

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District Of California

(State)

Case number (if known): _____ Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

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

1. Debtor's name Nurses Alliance Corporation

2. All other names debtor used in the last 8 years Lafayette Care Center
Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 20 - 1845880

4. Debtor's address
Principal place of business: 1010 1st Street
Number Street
Lafayette CA 94549-3802
City State ZIP Code
County: CONTRA COSTA
Mailing address, if different from principal place of business: _____
Number Street
P.O. Box _____
City State ZIP Code
Location of principal assets, if different from principal place of business: _____
Number Street
City State ZIP Code

5. Debtor's website (URL) _____

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

7. Describe debtor's business

A. Check one:

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

B. Check all that apply:

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

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

____ - ____ - ____ - ____

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

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:
 - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 - A plan is being filed with this petition.
 - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
 - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- Chapter 12

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

No

- Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

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

No

- Yes. Debtor LTP CAREPRO, INC. Relationship See Attachment 1
- District Northern District of California When 04/15/2016
MM / DD / YYYY
- Case number, if known 16-41022

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

11. Why is the case filed in *this district*?

Check all that apply:

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

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other _____

Where is the property?

Number	Street		
_____	_____		
City	State	ZIP Code	
_____	_____	_____	

Is the property insured?

- No
- Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

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

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

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on 04/15/2016
MM / DD / YYYY

X /s/Serafin Perez
Signature of authorized representative of debtor
Title Authorized Agent

Serafin Perez
Printed name

18. Signature of attorney

X /s/
Signature of attorney for debtor

Date 04/15/2016
MM / DD / YYYY

Ruth Elin Auerbach
Printed name

Law Office of Ruth Auerbach
Firm name

77 Van Ness Ave., Suite 201
Number Street

San Francisco CA 94102
City State ZIP Code

(415) 673-0560
Contact phone

attorneyruth@sbcglobal.net
Email address

104191 CA
Bar number State

Attachment
Debtor: Nurses Alliance Corporation Case No:

Attachment 1
corporations have same owner/shareholder

Fill in this information to identify the case:

Debtor name Nurses Alliance Corporation
 United States Bankruptcy Court for the: Northern District of California
 Case number (if known): _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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<p>2.1 Creditor's name <u>Contra Costa County Tax Collector</u></p> <p>Creditor's mailing address <u>625 Court Street, Suite 100</u> <u>Martinez, CA 94553</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>10/30/2015</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____</p>	<p>Describe debtor's property that is subject to a lien <u>1010 First Street, Lafayette, CA</u></p> <p>Describe the lien <u>Tax Lien</u></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><u>\$88,806.00</u></p>	<p><u>\$2,100,000.00</u></p>
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<p>2.2 Creditor's name <u>First National Bank of Northern California</u></p> <p>Creditor's mailing address <u>See Attachment 1</u> <u>San Francisco, CA 94111</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>12/3/2007</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <u>1:First National Bank of Northern</u> <u>See Attachment 2</u> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien <u>1010 First Street, Lafayette, CA</u></p> <p>Describe the lien <u>First Mortgage</u></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><u>\$2,054,581.53</u></p>	<p><u>\$2,100,000.00</u></p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$2,178,770.53

Part 1: Additional Page

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

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

2.3 Creditor's name IRS/Ohio Describe debtor's property that is subject to a lien 1010 First Street, Lafayette, CA \$28,852.00 \$2,100,000.00

Creditor's mailing address _____
P. O. Box 145595
Cincinnati, OH 45250-5595

Creditor's email address, if known _____

Date debt was incurred 8/9/2011 Describe the lien Tax Lien

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines 2.2

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

2.4 Creditor's name State of California EDD Describe debtor's property that is subject to a lien 1010 First Street, Lafayette, CA \$ 6,531.00 \$ 2,100,000.00

Creditor's mailing address _____
Bankruptcy Unit MIC 92E, P. O. Box 2952
Sacramento, CA 95812-2952

Creditor's email address, if known _____

Date debt was incurred 1/5/2016 Describe the lien Tax Lien

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines 2.2

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

Part 1: Additional Page

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

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

2.5 Creditor's name _____ Creditor's mailing address _____ _____ Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____ \$ <u>0.00</u> \$ <u>0.00</u> Describe the lien _____ Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). 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
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2.6 Creditor's name _____ Creditor's mailing address _____ _____ Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____ \$ _____ \$ _____ Describe the lien _____ Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). 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
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Attachment
Debtor: Nurses Alliance Corporation Case No:

Attachment 1

c/o Lubin Olson & Niewiadomski LLP, 600 Montgomery Street, 14th Floor

Attachment 2

California; 2:State of California EDD; 3:IRS/Ohio

Fill in this information to identify the case:

Debtor Nurses Alliance Corporation
 United States Bankruptcy Court for the: Northern District of California
 Case number _____
 (If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

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

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

2.1 Priority creditor's name and mailing address

Franchise Tax Board
Bankruptcy Unit, P. O. Box 2952
Sacramento, California 95812-2952

Date or dates debt was incurred _____

Last 4 digits of account number _____

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

As of the petition filing date, the claim is: \$0.00

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim:
Taxes and Other Government Debts

Is the claim subject to offset?

- No
 Yes

Total claim

Priority amount

\$0.00

\$0.00

2.2 Priority creditor's name and mailing address

Internal Revenue Service
Centralized Insolvency, P. O. Box 21126
Philadelphia, PA 19114

Date or dates debt was incurred _____

Last 4 digits of account number _____

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

As of the petition filing date, the claim is: \$0.00

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim:
Taxes and Other Government Debts

Is the claim subject to offset?

- No
 Yes

\$0.00

\$0.00

2.3 Priority creditor's name and mailing address

State of California EDD
Bankruptcy Unite MIC 92E, P. O. Box 826880
Sacramento, CA 94280-0001

Date or dates debt was incurred _____

Last 4 digits of account number _____

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

As of the petition filing date, the claim is: \$Unknown

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim:
Taxes and Other Government Debts

Is the claim subject to offset?

- No
 Yes

\$Unknown

\$Unknown

Part 1. Additional Page

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

Total claim

Priority amount

2.4 Priority creditor's name and mailing address \$ 0.00 \$ 0.00

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

Date or dates debt was incurred Basis for the claim:

Last 4 digits of account number Is the claim subject to offset?
 No
 Yes

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

2.5 Priority creditor's name and mailing address \$ \$

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

Date or dates debt was incurred Basis for the claim:

Last 4 digits of account number Is the claim subject to offset?
 No
 Yes

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

2.6 Priority creditor's name and mailing address \$ \$

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

Date or dates debt was incurred Basis for the claim:

Last 4 digits of account number Is the claim subject to offset?
 No
 Yes

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

2.7 Priority creditor's name and mailing address \$ \$

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

Date or dates debt was incurred Basis for the claim:

Last 4 digits of account number Is the claim subject to offset?
 No
 Yes

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

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 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>AllKleen Solutions, LLC</u> <u>317 Corey Way</u> <u>South San Francisco, CA 94080</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>1,547.40</u>
3.2	Nonpriority creditor's name and mailing address <u>AllScripts</u> <u>24630 Network Place</u> <u>Chicago, IL 60673-1246</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>6,341.44</u>
3.3	Nonpriority creditor's name and mailing address <u>Bay Alarm Company</u> <u>P. O. Box 7137</u> <u>San Francisco, CA 94120-7137</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>1,727.92</u>
3.4	Nonpriority creditor's name and mailing address <u>Bay Cities Pyrotector Inc.</u> <u>1315 67th Street</u> <u>Emeryville, CA 94608</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>405.00</u>
3.5	Nonpriority creditor's name and mailing address <u>Bay Medic Transportation, Inc.</u> <u>959 Detroit Ave.</u> <u>Concord, CA 94518-2501</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>150.00</u>
3.6	Nonpriority creditor's name and mailing address <u>Briggs Corporation</u> <u>P. O. Box 1355</u> <u>Des Moines, IA 50305-1355</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>64.73</u>

Part 2: Additional Page

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

3.7 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 7,526.91
 CA Choice *Check all that apply.*
 P. O. Box 7088 Contingent
 Orange, CA 92863 Unliquidated
 Disputed
 Liquidated and neither contingent nor
 Date or dates debt was incurred _____ Basis for the claim: trade debt
 Last 4 digits of account number _____ Is the claim subject to offset?
 No
 Yes

3.8 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 10,104.00
 Cerner Corporation *Check all that apply.*
 P. O. Box 412702 Contingent
 Kansas City , MO 64141-2702 Unliquidated
 Disputed
 Date or dates debt was incurred _____ Basis for the claim: trade debt
 Last 4 digits of account number _____ Is the claim subject to offset?
 No
 Yes

3.9 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 734.55
 Cintas Corporation #185 *Check all that apply.*
 P. O. Box 29059 Contingent
 Phoenix, AZ 85038-9059 Unliquidated
 Disputed
 Date or dates debt was incurred _____ Basis for the claim: trade debt
 Last 4 digits of account number _____ Is the claim subject to offset?
 No
 Yes

3.10 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 614.09
 Cintas Fire 636525 *Check all that apply.*
 P. O. Box 636525 Contingent
 Cincinnati, OH 45263-6525 Unliquidated
 Disputed
 Date or dates debt was incurred _____ Basis for the claim: trade debt
 Last 4 digits of account number _____ Is the claim subject to offset?
 No
 Yes

3.11 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,055.00
 Clean Vent *Check all that apply.*
 186 E. Sunnyoaks Ave., Suite D Contingent
 Campbell, CA 95008 Unliquidated
 Disputed
 Date or dates debt was incurred _____ Basis for the claim: trade debt
 Last 4 digits of account number _____ Is the claim subject to offset?
 No
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<p>3.12 Nonpriority creditor's name and mailing address <u>Comcast</u> <u>P. O. Box 34744</u> <u>Seattle, WA 98124-1744</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>266.23</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.13 Nonpriority creditor's name and mailing address <u>Contra Costa Health Services</u> <u>50 Douglas Drive, Suite 320C</u> <u>Martinez, CA 94553</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>1,648.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.14 Nonpriority creditor's name and mailing address <u>David Sternberg, Esq.</u> <u>540 Lennon Lane</u> <u>Walnut Creek, CA 94598</u></p> <p>Date or dates debt was incurred <u>3/31/2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>37,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>attorneys' fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.15 Nonpriority creditor's name and mailing address <u>Dept. of Public Health</u> <u>P. O. Box 997434 MS 3202</u> <u>Sacramento, CA 95899-7434</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>19,644.04</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.16 Nonpriority creditor's name and mailing address <u>Diagnostic Laboratories SL</u> <u>2820 N. Ontario St.</u> <u>Burbank, CA 91504-2015</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>5,024.32</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.17	<p>Nonpriority creditor's name and mailing address <u>East Bay MUD</u> <u>P. O. Box 1000</u> <u>Oakland, CA 94649-0001</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 10,524.32</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.18	<p>Nonpriority creditor's name and mailing address <u>Ecologically Sound Medical Services</u> <u>P. O. Box 1029</u> <u>Tracy, CA 95378-1029</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 13,171.25</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.19	<p>Nonpriority creditor's name and mailing address <u>Gary L. Miller, D.O.</u> <u>2452 Royal Oaks Dr.</u> <u>Alamo, CA 94507</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,050.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	<p>Nonpriority creditor's name and mailing address <u>HD Supply Facilities Maintenance</u> <u>P. O. Box 509058</u> <u>San Diego, CA 92150-9058</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,446.91</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	<p>Nonpriority creditor's name and mailing address <u>Health Care Systems</u> <u>P. O. Box 284</u> <u>Westfield, IN 46074-0284</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,950.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<p>3.22 Nonpriority creditor's name and mailing address <u>Industrial Chemical Labs & Services Inc.</u> <u>55 Brook Ave., Suite G</u> <u>Deer Park, NY 11729</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>153.46</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.23 Nonpriority creditor's name and mailing address <u>Interactive medical Systems, Inc.</u> <u>P. O. Box 843789</u> <u>Los Angeles, CA 90084-3789</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>286.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.24 Nonpriority creditor's name and mailing address <u>Jimmie Williams, Esq.</u> <u>Law offices of Jimmie L. Williams 141 Alamo ranch Road</u> <u>Alamo, CA 94507-2031</u></p> <p>Date or dates debt was incurred <u>3/31/2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>attorneys' fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.25 Nonpriority creditor's name and mailing address <u>KCI USA Inc.</u> <u>P. O. >Box 203086</u> <u>Houston, TX 77216-3086</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>4,890.21</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.26 Nonpriority creditor's name and mailing address <u>Lenz Podiatry Group</u> <u>425 W. Bonita Ave., #110</u> <u>San Dimas, CA 91733-2543</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>144.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 2: Additional Page

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

Amount of claim

3.27	Nonpriority creditor's name and mailing address <u>Lighting & Maintenance Solutions</u> <u>P. O. Box 42440</u> <u>Towson, MD 21284</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 1,996.70</u>
3.28	Nonpriority creditor's name and mailing address <u>McKesson Medical-Surgical</u> <u>P. O. Box 204786</u> <u>Dallas, TX 75320</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 40,495.81</u>
3.29	Nonpriority creditor's name and mailing address <u>Muir Lab</u> <u>P. O. Box 39000 Dept. 33512</u> <u>San Francisco, CA 94139</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 2,424.22</u>
3.30	Nonpriority creditor's name and mailing address <u>National Food equipment</u> <u>1177 Branham Lane</u> <u>San Jose, CA 94598</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 2,096.39</u>
3.31	Nonpriority creditor's name and mailing address <u>NTT Data LTC Solutions, Inc.</u> <u>P. O. Box 842004</u> <u>Dallas, TX 75284-2004</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$ 1,192.07</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<p>3.32 Nonpriority creditor's name and mailing address <u>ONR Inc.</u> <u>101 E. Spring St.</u> <u>Zelienople, PA 16063-1359</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 25,817.05</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.33 Nonpriority creditor's name and mailing address <u>PG&E</u> <u>P. O. Box 997300</u> <u>Sacramento, CA 95899-7300</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 11,532.96</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.34 Nonpriority creditor's name and mailing address <u>Pharmerica Corp.</u> <u>P. O. Box 409251</u> <u>Atlanta, GA 30384-9251</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 171,551.70</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.35 Nonpriority creditor's name and mailing address <u>Portable Dental Services</u> <u>2063 Mohawk Drive</u> <u>Pleasant Hill, CA 94523-3127</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,720.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.36 Nonpriority creditor's name and mailing address <u>RDs For Healthcare, Inc.</u> <u>1420 W. Kettleman Lane, Suite N5</u> <u>Lodi, CA 95242</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,446.80</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<p>3.37 Nonpriority creditor's name and mailing address <u>Republic Services</u> <u>P. O. Box 78829</u> <u>Phoenix, AZ 85062-8440</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>4,359.96</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.38 Nonpriority creditor's name and mailing address <u>Safety Traning Seminars</u> <u>598 Vermont Street</u> <u>San Francisco, CA 94107</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>1,195.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.39 Nonpriority creditor's name and mailing address <u>Schraders Medical Supply Inc.</u> <u>5507 Brook Street</u> <u>Montclair, CA 91763</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>1,495.38</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.40 Nonpriority creditor's name and mailing address <u>Schryver Medical Inc.</u> <u>12075 E. 45th Ave., Suite 600</u> <u>Denver, CO 80239-3136</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>15,135.82</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.41 Nonpriority creditor's name and mailing address <u>Security Life Insurance Company</u> <u>P. O. Box 860253</u> <u>Minneapolis, MN 55486-0253</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>925.65</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 2: Additional Page

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

Amount of claim

3.42 Nonpriority creditor's name and mailing address
State Board of Equalization
P. O. Box 942879
Sacramento, CA 94279-7070

As of the petition filing date, the claim is: \$ 570.52
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Liquidated and neither contingent nor disputed

Basis for the claim: trade debt

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.43 Nonpriority creditor's name and mailing address
US Foods, Inc.
Dept 34766 P. O. Box 39000
San Francisco, CA 94139

As of the petition filing date, the claim is: \$ 1,785.01
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: trade debt

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.44 Nonpriority creditor's name and mailing address

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

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.45 Nonpriority creditor's name and mailing address

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

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.46 Nonpriority creditor's name and mailing address

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

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

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
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____
4.12. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ - ____ - ____ - ____

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 0.00 _____
5b. Total claims from Part 2	5b. +	\$ 414,210.82 _____
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 414,210.82 _____

Fill in this information to identify the case:

Debtor name Nurses Alliance Corporation
 United States Bankruptcy Court for the: Northern District Of California
 Case number (If known): _____

Check if this is an amended filing

Official Form 204

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

12/15

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

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Pharmerica Corp. P. O. Box 409251 Atlanta, GA30384-9251		trade debt				\$171,551.70
2	McKesson Medical-Surgical P. O. Box 204786 Dallas, TX75320		trade debt				\$40,495.81
3	David Sternberg, Esq. 540 Lennon Lane Walnut Creek, CA94598		attorneys' fees				\$37,000.00
4	ONR Inc. 101 E. Spring St. Zelienople, PA16063-1359		trade debt				\$25,817.05
5	Dept. of Public Health P. O. Box 997434 MS 3202 Sacramento, CA95899-7434		trade debt				\$19,644.04
6	Schryver Medical Inc. 12075 E. 45th Ave., Suite 600 Denver, CO80239-3136		trade debt				\$15,135.82
7	Ecologically Sound Medical Services P. O. Box 1029 Tracy, CA95378-1029		trade debt				\$13,171.25
8	PG&E P. O. Box 997300 Sacramento, CA95899-7300		trade debt				\$11,532.96

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	East Bay MUD P. O. Box 1000 Oakland, CA94649-0001		trade debt			\$10,524.32	
10	Cerner Corporation P. O. Box 412702 Kansas City , MO64141-2702		trade debt			\$10,104.00	
11	CA Choice P. O. Box 7088 Orange, CA92863		trade debt			\$7,526.91	
12	AllScripts 24630 Network Place Chicago, IL60673-1246		trade debt			\$6,341.44	
13	Diagnostic Laboratories SL 2820 N. Ontario St. Burbank, CA91504-2015		trade debt			\$5,024.32	
14	KCI USA Inc. P. O. >Box 203086 Houston, TX77216-3086		trade debt			\$4,890.21	
15	Republic Services P. O. Box 78829 Phoenix, AZ 85062-8440		trade debt			\$4,359.96	
16	Muir Lab P. O. Box 39000 Dept. 33512 San Francisco, CA94139		trade debt			\$2,424.22	
17	National Food equipment 1177 Branham Lane San Jose, CA94598		trade debt			\$2,096.39	
18	Clean Vent 186 E. Sunnyoaks Ave., Suite D Campbell, CA95008		trade debt			\$2,055.00	
19	Lighting & Maintenance Solutions P. O. Box 42440 Towson, MD21284		trade debt			\$1,996.70	
20	Health Care Systems P. O. Box 284 Westfield, IN46074-0284		trade debt			\$1,950.00	

Fill in this information to identify the case and this filing:

Debtor Name Nurses Alliance Corporation
United States Bankruptcy Court for the: Northern District Of California
Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

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

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

Executed on 04/15/2016
MM / DD / YYYY

X /s/Serafin Perez
Signature of individual signing on behalf of debtor

Serafin Perez
Printed name

Authorized Agent
Position or relationship to debtor

AllKleen Solutions, LLC
317 Corey Way
South San Francisco, CA 94080

AllScripts
24630 Network Place
Chicago, IL 60673-1246

Bay Alarm Company
P. O. Box 7137
San Francisco, CA 94120-7137

Bay Cities Pyrotec Inc.
1315 67th Street
Emeryville, CA 94608

Bay Medic Transportation, Inc.
959 Detroit Ave.
Concord, CA 94518-2501

Briggs Corporation
P. O. Box 1355
Des Moines, IA 50305-1355

CA Choice
P. O. Box 7088
Orange, CA 92863

Cerner Corporation
P. O. Box 412702
Kansas City, MO 64141-2702

Cintas Corporation #185
P. O. Box 29059
Phoenix, AZ 85038-9059

Cintas Fire 636525
P. O. Box 636525
Cincinnati, OH 45263-6525

Clean Vent
186 E. Sunnyoaks Ave., Suite D
Campbell, CA 95008

Comcast
P. O. Box 34744
Seattle, WA 98124-1744

Contra Costa County Tax Collector
625 Court Street, Suite 100
Martinez, CA 94553

Contra Costa Health Services
50 Douglas Drive, Suite 320C
Martinez, CA 94553

David Sternberg, Esq.
540 Lennon Lane
Walnut Creek, CA 94598

Dept. of Public Health
P. O. Box 997434 MS 3202
Sacramento, CA 95899-7434

Diagnostic Laboratories SL
2820 N. Ontario St.
Burbank, CA 91504-2015

East Bay MUD
P. O. Box 1000
Oakland, CA 94649-0001

Ecologically Sound Medical Services
P. O. Box 1029
Tracy, CA 95378-1029

First National Bank of Northern California
c/o Lubin Olson & Niewiadomski LLP
600 Montgomery Street, 14th Floor
San Francisco, CA 94111

Franchise Tax Board
Bankruptcy Unit
P. O. Box 2952
Sacramento, CA 95812-2952

Gary L. Miller, D.O.
2452 Royal Oaks Dr.
Alamo, CA 94507

HD Supply Facilities Maintenance
P. O. Box 509058
San Diego, CA 92150-9058

Health Care Systems
P. O. Box 284
Westfield, IN 46074-0284

Industrial Chemical Labs & Services Inc.
55 Brook Ave., Suite G
Deer Park, NY 11729

Interactive medical Systems, INC.
P. O. Box 843789
Los Angeles, CA 90084-3789

Internal Revenue Service
Centralized Insolvency
P. O. Box 21126
Philadelphia, PA 19114

IRS/Ohio
P. O. Box 145595
Cincinnati, OH 45250-5595

Jimmie Williams, Esq.
Law offices of Jimmie L. Williams
141 Alamo ranch Road
Alamo, CA 94507-2031

KCI USA Inc.
P. O. >Box 203086
Houston, TX 77216-3086

Lenz Podiatry Group
425 W. Bonita Ave., #110
San Dimas, CA 91733-2543

Lighting & Maintenance Solutions
P. O. Box 42440
Towson, MD 21284

McKesson Medical-Surgical
P. O. Box 204786
Dallas, TX 75320

Muir Lab
P. O. Box 39000 Dept. 33512
San Francisco, CA 94139

National Food equipment
1177 Branham Lane
San Jose, CA 94598

NTT Data LTC Solutions, Inc.
P. O. Box 842004
Dallas, TX 75284-2004

ONR Inc.
101 E. Spring St.
Zelienople, PA 16063-1359

PG&E
P. O. Box 997300
Sacramento, CA 95899-7300

Pharmerica Corp.
P. O. Box 409251
Atlanta, GA 30384-9251

Portable Dental Services
2063 Mohawk Drive
Pleasant Hill, CA 94523-3127

RDs For Healthcare, Inc.
1420 W. Kettleman Lane, Suite N5
Lodi, CA 95242

Republic Services
P. O. Box 78829
Phoenix, AZ 85062-8440

Safety Training Seminars
598 Vermont Street
San Francisco, CA 94107

Schraders Medical Supply Inc.
5507 Brook Street
Montclair, CA 91763

Schryver Medical Inc.
12075 E. 45th Ave., Suite 600
Denver, CO 80239-3136

Security Life Insurance Company
P. O. Box 860253
Minneapolis, MN 55486-0253

State Board of Equalization
P. O. Box 942879
Sacramento, CA 94279-7070

State of California EDD
Bankruptcy Unit MIC 92E
P. O. Box 2952
Sacramento, CA 95812-2952

State of California EDD
Bankruptcy Unite MIC 92E
P. O. Box 826880
Sacramento, CA 94280-0001

US Foods, Inc.
Dept 34766 P. O. Box 39000
San Francisco, CA 94139

UNITED STATES BANKRUPTCY COURT
Northern District of California

In re: **Nurses Alliance Corporation**

Debtors

Case No. _____

Chapter **11** _____

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **April 15, 2016** _____

Signed: **/s/Serafin Perez** _____

Dated: _____

Signed: _____

Signed: **/s/** _____

**Ruth Elin Auerbach
Attorney for Debtor(s)
Bar no.: 104191
77 Van Ness Ave., Suite 201
San Francisco, California 94102
Telephone No: (415) 673-0560
Fax No: (415) 673-0562**

**E-mail address:
attorneyruth@sbcglobal.net**