

**United States Bankruptcy Court  
 District of Colorado**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Horizon Womens Care Professional LLC</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>84-1512350</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>10099 Ridgeway Pkwy Ste 209 Lone Tree, CO</b>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE <b>80124-5531</b>	ZIPCODE
County of Residence or of the Principal Place of Business: <b>Douglas</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address)	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):

ZIPCODE

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p> <hr/> <p align="center"><b>Chapter 15 Debtor</b></p> <p>Country of debtor's center of main interests: _____</p> <p>Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____</p>	<p align="center"><b>Nature of Business</b> (Check <b>one</b> box.)</p> <p><input checked="" type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <hr/> <p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable.)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Chapter 7                      <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input checked="" type="checkbox"/> Chapter 11                    <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <p><input type="checkbox"/> Chapter 12                    <input type="checkbox"/> Chapter 13</p> <hr/> <p align="center"><b>Nature of Debts</b> (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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<p align="center"><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>	<p align="center"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).</p> <hr/> <p><b>Check all applicable boxes:</b></p> <p><input type="checkbox"/> A plan is being filed with this petition</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p>
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<p><b>Statistical/Administrative Information</b></p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>	<p><b>THIS SPACE IS FOR COURT USE ONLY</b></p>																				
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1,000-5,000</td><td>5,001-10,000</td><td>10,001-25,000</td><td>25,001-50,000</td><td>50,001-100,000</td><td>Over 100,000</td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	
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<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Horizon Womens Care Professional LLC</b>	
<b>All Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;"><b>Exhibit A</b></p> (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.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<p style="text-align: center;"><b>Exhibit B</b></p> (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 delivered to the debtor the notice required by 11 U.S.C. § 342(b).  X _____ Signature of Attorney for Debtor(s) <span style="float: right;">Date</span>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, 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.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> 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.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> 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)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**

*(This page must be completed and filed in every case)*

Name of Debtor(s):

**Horizon Womens Care Professional LLC**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I 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 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 the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_  
Signature of Debtor

X \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

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 **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_

Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

X /s/ Jeffrey A. Weinman

Signature of Attorney for Debtor(s)

**Jeffrey A. Weinman 7605  
Weinman & Associates, P.C.  
730 17th Street Suite 240  
Denver, CO 80202**

**jweinman@epitrustee.com**

**November 4, 2013**

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.

**Signature of Non-Attorney Petition Preparer**

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 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 promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable 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, as required in that section. Official Form 19 is attached.

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

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

\_\_\_\_\_  
Address

X \_\_\_\_\_

Signature

\_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

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 individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**Signature of Debtor (Corporation/Partnership)**

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.

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

X /s/ Heidi J Oster

Signature of Authorized Individual

**Heidi J Oster**

Printed Name of Authorized Individual

**Manager**

Title of Authorized Individual

**November 4, 2013**

Date

United States Bankruptcy Court  
District of Colorado

IN RE:

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

Horizon Womens Care Professional LLC

Chapter 11

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: November 4, 2013

Signature: /s/ Heidi J Oster  
Heidi J Oster, Manager Debtor

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

Signature: \_\_\_\_\_  
Joint Debtor, if any

Affordable Medical Supply  
1833 N Circle Dr  
Colorado Springs, CO 80909-2410

Aflac  
1932 Wynnton Rd  
Columbus, GA 31999-0002

American Funds Service Co.  
PO Box 6007  
Indianapolis, IN 46206-6007

Bank Of America  
Business Card  
PO Box 15796  
Wilmington, DE 19886-5796

Business White Pages  
6119 Greenville Ave Ste 435  
Dallas, TX 75206-1910

Cbeyond  
PO Box 848432  
Dallas, TX 75284-8432

CBRE  
HPC, Inc.  
File #50065  
Los Angeles, CA 90074-0065

Colorado Medical Waste  
3131 Oakland St  
Aurora, CO 80010-1508

Columbine Oxygen And Medical Service  
2453 W Church Ave  
Littleton, CO 80120-1903

Computer Guys, Inc.  
2344 S Broadway  
Denver, CO 80210-5007

Cooper Surgical  
95 Corporate Dr  
Trumbull, CT 06611-1350

Copic  
PO Box 17540  
Denver, CO 80217-0540

CuraScript SD  
7909 S Hardy Dr Ste 104  
Tempe, AZ 85284-1112

Deep Rock Water  
PO Box 660579  
Dallas, TX 75266-0579

Delta Dental Of Colorado  
PO Box 912148  
Denver, CO 80291-2148

Dex Media East LLC  
Accts Recv Dept  
PO Box 78041  
Phoenix, AZ 85062-8041

DHG Specialties  
5695 Briargrove Ct  
Frederick, MD 21703-8621

Direct Answer  
4201 E Yale Ave Ste 140  
Denver, CO 80222-6594

EOS Corporate  
7108 S Alton Way Ste G104  
Centennial, CO 80112-2114

Gynex  
PO Box 3189  
Redmond, WA 98073-3189

Hamilton Linens  
1480 E 61st Ave  
Denver, CO 80216-1206

Hartford Life  
PO Box 64582  
Saint Paul, MN 55164-0582

Hibu, Inc.  
PO Box 3162  
Cedar Rapids, IA 52406-3162

Hogeman & Company, P.C.  
6855 S Havana St Ste 200  
Centennial, CO 80112-3817

Hologic  
250 Campus Dr  
Marlborough, MA 01752-3020

Humana  
PO Box 14209  
Lexington, KY 40512-4209

Iron Mountain  
1000 Campus Dr  
Collegeville, PA 19426-4908

Judy Baack  
C/O Kari M. Hershey, Esq.  
10463 Park Meadows Dr Ste 209  
Lone Tree, CO 80124-5318

Key Bank  
PO Box 94831  
Cleveland, OH 44101-4831

Larson Lab  
PO Box 9253  
Denver, CO 80209-0253

Lewan & Associates  
1400 S Colorado Blvd  
Denver, CO 80222-3648

Lowe Fowl & Skogg  
1099 18th St Ste 2950  
Denver, CO 80202-1936

Merck Sharp And Dohme Corp  
1 Merck Dr  
Whitehouse Station, NJ 08889-3400

My Office Products  
PO Box 306003  
Nashville, TN 37230-6003

Orion Western Skies Billing Service  
PO Box 5141  
Denver, CO 80217-5141

ParaGard Direct  
12601 Collection Center Dr  
Chicago, IL 60693-0126

Paychex  
4400 Kittredge St Ste 50  
Denver, CO 80239-5754

Personnel Concepts  
3200 E Guasti Rd Ste 300  
Ontario, CA 91761-8661

Philips Healthcare  
PO Box 100355  
Atlanta, GA 30384-0355

Philips Medical Capital  
PO Box 92449  
Cleveland, OH 44193-0003

Principal Financial Group  
PO Box 10431  
Des Moines, IA 50306-0431

Provident Life And Accident  
1 Mercantile St  
Worcester, MA 01608-3100

Robertson Consulting  
6335 Woodbine Ct  
Littleton, CO 80125-8308

SkyRidge Pharmacy  
10103 Ridgeway Pkwy Ste 117  
Lone Tree, CO 80124-5524

Sprint  
PO Box 8077  
London, KY 40742-8077

TAB Products Co. LLC  
24923 Network Pl  
Chicago, IL 60673-1249

The Booksmith LLC  
PO Box 39084  
Denver, CO 80239-0084

The Hartford  
PO Box 33015  
San Antonio, TX 78265-3015

The Hartford  
1 Hartford Plz  
Hartford, CT 06115-1707

TheraCom  
9717 Key West Ave  
Rockville, MD 20850-3982

TSYS  
PO Box 2355  
Omaha, NE 68103-2355

USA Mobility  
PO Box 941565  
Plano, TX 75094-1565

Vax Serve, Inc.  
12566 Collections Center Dr  
Chicago, IL 60693-0125

Veridian Medical LLC II  
3935 Ryan St  
Lake Charles, LA 70605-2817

Wells Fargo  
Leasing Customer Service MAC N0005-055  
800 Walnut St  
Des Moines, IA 50309-3605