| United States l<br>Eastern Distr<br>Sacramer   | Bankruptcy (<br>ict of Califor<br>ito Division  | Court<br>mia                        |  |  | Volu  | untary Petition   |
|--|---|-------------------------------------|--|--|---|---|
| Name of Debtor (if individual, enter Last, First, Middle): WILLIAM H. KOETT DDS INC.   |   | Na                                  | me of Joint Do   | ebtor (Spouse) (La   | ast, First, Middle):  |   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):   |   | All<br>(in                          | l Other Names<br>clude married   | used by the Joint<br>, maiden, and trac  | Debtor in the last 8 le names):   | 3 years   |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (IT than one, state all): 20-0435382   | IN)/Complete EIN(if r   |                                     | st four digits o   | of Soc. Sec. or Ind  | lividual-Taxpayer I.  | D. (ITIN)/Complete EIN(if more than   |
| Street Address of Debtor (No. & Street, City, and State): 1820 PROFESSIONAL DR, STE. 7 SACRAMENTO, CA  |   |                                     | reet Address o   | f Joint Debtor (No   | o. & Street, City, an   |   |
| County of Residence or of the Principal Place of Business:   | CODE 9582   |                                     | unty of Reside   | ence or of the Prir  | ncipal Place of Busi  | ZIP CODE<br>ness:   |
| SACRAMENTO  Mailing Address of Debtor (if different from street address  | ١٠  | M:                                  | ailing Address   | of Joint Debtor (i   | if different from stre  | eet address):   |
|  | CODE  |                                     | anng radioso   | or voint is botton (   | a different from stre   | ZIP CODE  |
| Location of Principal Assets of Business Debtor (if different  |   | oove):                              |  |  |   | ZM CODE   |
| 1820 PROFESSIONAL DR, STE. 7, SACRMI<br>Type of Debtor   |   | e of Busines                        | e 1  | Chs  | anter of Rankrunt   | ZIP CODE 95825<br>tcy Code Under Which  |
| (Form of Organization)   | (Check one box)   | e of Dusines                        | 3  | CIR  | -   | led (Check one box)   |
| (Check one box.)  ☐ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  ☐ Corporation (includes LLC and LLP)  ☐ Partnership  ☐ Other (If debtor is not one of the above entities,  | Health Care Book Single Asset R U.S.C. § 101(5) Railroad Stockbroker Commodity Broker | eal Estate as 51B)                  | defined in 11  | Chapter 7 Chapter 9 Chapter 1 Chapter 1 Chapter 1  | 1<br>2  | Chapter 15 Petition for Recognition of a Foreign Main Proceeding  Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding |
| check this box and state type of entity below.)  | ☐ Clearing Bank ☐ Other   |                                     |  | Chapter 1.   |   | of Debts  |
|  |   | of the United                       | ole)<br>nization<br>l States   | debts, defi<br>§ 101(8) a<br>individual  | primarily consumer<br>ined in 11 U.S.C.<br>as "incurred by an<br>primarily for a<br>family, or house-<br>age" | Debts are primarily business debts.   |
| Filing Fee (Check one box)   |   |                                     | Check one  |  | Chapter 11 Del  | btors   |
| <ul> <li>✓ Full Filing Fee attached</li> <li>☐ Filing Fee to be paid in installments (applicable to ind signed application for the court's consideration certifying unable to pay fee except in installments. Rule 1006(b)</li> <li>☐ Filing Fee waiver requested (applicable to chapter 7 in attach signed application for the court's consideration.</li> </ul>  | ng that the debtor is<br>See Official Form 3A<br>adividuals only). Must               |                                     | Debtor: Debtor: Check if: Debtor: insiders 4/01/13 Check all a A plan: Accepta | is a small business is not a small business aggregate nonco or affiliates) are and every three pplicable boxes is being filed with ances of the plan | ontingent liquidated less than \$2,343,30 years thereafter).  | •   |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available for distri ☐ Debtor estimates that, after any exempt property is exe expenses paid, there will be no funds available for distribution.   | cluded and administrat  | tive                                |  |  |   | THIS SPACE IS FOR<br>COURT USE ONLY   |
| Estimated Number of Creditors  |   |                                     |  |  |   |   |
| 1-<br>49 99 199 200-<br>1,000-<br>5,000  | 5,001-<br>10,000 10,001-<br>25,000  | 25,001-<br>50,000                   | 50,001-<br>100,000   | Over<br>100,000  |   |   |
| \$50,000 \$100,000 \$500,000 \$1 to \$10 million million   | 0,001 \$10,000,001<br>to \$50   | \$50,000,001<br>to \$100<br>million | \$100,000,000<br>to \$500<br>million   | 1 \$500,000,00<br>to \$1 billion   | More than \$1 billion   |   |
| Estimated Liabilities  \$0 to \$50,001 to \$100,000 \$500,000 \$1 to \$500,000 \$100,000 \$500,000 \$100,000 \$1 to \$1 to \$10 million \$1 to \$10 mill | 0,001 \$10,000,001<br>to \$50   | \$50,000,001<br>to \$100<br>million | \$100,000,00<br>to \$500<br>million  | 1 \$500,000,000<br>to \$1 billion  | More than \$1 billion   | 2010-35762<br>FILED<br>June 16, 2010<br>10:44 AM<br>RELIEF ORDEREI  |

CLERK, U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA

0002709300

B1 (Official Form 1) (4/10) FORM B1, Page 2

| Voluntary Petition (This page must be completed and filed in every case)   | Name of Debtor(s): WILLIAM H. KOETT DDS INC.   |                 |  |  |  |
|--|--|-----------------|--|--|--|
| All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)  |  |                 |  |  |  |
| Location Location  | Case Number:   | Date Filed:     |  |  |  |
| Where Filed: NONE Location   | Core Number  | Deta Eile da    |  |  |  |
| Where Filed:   | Case Number:   | Date Filed:     |  |  |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner   | or Affiliate of this Debtor (If more than one, attach ac   |                 |  |  |  |
| Name of Debtor: NONE   | Case Number:   | Date Filed:     |  |  |  |
| District:  | Relationship:  | Judge:          |  |  |  |
|  |  |                 |  |  |  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  | Exhibit B  (To be completed if debtor is an individual whose debts are primarily consumer debts)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). |                 |  |  |  |
| Exhibit A is attached and made a part of this petition.  | X Not Applicable Signature of Attorney for Debtor(s)   | Date            |  |  |  |
| F  |  |                 |  |  |  |
| Does the debtor own or have possession of any property that poses or is alleged to pose  Yes, and Exhibit C is attached and made a part of this petition.  No  |  | Ith or safety?  |  |  |  |
| E  | xhibit D   |                 |  |  |  |
| (To be completed by every individual debtor. If a joint petition is filed, each spouse m   | ust complete and attach a separate Exhibit D.)   |                 |  |  |  |
| Exhibit D completed and signed by the debtor is attached and made a part of  | f this petition.   |                 |  |  |  |
|  | <u>-</u>   |                 |  |  |  |
| If this is a joint petition:   |  |                 |  |  |  |
| Exhibit D also completed and signed by the joint debtor is attached and mad  |  |                 |  |  |  |
|  | arding the Debtor - Venue<br>ny applicable box)  |                 |  |  |  |
| Debtor has been domiciled or has had a residence, principal plac preceding the date of this petition or for a longer part of such 18   |  | ays immediately |  |  |  |
| There is a bankruptcy case concerning debtor's affiliate. general  | partner, or partnership pending in this District.  |                 |  |  |  |
| Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District. or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |  |                 |  |  |  |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)  |  |                 |  |  |  |
| Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).   |  |                 |  |  |  |
| (Name of landlord that obtained judgment)  |  |                 |  |  |  |
| (Address of landlord)  |  |                 |  |  |  |
| Debtor claims that under applicable nonbankruptcy law, there are entire monetary default that gave rise to the judgment for posses   |  | ed to cure the  |  |  |  |
| Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.   |  |                 |  |  |  |
| Debtor certifies that he/she has served the Landlord with this cer   | Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).  |                 |  |  |  |

B1 (Official Form 1) (4/10) FORM B1, Page 3

| oluntary Petition  | Name of Debtor(s):   |  |  |  |  |
|--|--|--|--|--|--|
| (This page must be completed and filed in every case)  | WILLIAM H. KOETT DDS INC.  |  |  |  |  |
|  |  |  |  |  |  |
| Sign   | atures   |  |  |  |  |
| Signature(s) of Debtor(s) (Individual/Joint)   | Signature of a Foreign Representative  |  |  |  |  |
| declare under penalty of perjury that the information provided in this petition is true and correct.  If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only <b>one</b> box.) |  |  |  |  |
| chapter, and choose to proceed under chapter 7.  If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  | I request relief in accordance with chapter 15 of Title 11, United States Code.  Certified Copies of the documents required by § 1515 of title 11 are attached.  |  |  |  |  |
| request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   | Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  |  |  |  |  |
| X Not Applicable   | X Not Applicable   |  |  |  |  |
| Signature of Debtor  | (Signature of Foreign Representative)  |  |  |  |  |
| X Not Applicable   |  |  |  |  |  |
| Signature of Joint Debtor  | (Printed Name of Foreign Representative)   |  |  |  |  |
| Telephone Number (If not represented by attorney)  |  |  |  |  |  |
| Date   | Date   |  |  |  |  |
| Signature of Attorney  | Signature of Non-Attorney Petition Preparer  |  |  |  |  |
| X/s/John D. Maxey  | ·  |  |  |  |  |
| Signature of Attorney for Debtor(s)  | I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the  |  |  |  |  |
| John D. Maxey Bar No. 117617   | debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been  |  |  |  |  |
| Printed Name of Attorney for Debtor(s) / Bar No.   | promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable   |  |  |  |  |
| Dudugjian & Maxey  | by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor,   |  |  |  |  |
| Firm Name  | as required in that section. Official Form 19 is attached.   |  |  |  |  |
| 13 SierraGate Plaza, Bldg. B Roseville, CA 95678   |  |  |  |  |  |
| Address  | Not Applicable   |  |  |  |  |
|  | Printed Name and title, if any, of Bankruptcy Petition Preparer  |  |  |  |  |
| 017.507.507  |  |  |  |  |  |
| 916-786-7306<br>Telephone Number   | Social-Security number (If the bankruptcy petition preparer is not an individual, state  |  |  |  |  |
| 6/16/2010  | the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)   |  |  |  |  |
|  |  |  |  |  |  |
| Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.   | Address  |  |  |  |  |
| Signature of Debtor (Corporation/Partnership)  | X Not Applicable   |  |  |  |  |
| I declare under penalty of perjury that the information provided in this petition is true  |  |  |  |  |  |
| and correct, and that I have been authorized to file this petition on behalf of the debtor.  | Date   |  |  |  |  |
| The debtor requests the relief in accordance with the chapter of title 11, United States   | Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.  |  |  |  |  |
| Code, specified in this petition.  | Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an   |  |  |  |  |
| X /s/ WILLIAM H. KOETT Signature of Authorized Individual  | individual.  |  |  |  |  |
| Signature of Authorized Individual   | If more than one person prepared this document, attach to the appropriate official form for each person.   |  |  |  |  |
| WILLIAM H. KOETT Printed Name of Authorized Individual   | A bankruptcy petition preparer's failure to comply with the provisions of title 11 and   |  |  |  |  |
| PRESIDENT  | the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or   |  |  |  |  |
| Title of Authorized Individual   | both. 11 U.S.C. § 110; 18 U.S.C. § 156.  |  |  |  |  |
| 6/16/2010  |  |  |  |  |  |

Date

# **United States Bankruptcy Court**

### **Eastern District of California**

#### **Sacramento Division**

| In re:   |            | Case No.                       |                          |
|--|------------|--------------------------------|--------------------------|
|  |            | Chapter                        | 11                       |
| WILLIAM H. KOETT DDS INC.  |            |                                |                          |
|  |            |                                |                          |
|  |            |                                |                          |
|  |            |                                |                          |
| STATEMENT REGARDING AUTHO  | RITY T     | O SIGN AND FILE P              | ETITION                  |
|  |            | <b>.</b>                       |                          |
| I, William H. Koett, declare under penalty of perjury that I am the that on 6/16/10 the following resolution was duly adopted by the Office. |            |                                | C., a CA Corporation and |
|  |            |                                |                          |
|  |            |                                |                          |
| "Whereas, it is in the best interest of this Corporation to file a v<br>Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United S  |            |                                |                          |
| Dankiupicy Court pursuant to Chapter 11 of Title 11 of the Office C  | Jiaies Col | u <del>c</del> ,               |                          |
| Be It Therefore Resolved, that WILLIAM H. KOETT, PRESIDENT   |            |                                |                          |
| deliver all documents necessary to perfect the filing of a Chapter 11  | 1 voluntar | y bankruptcy case on behalf of | the Corporation; and     |
|  |            |                                |                          |
| Be It Further Resolved, that WILLIAM H. KOETT, PRESIDENT of bankruptcy proceedings on behalf of the Corporation, and to otherw               |            |                                |                          |
| all necessary documents on behalf of the Corporation in connection   |            |                                | na to execute and demon  |
|  |            |                                |                          |
| Be It Further Resolved, that WILLIAM H. KOETT, PRESIDENT of  |            |                                |                          |
| Maxey, attorney and the law firm of Dudugjian & Maxey to represent   | the Corp   | oration in such bankruptcy cas | e."                      |
|  |            |                                |                          |
|  |            |                                |                          |
|  |            |                                |                          |
| Executed on: 6/16/2010   | Signed:    | /s/ WILLIAM H. KOETT           |                          |
|  | <b>3</b>   | William H. Koett               |                          |

Wilmington, DE 19886-5710

Debtor: WILLIAM H. KOETT DDS INC.

Case No.
Chapter 11

## **LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

| (1)   | (2)   | (3)   | (4)   | (5)   |
|---|---|---|---|---|
| Name of creditor and complete mailing address including zip code  | Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted | Nature of claim (trade<br>debt, bank loan,<br>government contract,<br>etc.) | Indicate if claim is<br>contingent, unliquidat<br>-ed, disputed or subject<br>to setoff | Amount of claim [if secured also state value of security] |
| Bank of America<br>PO Box 15710<br>Wilmington, DE 19886-5710  |   |   |   | \$34,178.00   |
| Advanta Bank Corp<br>5800 North Course Dr<br>Houston, TX 77072  |   |   |   | \$29,920.00   |
| Patterson Dental Supply<br>c/o Bernick and Lifson<br>Ste. 1200 The Colonnade<br>5500 Wayzata Blvd<br>Minneapolis, MN 55416-1251 |   |   |   | \$15,266.00   |
| Burkhardt Dental<br>PO Box 11265<br>Tacoma, WA 98411-0265   |   |   |   | \$5,827.00  |
| Darby Dental Supplies<br>PO Box 26582<br>New York, NY 10087-6582  |   |   |   | \$5.374.00  |
| Dental Solutions<br>c/o Seals and Tanenbaum<br>2323 W Lincoln Ave #127<br>Anaheim, CA 92801                                     |   |   |   | \$4.747.00  |
| Bank of America PO Box 15710  |   |   |   | \$4,742.00  |

| Debtor: | WILLIAM H. KOETT DDS INC. | Case No. |    |
|---------|---------------------------|----------|----|
|         |                           | Chapter  | 11 |

### **LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

| (1)   | (2)   | (3)  | (4)   | (5)   |
|---|---|--|---|---|
| Name of creditor and complete mailing address including zip code                                    | Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted | Nature of claim (trade debt, bank loan, government contract, etc.) | Indicate if claim is<br>contingent, unliquidat<br>-ed, disputed or subject<br>to setoff | Amount of claim [if secured also state value of security] |
| Dept Industrial Relations<br>Labor Standards Div<br>2031 Howe Ave, Ste. 100<br>Sacramento, CA 95825 |   |  | DISPUTED  | \$2,574.00  |
| County of Sacramento<br>PO Box 508<br>Sacramento, CA 95812-0508                                     |   |  |   | \$2,117.00  |
| Henry Schein<br>135 Duryea Blvd<br>Melville, NY 11747-3824  |   |  |   | \$2,061.00  |
| Chevron Texaco<br>c/o GE Money Bank<br>PO Box 530950<br>Atlanta, GA 30353-0950                      |   |  |   | \$1,384.00  |
| Franchise Tax Board<br>Bankruptcy Unit<br>PO Box 2952<br>Sacramento, CA 95812-2952                  |   |  |   | \$1,228.00  |
| Internal Revenue Service<br>PO Box 21126<br>Philadelphia, PA 19114                                  |   |  |   | \$900.00  |
| The Hartford<br>PO Box 2024<br>Hartford, CT 06145-2024  |   |  |   | \$751.00  |

| Debtor: | WILLIAM H. KOETT DDS INC. | Case No. |    |
|---------|---------------------------|----------|----|
|         |                           | Chapter  | 11 |
|         |                           | 1        |    |

### LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(2) (1) (4) (3)(5)Name of creditor and complete Name, telephone number and complete Indicate if claim is Amount of claim [if Nature of claim (trade mailing address including zip code mailing address, including zip code, of contingent, unliquidat secured also state debt, bank loan, -ed, disputed or subject employee, agent, or department of government contract, value of security] to setoff creditor familiar with claim who may be contacted Bank of America \$414.00 c/o NCO Financial 507 Prudential Rd Horsham, PA 19044

Unigard Ins c/o TekCollect PO Box 91200 Bellevue, WA 98009-9200

\$192.00

#### Declaration Under Penalty of Perjury on Behalf of a Corporation or Partnership

I, WILLIAM H. KOETT PRESIDENT of the Corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding 20 Largest Unsecured Claims and that it is true and correct to the best of my information and belief.

| Date: <b>6/16/2010</b> | Signature: | /s/ WILLIAM H. KOETT        |  |
|------------------------|------------|-----------------------------|--|
|                        |            |                             |  |
|                        |            | WILLIAM H. KOETT ,PRESIDENT |  |
|                        |            | Print Name and Title        |  |

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C §§ 152 and 3571.