

3.3 Nonpriority creditor's name and mailing address
NJ Publishing

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

\$358.00

231 E Alessandro Blvd
Riverside, CA 92508-5084

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: **Advertising**

Last 4 digits of account number

Is the claim subject to offset? No Yes

3.4 Nonpriority creditor's name and mailing address
PJ Publishing

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

\$1,020.00

2109 Canyon View Ln
Redlands, CA 92373-6973

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: **Advertising**

Last 4 digits of account number

Is the claim subject to offset? No Yes

3.5 Nonpriority creditor's name and mailing address
Soloma Construction

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

\$2,200.00

6896 Farrier Ave
Riverside, CA 92503-1283

Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred

Basis for the claim: **Construction of Office Improvements**

Last 4 digits of account number

Is the claim subject to offset? No Yes

Debtor Non-Surgical Wellness, Inc.
Name

Case number (if known)

3.6 Nonpriority creditor's name and mailing address
Spectrum Business

4145 S Falkenburg Rd
Riverview, FL 33578-8652

Date(s) debt was incurred

Last 4 digits of account number **8898**

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

- Contingent
 Unliquidated
 Disputed

\$234.93

Basis for the claim: **Internet and Phone Service**

Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address

**Stephen M. Martinez
SMM & Associates, Inc.
1040 Nevada St
Redlands, CA 92374-2961**

Date(s) debt was incurred

Last 4 digits of account number

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

- Contingent
 Unliquidated
 Disputed

\$200.00

Basis for the claim: **Accounting Services**

Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address

**Suthar MD, Inc.
c/o Law Office of Lawrence R. Bynum, APC
6700 Indiana Ave Ste 240
Riverside, CA 92506-4258**

Date(s) debt was incurred

Last 4 digits of account number

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

- Contingent
 Unliquidated
 Disputed

\$120,000.00

Basis for the claim: **Disputed Litigation Creditor**

Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address

**TIG Advertising, Inc.
10780 Civic Center Dr Ste 130
Rancho Cucamonga, CA 91730-3805**

Date(s) debt was incurred

Last 4 digits of account number

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

- Contingent
 Unliquidated
 Disputed

\$5,000.00

Basis for the claim: **Advertising Management**

Is the claim subject to offset? No Yes

3.10 Nonpriority creditor's name and mailing address

**Venus Concept USA
1880 N Commerce Pkwy Ste 2
Weston, FL 33326-3223**

Date(s) debt was incurred

Last 4 digits of account number **5493**

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

- Contingent
 Unliquidated
 Disputed

\$3,489.06

Basis for the claim: **Non-surgical equipment contract**

Is the claim subject to offset? No Yes

3.11 Nonpriority creditor's name and mailing address

**Yelp
140 New Montgomery St
San Francisco, CA 94105-3705**

Date(s) debt was incurred

Last 4 digits of account number

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

- Contingent
 Unliquidated
 Disputed

\$1,650.00

Basis for the claim: **Advertising**

Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

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

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

Name and mailing address

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

Last 4 digits of account number, if any

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

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

Debtor Non-Surgical Wellness, Inc.
Name

Case number (if known) _____

5a. Total claims from Part 1

5b. Total claims from Part 2

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

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>134,551.99</u>
5c.	\$ <u>134,551.99</u>

Fill in this information to identify the case:

Debtor name Non-Surgical Wellness, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, RIVERSIDE DIVISION
 Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

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

2. List all contracts and unexpired leases

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

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

Storage rental

State the term remaining

List the contract number of any government contract

**Attic Self Storage
3375 Arlington Ave
Riverside, CA 92506-3209**

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

Software licensing

State the term remaining

List the contract number of any government contract

**Autopilot USA
140 2nd St Fl 5
San Francisco, CA 94105-3741**

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

Workers compensation and employer liability insurance policy

State the term remaining

List the contract number of any government contract

6 months

34 WEC AA8118

**Hartford Underwriters Insurance Company
1 Hartford Plz
Hartford, CT 06155-0001**

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

Office lease of 1600 square feet at 6770 Magnolia Ave., Riverside, CA 77 months

State the term remaining

List the contract number of any government contract

**LIU, LLC
6670 Magnolia Ave
Riverside, CA 92506-2925**

Debtor 1 **Non-Surgical Wellness, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

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

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

Agreement to manage medical practice

State the term remaining

List the contract number of any government contract

**Magnolia Bodysculpting & Wellness
6770 Magnolia Ave
Riverside, CA 92506-2908**

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

Advertising contract

State the term remaining

List the contract number of any government contract

**NJ Publishing
231 E Alessandro Blvd
Riverside, CA 92508-5084**

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

Advertising contract

State the term remaining

List the contract number of any government contract

**PJ Publishing
2109 Canyon View Ln
Redlands, CA 92373-6973**

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

Property & Casualty Insurance Policy

State the term remaining

List the contract number of any government contract

6 Months

34 SBAPQ0431DX

**Sentinel Insurance Co., Ltd.
1 Hartford Plz
Hartford, CT 06115-1707**

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

Telephone and Internet Service

State the term remaining

List the contract number of any government contract

8245100614028898

**Spectrum Business
4145 S Falkenburg Rd
Riverview, FL 33578-8652**

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

Accounting services

State the term remaining

**Stephen M. Martinez
SMM & Associates, Inc.
1040 Nevada St
Redlands, CA 92374-2961**

Debtor 1 **Non-Surgical Wellness, Inc.**

First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

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

List the contract number of any government contract _____

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

Advertising contract

State the term remaining

List the contract number of any government contract _____

**TIG Advertising Inc.
10780 Civic Center Dr Ste 130
Rancho Cucamonga, CA 91730-3805**

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

Subscription Agreement

State the term remaining

List the contract number of any government contract _____

18 Months

5493

**Venus Concept USA
1880 N Commerce Pkwy Ste 2
Weston, FL 33326-3223**

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

Advertising contract

State the term remaining

List the contract number of any government contract _____

**Yelp
140 New Montgomery St
San Francisco, CA 94105-3705**

Fill in this information to identify the case:

Debtor name Non-Surgical Wellness, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, RIVERSIDE DIVISION
 Case number (if known) _____

Check if this is an amended filing

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

12/15

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

1. Do you have any codebtors?

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

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

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Elizabeth M. Hartzell	c/o Hoffman Legal Corporation 27405 Puerta Real Ste 250 Mission Viejo, CA 92691-6388	Suthar MD, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.2	Elizabeth M. Hartzell	c/o Hoffman Legal Corporation 27405 Puerta Real Ste 250 Mission Viejo, CA 92691-6388	US Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Elizabeth M. Hartzell	c/o Hoffman Legal Corporation 27405 Puerta Real Ste 250 Mission Viejo, CA 92691-6388	US Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Lawrence Hartzell	c/o Hoffman Law Corporation 27405 Puerta Real Ste 250 Mission Viejo, CA 92691-6388	Suthar MD, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.5	Lawrence Hartzell	c/o Hoffman Law Corporation 27405 Puerta Real Ste 250 Mission Viejo, CA 92691-6388	US Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Non-Surgical Wellness, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

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

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply.
2.6	Lawrence Hartzell	c/o Hoffman Law Corporation 27405 Puerta Real Ste 250 Mission Viejo, CA 92691-6388	US Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case

Debtor name Non-Surgical Wellness, Inc.

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

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

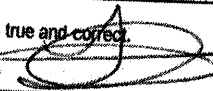
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

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

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

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

Executed on January 16, 2018

X 
Signature of individual signing on behalf of debtor

Elizabeth M. Hartzell
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Non-Surgical Wellness, Inc.
 United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, RIVERSIDE DIVISION
 Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

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

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2018 to Filing Date

Operating a business
 Other _____

\$27,000.00

For prior year:
From 1/01/2017 to 12/31/2017

Operating a business
 Other _____

\$588,000.00

For year before that:
From 1/01/2016 to 12/31/2016

Operating a business
 Other _____

\$604,617.00

For the fiscal year:
From 1/01/2015 to 12/31/2015

Operating a business
 Other _____

\$625,795.00

2. Non-business revenue

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

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

Debtor Non-Surgical Wellness, Inc.

Case number (if known) _____

None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
-----------------------------	-------	-----------------------	--

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

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

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

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

None

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

6. Setoffs

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

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

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

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

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Suthar MD, Inc. v. Non-Surgical Wellness, Inc., et al. RIC 1077088	Business Dispute	Riverside Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

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

Debtor **Non-Surgical Wellness, Inc.**

Case number (if known)

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

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

None

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

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. The Williams Firm 15615 Alton Pkwy Ste 175 Irvine, CA 92618-7303		11/28/2017 (\$15,000.00) 1/16/2018 (\$12,000.00)	\$27,000.00
Email or website address			
Who made the payment, if not debtor?			

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.

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

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

None.

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

14. Previous addresses

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

Debtor Non-Surgical Wellness, Inc.

Case number (if known) _____

Does not apply

Address

Dates of occupancy
From-To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

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

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

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

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

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

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?

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

18. Closed financial accounts

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

None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

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

None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

20. Off-premises storage

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

None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Debtor Non-Surgical Wellness, Inc.

Case number (if known) _____

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Attic Self-Storage 3375 Arlington Ave Riverside, CA 92506-3209		Old business and financial records.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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 Environment Information

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

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

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

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

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

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

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

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

Debtor Non-Surgical Wellness, Inc.

Case number (if known) _____

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.
 None

Name and address

26a.1. **Stephen M. Martinez**
1040 Nevada St
Redlands, CA 92374-2961

Date of service

From-To

2015 to Present

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

None

Name and address

26b.1. **Stephen M. Martinez**
1040 Nevada St
Redlands, CA 92374-2961

Date of service

From-To

2015 - present

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

None

Name and address

26c.1. **Stephen M. Martinez**
1040 Nevada St
Redlands, CA 92374-2961

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

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

None

Name and address

26d.1. **US Bank**
PO Box 790179
Saint Louis, MO 63179-0179

27. Inventories

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

No

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

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

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

Name

Address

Position and nature of any interest

% of interest, if any

Elizabeth M. Harzell

President, Director and Shareholder

70%

Debtor Non-Surgical Wellness, Inc.

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Lawrence Hartzell		Corporate Secretary, Director and Shareholder.	30%

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.

30. **Payments, distributions, or withdrawals credited or given to insiders**
 Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Elizabeth M. Harzell	\$110,000.00	Monthly	Payroll
Relationship to debtor President and majority shareholder			

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

- No
 Yes. Identify below.

Name of the parent corporation _____

Employer identification number of the parent corporation _____

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.

Name of the parent corporation _____

Employer identification number of the parent corporation _____

Part 14: Signature and Declaration

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

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and

- No
- Yes. Identify below.

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

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

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Date	Reason for providing the value
30.1 Elizabeth M. Harzell	\$110,000.00	Monthly	Payroll
Relationship to debtor President and majority shareholder			

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

- No
- Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

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.

Name of the parent corporation

Employer identification number of the parent corporation

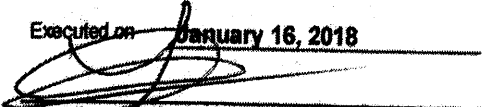
Part 14 Signature and Declaration

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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 January 16, 2018


 Signature of individual signing on behalf of the debtor

Elizabeth M. Hartzell
 Printed name

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, Riverside Division

In re Non-Surgical Wellness, Inc.

Debtor(s)

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:

FLAT FEE

For legal services, I have agreed to accept \$
Prior to the filing of this statement I have received \$
Balance Due \$

RETAINER

For legal services, I have agreed to accept and received a retainer of \$ 27,000.00
The undersigned shall bill against the retainer at an hourly rate of \$ 425.00
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

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

Debtor Other (specify):

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

Debtor Other (specify):

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

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

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

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

Includes Filing Fee.

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

In re Non-Surgical Wellness, Inc.
Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
(Continuation Sheet)

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.

January 16, 2018

Date

/s/ J S. Williams

J S. Williams

Signature of Attorney

The Williams Firm

15615 Alton Pkwy Ste 175

Irvine, CA 92618-7303

(949) 660-8680 Fax: (866) 284-8670


jwilliams@williamsbkfirm.com

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address J S. Williams 15615 Alton Pkwy Ste 175 Irvine, CA 92618-7303 (949) 860-8680 Fax: (866) 284-8670 California State Bar Number: 110173 jwilliams@williamsbkfirm.com	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA, RIVERSIDE DIVISION	
In re: <p style="text-align: center;">Non-Surgical Wellness, Inc.</p>	CASE NO.: CHAPTER: 11
Debtor(s).	VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]

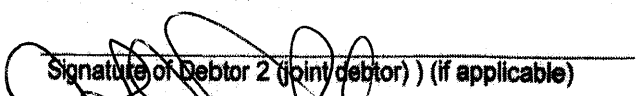
Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 3 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: January 16, 2018



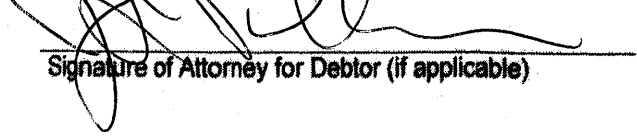
Signature of Debtor 1

Date: _____



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

Date: January 16, 2018



Signature of Attorney for Debtor (if applicable)