

**United States Bankruptcy Court**  
**Northern District of California**

In re **William Stanley Gamble**

Debtor(s)

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

Chapter **11**

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

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
American Express P.O. Box 0001 Los Angeles, CA 90096-8000	American Express P.O. Box 0001 Los Angeles, CA 90096-8000	Credit Card Debt (Unsecured)		481.31
Anthony J. Badame, M.D. 2025 Forest Avenue, Suite 9 San Jose, CA 95128	Anthony J. Badame, M.D. 2025 Forest Avenue, Suite 9 San Jose, CA 95128	Medical Services		365.00
Bank of the West P.O. Box 4002 Concord, CA 94524-4002	Bank of the West P.O. Box 4002 Concord, CA 94524-4002	Credit Card Debt (Unsecured)		45,719.00
Central Financial Control P.O. Box 66051 Anaheim, CA 92816	Central Financial Control P.O. Box 66051 Anaheim, CA 92816	Medical Services		72.00
Cytolab Pathology Services, Inc., PS P.O. Box 100559 Florence, SC 29502-0559	Cytolab Pathology Services, Inc., PS P.O. Box 100559 Florence, SC 29502-0559	Medical Services		191.60
Diemer, Whitman & Cardosi, LLP 75 East Santa Clara Street Suite 290 San Jose, CA 95113-1312	Diemer, Whitman & Cardosi, LLP 75 East Santa Clara Street Suite 290 San Jose, CA 95113-1312	Services Rendered		36,243.66
Nick Nicolas 1738 Fabian Dr San Jose, CA 95124	Nick Nicolas 1738 Fabian Dr San Jose, CA 95124	Personal Loan		306,000.00
San Jose Gastroenterology 2340 Montpelier Drive #A San Jose, CA 95116-1622	San Jose Gastroenterology 2340 Montpelier Drive #A San Jose, CA 95116-1622	Medical Services		188.98
Trafton Accounting & Consulting, AC 5776 Stoneridge Mall, Rd, #162 Pleasanton, CA 94588	Trafton Accounting & Consulting, AC 5776 Stoneridge Mall, Rd, #162 Pleasanton, CA 94588	Services Rendered		630.16

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(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, **William Stanley Gamble**, the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **December 1, 2009**Signature **/s/ William Stanley Gamble****William Stanley Gamble**

Debtor

*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.