**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

DISTRICT OF COLORADO

Case number *(if known)* _____ Chapter **11**

☐ Check if this an amended filing

# Official Form 201
# Voluntary Petition for Non-Individuals Filing for Bankruptcy

**4/16**

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

**1. Debtor's name**

**Conifer Veterinary Hospital Inc.**

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

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

**3. Debtor's federal Employer Identification Number** (EIN)

**52-2406847**

**4. Debtor's address**

**Principal place of business**

**10903 US Highway 285, Ste E105**
**Conifer, CO 80433**
Number, Street, City, State & ZIP Code

**Jefferson**
County

**Mailing address, if different from principal place of business**

P.O. Box, Number, Street, 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: _____

Debtor **Conifer Veterinary Hospital Inc.** Case number (*if known*) _____
Name

**7. Describe debtor's business**

A. *Check one:*

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

B. *Check all that apply*

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

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

_____

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

*Check one:*

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

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

If more than 2 cases, attach a separate list.

- ■ No.
- ☐ Yes.

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

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

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

- ■ No
- ☐ Yes.

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

Debtor **Conifer Veterinary Hospital Inc.** Case number (*if known*) _____
Name

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

*Check all that apply:*

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

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

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

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

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

**Where is the property?** _____
Number, Street, City, State & ZIP Code

**Is the property insured?**

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

## Statistical and administrative information

**13. Debtor's estimation of available funds**

*Check one:*

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

**14. Estimated number of creditors**

- ■ 1-49
- ☐ 50-99
- ☐ 100-199
- ☐ 200-999
- ☐ 1,000-5,000
- ☐ 5001-10,000
- ☐ 10,001-25,000
- ☐ 25,001-50,000
- ☐ 50,001-100,000
- ☐ More than100,000

**15. Estimated Assets**

- ☐ $0 - $50,000
- ☐ $50,001 - $100,000
- ☐ $100,001 - $500,000
- ☐ $500,001 - $1 million
- ■ $1,000,001 - $10 million
- ☐ $10,000,001 - $50 million
- ☐ $50,000,001 - $100 million
- ☐ $100,000,001 - $500 million
- ☐ $500,000,001 - $1 billion
- ☐ $1,000,000,001 - $10 billion
- ☐ $10,000,000,001 - $50 billion
- ☐ More than $50 billion

**16. Estimated liabilities**

- ☐ $0 - $50,000
- ☐ $50,001 - $100,000
- ☐ $100,001 - $500,000
- ■ $500,001 - $1 million
- ☐ $1,000,001 - $10 million
- ☐ $10,000,001 - $50 million
- ☐ $50,000,001 - $100 million
- ☐ $100,000,001 - $500 million
- ☐ $500,000,001 - $1 billion
- ☐ $1,000,000,001 - $10 billion
- ☐ $10,000,000,001 - $50 billion
- ☐ More than $50 billion

Debtor **Conifer Veterinary Hospital Inc.** Case number (*if known*)
Name

## 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 trued and correct.

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

Executed on **August 22, 2017**
MM / DD / YYYY

X **/s/ David Palmini**
Signature of authorized representative of debtor

**David Palmini**
Printed name

Title **President**

**18. Signature of attorney**

X **/s/ Kenneth J. Buechler**
Signature of attorney for debtor

Date **August 22, 2017**
MM / DD / YYYY

**Kenneth J. Buechler**
Printed name

**Buechler & Garber, LLC**
Firm name

**999 18th Street, Suite 1230 S**
**Denver, CO 80202**
Number, Street, City, State & ZIP Code

Contact phone **720-381-0045** Email address

**30906**
Bar number and State

**Fill in this information to identify the case:**

Debtor name **Conifer Veterinary Hospital Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

# Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

## Declaration and signature

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

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

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

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

Executed on **August 22, 2017**

X **/s/ David Palmini**
Signature of individual signing on behalf of debtor

**David Palmini**
Printed name

**President**
Position or relationship to debtor



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**Fill in this information to identify the case:**

Debtor name **Conifer Veterinary Hospital Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO

Case number (if known) _____

☐ Check if this is an amended filing

# Official Form 207

## Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

**04/16**

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

## Part 1: Income

1. **Gross revenue from business**

☐ None.

| **Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year** | **Sources of revenue** Check all that apply | **Gross revenue** (before deductions and exclusions) |
|---|---|---|
| **From the beginning of the fiscal year to filing date:** From **1/01/2017** to **Filing Date** | ■ Operating a business<br>☐ Other _____ | **$409,424.69** |
| **For prior year:** From **1/01/2016** to **12/31/2016** | ■ Operating a business<br>☐ Other _____ | **$1,239,654.00** |
| **For year before that:** From **1/01/2015** to **12/31/2015** | ■ Operating a business<br>☐ Other _____ | **$1,128,170.00** |

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

■ None.

| **Description of sources of revenue** | **Gross revenue from each source** (before deductions and exclusions) |
|---|---|

## Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

☐ None.

| **Creditor's Name and Address** | **Dates** | **Total amount of value** | **Reasons for payment or transfer** *Check all that apply* |
|---|---|---|---|



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Debtor **Conifer Veterinary Hospital Inc.** Case number *(if known)*

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer *Check all that apply* |
|---|---|---|---|
| 3.1. **Henry Schein** | **4/2017, 5/2017, 6/2017** | **$18,378.34** | ☐ Secured debt<br>☐ Unsecured loan repayments<br>☐ Suppliers or vendors<br>■ Services<br>☐ Other__ |
| 3.2. **Humana<br>P.O. Box 528<br>Carol Stream, IL 60132** | **4/2017, 5/2017, 6/2017** | **$10,914.14** | ☐ Secured debt<br>☐ Unsecured loan repayments<br>☐ Suppliers or vendors<br>☐ Services<br>■ Other **Health Insurance** |

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

☐ None.

| Insider's name and address<br>Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|---|---|---|---|
| 4.1. **David Palmini<br>23141 Black Bear Trail<br>Conifer, CO 80433<br>Owner** | **4/2017, 5/2017** | **$24,666.64** | **Salary** |
| 4.2. **Jeffersson County Family Support Registr<br>P.O. Box 2171<br>Denver, CO 80201<br>None** | **4/2017, 5/2017** | **$9,000.00** | **Divorce Maintenance Payment to former spouse of David Palmini** |

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

■ None

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

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

■ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|---|---|---|---|

## Part 3: Legal Actions or Assignments

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



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Debtor **Conifer Veterinary Hospital Inc.** Case number *(if known)*

☐ None.

| | Case title<br>Case number | Nature of case | Court or agency's name and address | Status of case |
|---|---|---|---|---|
| 7.1. | **Colorado Department of Revenue<br>L0299264800** | **Garnishment of David Palmini wages** | **Colorado Department of Revenue<br>Denver, CO 80261-0004** | ■ Pending<br>☐ On appeal<br>☐ Concluded |
| 7.2. | **Bank of the West v. David Palmini<br>16CV31959** | **Garnishment (judgment against David Palmini)** | **Jefferson County District Court<br>100 Jefferson County Parkway<br>Golden, CO 80401** | ■ Pending<br>☐ On appeal<br>☐ Concluded |

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

■ None

## Part 4: Certain Gifts and Charitable Contributions

9. **List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than $1,000**

■ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|---|---|---|---|

## Part 5: Certain Losses

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

■ None

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

## Part 6: Certain Payments or Transfers

11. **Payments related to bankruptcy**

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

☐ None.



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Debtor **Conifer Veterinary Hospital Inc.** Case number *(if known)*

| | Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|---|---|---|---|---|
| 11.1. | **Kenneth J. Buechler<br>Buechler & Garber, LLC<br>999 18th Street, Ste. 1230-S<br>Denver, CO 80202** | | **June 2017** | **$15,000.00** |

**Email or website address**

**Who made the payment, if not debtor?**

12. **Self-settled trusts of which the debtor is a beneficiary**
List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

■ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|---|---|---|---|

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

■ None.

| Who received transfer? Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|---|---|---|---|

## Part 7: Previous Locations

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

■ Does not apply

| Address | Dates of occupancy From-To |
|---|---|

## Part 8: Health Care Bankruptcies

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

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

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---|---|---|

## Part 9: Personally Identifiable Information



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Debtor **Conifer Veterinary Hospital Inc.** Case number *(if known)*

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

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

17. **Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ■ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

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

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

■ None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---|---|---|---|---|

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

■ None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Do you still have it? |
|---|---|---|---|

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

■ None

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|---|---|---|---|

## Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. **Property held for another**
List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

■ None

## Part 12: Details About Environment Information

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

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

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

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



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Debtor **Conifer Veterinary Hospital Inc.** Case number *(if known)*

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

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

■ No.
☐ Yes. Provide details below.

| Case title<br>Case number | Court or agency name and address | Nature of the case | Status of case |
|---|---|---|---|

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

■ No.
☐ Yes. Provide details below.

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

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

■ No.
☐ Yes. Provide details below.

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

## Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**
List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

■ None

| Business name address | Describe the nature of the business | Employer Identification number<br>Do not include Social Security number or ITIN.<br><br>Dates business existed |
|---|---|---|

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

| | Name and address | Date of service From-To |
|---|---|---|
| 26a.1. | **Sheila Brunson<br>19133 Silver Ranch Rd.<br>Conifer, CO 80433** | **January 2017 - Present** |
| 26a.2. | **Cory Belcher, CPA<br>CBRS CPA Group<br>5777 S Rapp Street<br>Littleton, CO 80120** | **2010-Present** |

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

■ None

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

☐ None



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Debtor **Conifer Veterinary Hospital Inc.** Case number *(if known)*

| Name and address | If any books of account and records are unavailable, explain why |
|---|---|
| 26c.1. **Cory Belcher, CPA<br>5777 S. Rapp Street<br>Littleton, CO 80120** | |

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

☐ None

| Name and address |
|---|
| 26d.1. **James Falk<br>3470 Euro Lane<br>De Pere, WI 54115** |

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

■ No
☐ Yes. Give the details about the two most recent inventories.

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---|---|---|

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

29. **Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

■ No
☐ Yes. Identify below.

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

☐ No
■ Yes. Identify below.

| | Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|---|---|---|---|---|
| 30.1. | **David L. Palmini<br>23141 Black Bear Trail<br>Conifer, CO 80433** | **196,838.78** | **2017** | **Dividends/Distributions** |
| | **Relationship to debtor**<br>**Owner** | | | |

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

■ No
☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|---|---|



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Debtor **Conifer Veterinary Hospital Inc.** Case number *(if known)*

32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ■ No
- ☐ Yes. Identify below.

| Name of the parent corporation | Employer Identification number of the parent corporation |
|---|---|
| | |

## Part 14: Signature and Declaration

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

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

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

Executed on **August 22, 2017**

**/s/ David Palmini**
Signature of individual signing on behalf of the debtor

**David Palmini**
Printed name

Position or relationship to debtor **President**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

- ■ No
- ☐ Yes



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Fill in this information to identify the case:

Debtor name **Conifer Veterinary Hospital Inc.**

United States Bankruptcy Court for the: **DISTRICT OF COLORADO**

Case number (if known): _____

☐ Check if this is an amended filing

# Official Form 204

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

12/15

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

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim 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 |
| **Colorado Dept. of Revenue<br>1375 Sherman Street<br>Denver, CO 80261** | | **Colorado Use Tax; Colorado Sales Tax** | | | | **$0.00** |
| **Conifer Retail, LLC<br>371 Centennial Parkway, Ste. 200<br>Louisville, CO 80027** | | **Building Lease** | **Disputed** | | | **$129,543.78** |
| **Dennis Palmini<br>2327 Falcons Cove<br>Stevens Point, WI 54882** | | **Business Loan** | | | | **$5,000.00** |
| **Internal Revenue Service<br>PO Box 7346<br>Philadelphia, PA 19101** | | **941 Payroll Taxes - 1st Qtr 2013, 2nd Qtr 2013, 4th Qtr 2013; 1st Qtr 2014, 2nd Qtr 2014, 3 Qtr 2014, 4th Qtr 2015** | | **$105,318.47** | **$0.00** | **$105,318.47** |
| **James Falck<br>3470 Euro Lane<br>De Pere, WI 54115** | | **Business Loan** | | | | **$169,188.81** |
| **James Falck IRA CVH<br>3470 Euro Lane<br>De Pere, WI 54115** | | **Business Loan** | | | | **$206,891.63** |
| **Kelly Falck<br>620 Zelas Drive<br>Green Bay, WI 54311** | | **Business Loan** | | | | **$198,811.30** |
| **Wells Fargo<br>PO Box 29482<br>Phoenix, AZ 85038** | | **Revolving, Credit Card** | | | | **$627.50** |



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**Fill in this information to identify the case:**

Debtor name **Conifer Veterinary Hospital Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO

Case number (if known) _____

☐ Check if this is an amended filing

# Official Form 206Sum

## Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

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

   1a. **Real property:**
   Copy line 88 from *Schedule A/B*..... $ **0.00**

   1b. **Total personal property:**
   Copy line 91A from *Schedule A/B*..... $ **1,417,343.31**

   1c. **Total of all property:**
   Copy line 92 from *Schedule A/B*..... $ **1,417,343.31**

### Part 2: Summary of Liabilities

2. ***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D)
   Copy the total dollar amount listed in Column A, *Amount of claim,* from line 3 of *Schedule D*..... $ **194,742.36**

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

   **3a. Total claim amounts of priority unsecured claims:**
   Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... $ **0.00**

   **3b. Total amount of claims of nonpriority amount of unsecured claims:**
   Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +$ **710,063.02**

4. **Total liabilities** .....
   Lines 2 + 3a + 3b $ **904,805.38**


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**Fill in this information to identify the case:**

Debtor name **Conifer Veterinary Hospital Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO

Case number (if known) _____

☐ Check if this is an amended filing

# Official Form 206A/B

# Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

## Part 1: Cash and cash equivalents

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

☐ No. Go to Part 2.

■ Yes Fill in the information below.

| | All cash or cash equivalents owned or controlled by the debtor | Current value of debtor's interest |
|---|---|---|
| 2. | **Cash on hand** | **$316.71** |

3. **Checking, savings, money market, or financial brokerage accounts** *(Identify all)*

| | Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | |
|---|---|---|---|---|
| 3.1. | **Wells Fargo Business Account** | **Checking** | | **$241.14** |
| 3.2. | **Bank of the West** | **Checking** | **3430** | **$5,511.82** |
| 3.3. | **Bank of the West** | **Savings** | **2788** | **$0.00** |
| 3.4. | **Bank of the West (Value Package Business)** | | **6475** | **$1,486.80** |
| 3.5. | **Bank of the West** | **Checking** | **2808** | **$3,456.55** |
| 3.6. | **US Bank** | **Checking** | **8444** | **$10.91** |



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Debtor **Conifer Veterinary Hospital Inc.** Case number *(If known)*
Name

| | | | | |
|---|---|---|---|---|
| 3.7. | **US Bank** | **Checking** | **8477** | **$135.00** |
| 3.8. | **US Bank** | **Checking** | **8469** | **$135.00** |

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

5. **Total of Part 1.** **$11,293.93**
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

## Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

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

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

| | | |
|---|---|---|
| 7.1. | **Security Deposit - Conifer** | **$4,292.50** |

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.** **$4,292.50**
Add lines 7 through 8. Copy the total to line 81.

## Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

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

11. **Accounts receivable**

| | face amount | | doubtful or uncollectible accounts | | |
|---|---|---|---|---|---|
| 11a. 90 days old or less: | **5,215.86** | - | **0.00** | = .... | **$5,215.86** |
| 11a. 90 days old or less: | **4,860.30** | - | **0.00** | = .... | **$4,860.30** |
| 11b. Over 90 days old: | **18,463.59** | - | **0.00** | =.... | **$18,463.59** |
| 11b. Over 90 days old: | **12,829.24** | - | **0.00** | =.... | **$12,829.24** |


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Debtor **Conifer Veterinary Hospital Inc.** Case number *(If known)*
Name

12. **Total of Part 3.** **$41,368.99**
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

## Part 4: Investments

13. **Does the debtor own any investments?**

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

## Part 5: Inventory, excluding agriculture assets

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

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

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

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

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

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

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

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

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|---|---|
| 39. | **Office furniture**<br>**Office Furniture** | **$0.00** | | **$11,410.94** |
| 40. | **Office fixtures** | | | |
| 41. | **Office equipment, including all computer equipment and communication systems equipment and software**<br>**Office Equipment (See Depreciation Schedules from 2016 Business Taxes) - Attached.** | **$0.00** | | **$373,134.99** |

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

43. **Total of Part 7.** **$384,545.93**
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
■ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
■ No
☐ Yes


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Debtor **Conifer Veterinary Hospital Inc.** Case number *(If known)*
Name

**Part 8: Machinery, equipment, and vehicles**

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

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

**Part 9: Real property**

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

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

**Part 10: Intangibles and intellectual property**

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

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

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|---|---|
| 60. | **Patents, copyrights, trademarks, and trade secrets** | | | |
| 61. | **Internet domain names and websites** | | | |
| 62. | **Licenses, franchises, and royalties** | | | |
| 63. | **Customer lists, mailing lists, or other compilations** | | | |
| 64. | **Other intangibles, or intellectual property** | | | |
| | **Intangible Assets; Leasehold Improvements** | **$0.00** | | **$191,526.66** |
| | **Intangible Assets (Goodwill, start-up costs, patient recordkeeping system, and covenants not to compete).** | **$0.00** | | **$655,965.33** |
| 65. | **Goodwill** | | | |
| 66. | **Total of Part 10.** Add lines 60 through 65. Copy the total to line 89. | | | **$847,491.99** |

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C.§§ 101(41A) and 107**?**
- ■ No
- ☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
- ■ No
- ☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
- ■ No
- ☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.


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Debtor **Conifer Veterinary Hospital Inc.** Case number *(If known)*
Name

☐ No. Go to Part 12.
■ Yes Fill in the information below.

| | | | | | |
|---|---|---|---|---|---|
| | | | | | **Current value of debtor's interest** |
| 71. | **Notes receivable**<br>Description (include name of obligor)<br>**Due from Shareholder** | **128,349.97**<br>Total face amount | - | **0.00**<br>doubtful or uncollectible amount | = **$128,349.97** |

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

78. **Total of Part 11.** **$128,349.97**
Add lines 71 through 77. Copy the total to line 90.

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


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Debtor **Conifer Veterinary Hospital Inc.** Case number *(If known)*
Name

## Part 12: Summary

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

| | Type of property | Current value of personal property | Current value of real property |
|---|---|---|---|
| 80. | **Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1* | **$11,293.93** | |
| 81. | **Deposits and prepayments.** *Copy line 9, Part 2.* | **$4,292.50** | |
| 82. | **Accounts receivable.** *Copy line 12, Part 3.* | **$41,368.99** | |
| 83. | **Investments.** *Copy line 17, Part 4.* | **$0.00** | |
| 84. | **Inventory.** *Copy line 23, Part 5.* | **$0.00** | |
| 85. | **Farming and fishing-related assets.** *Copy line 33, Part 6.* | **$0.00** | |
| 86. | **Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.* | **$384,545.93** | |
| 87. | **Machinery, equipment, and vehicles.** *Copy line 51, Part 8.* | **$0.00** | |
| 88. | **Real property.** *Copy line 56, Part 9.....>* | | **$0.00** |
| 89. | **Intangibles and intellectual property.** *Copy line 66, Part 10.* | **$847,491.99** | |
| 90. | **All other assets.** *Copy line 78, Part 11.* | **+ $128,349.97** | |
| 91. | **Total.** Add lines 80 through 90 for each column | **$1,417,343.31** | **+** 91b. **$0.00** |
| 92. | **Total of all property on Schedule A/B**. Add lines 91a+91b=92 | | **$1,417,343.31** |


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CONIFER CONIFER VETERINARY HOSPITAL INC 02/20/2017 1:47 PM
52-2406847

# Bonus Depreciation Report

FYE: 12/31/2016

| Asset | Property Description | Date In Service | Tax Cost | Bus Pct | Tax Sec 179 Exp | Current Bonus | Prior Bonus | Tax - Basis for Depr |
|---|---|---|---|---|---|---|---|---|
| **Activity: Form 1120S, Page 1** | | | | | | | | |
| 1 | COMPUTER | 3/28/13 | 642 | | 642 | 0 | 0 | 0 |
| 2 | SIGN | 7/01/12 | 3,658 | | 0 | 0 | 1,829 | 1,829 |
| 3 | SIGN | 8/22/12 | 4,423 | | 0 | 0 | 2,212 | 2,211 |
| 4 | OFFICE EQUIPMENT | 2/21/12 | 1,108 | | 0 | 0 | 554 | 554 |
| 5 | OFFICE EQUIPMENT | 7/30/12 | 3,189 | | 0 | 0 | 1,595 | 1,594 |
| 6 | OFFICE EQUIPMENT | 10/01/12 | 2,834 | | 0 | 0 | 1,417 | 1,417 |
| 7 | FURNITURE AND EQUIPMENT | 11/01/03 | 76,500 | | 0 | 0 | 38,250 | 38,250 |
| 9 | KRUPS COFFE/ESP. MACHINE | 1/19/09 | 1,283 | | 0 | 0 | 642 | 641 |
| 10 | CABINETRY SIDE AREA | 2/05/10 | 949 | | 0 | 0 | 475 | 474 |
| 11 | CABINETRY SIDE AREA | 2/06/10 | 535 | | 0 | 0 | 268 | 267 |
| 12 | CABINETRY SIDE AREA | 2/06/10 | 447 | | 0 | 0 | 224 | 223 |
| 13 | LOCKERS | 2/10/10 | 415 | | 0 | 0 | 208 | 207 |
| 14 | PRINTER | 9/25/10 | 350 | | 0 | 0 | 313 | 37 |
| 15 | RECORD KEEPING SOFTWARE | 11/19/03 | 3,501 | | 0 | 0 | 1,751 | 1,750 |
| 16 | PICTURE FRAMING | 6/10/04 | 179 | | 0 | 0 | 90 | 89 |
| 17 | KEYPAD -SIDE ENTRY | 11/18/04 | 1,583 | | 0 | 0 | 792 | 791 |
| 18 | XRAY PROCESSOR | 11/01/03 | 500 | | 0 | 0 | 250 | 250 |
| 29 | COMPUTER | 12/08/03 | 598 | | 0 | 0 | 299 | 299 |
| 33 | PRINTERS MONITORS WORKSTATIONS | 12/13/03 | 668 | | 0 | 0 | 334 | 334 |
| 34 | LASER JET PRINTER | 12/16/03 | 707 | | 0 | 0 | 354 | 353 |
| 41 | OFFICE EQUIPMENT | 12/29/03 | 384 | | 0 | 0 | 192 | 192 |
| 44 | DIAGNOSTIC LAB EQUIPMENT | 1/24/12 | 39,331 | | 0 | 0 | 19,666 | 19,665 |
| 45 | LASER LEASE | 1/31/12 | 30,156 | | 0 | 0 | 15,078 | 15,078 |
| 46 | SURGICAL EQUIPMENT | 12/29/03 | 511 | | 0 | 0 | 256 | 255 |
| 55 | ACCUPUNCTURE | 4/16/04 | 205 | | 0 | 0 | 103 | 102 |
| 56 | HEAT PUMP WATER CIR | 7/15/04 | 370 | | 0 | 0 | 185 | 185 |
| 57 | TRAVENOL 6300 CH. VOLUMETRIC INF | 8/23/04 | 428 | | 0 | 0 | 214 | 214 |
| 58 | CARDELL VET BLOOD PRESSURE MON | 9/02/04 | 1,878 | | 0 | 0 | 939 | 939 |
| 59 | VET TEMP 2 INSTANT ANIMAL EAR TH | 9/02/04 | 287 | | 0 | 0 | 144 | 143 |
| 60 | TONO PEN | 9/16/04 | 2,795 | | 0 | 0 | 1,398 | 1,397 |
| 61 | AFP X RAY FILM PROCESSOR | 9/30/04 | 4,148 | | 0 | 0 | 2,074 | 2,074 |
| 62 | 3-14" 17 VIEW BOXES | 12/03/04 | 296 | | 0 | 0 | 148 | 148 |
| 63 | 14' 17 VIEW BOXES W/O CORD | 12/07/04 | 105 | | 0 | 0 | 53 | 52 |
| 64 | NARCOTIC CABINET | 9/15/04 | 266 | | 0 | 0 | 133 | 133 |
| 65 | STETHOSCOPE | 4/16/04 | 259 | | 0 | 0 | 130 | 129 |
| 87 | AUDIOVISUAL MONITOR | 1/02/12 | 255 | | 0 | 0 | 128 | 127 |
| 88 | COMPUTER | 1/23/12 | 430 | | 0 | 0 | 215 | 215 |
| 89 | COMPUTER | 1/23/12 | 760 | | 0 | 0 | 380 | 380 |
| 90 | COMPUTER | 1/23/12 | 1,992 | | 0 | 0 | 996 | 996 |
| 91 | COMPUTER | 2/17/12 | 462 | | 0 | 0 | 231 | 231 |
| 92 | COMPUTER | 5/01/12 | 450 | | 0 | 0 | 225 | 225 |
| 93 | COMPUTER | 7/25/12 | 551 | | 0 | 0 | 276 | 275 |
| 94 | COMPUTER | 11/27/12 | 1,500 | | 0 | 0 | 750 | 750 |
| 95 | QUANTUM LTO-2 200/400 EXTERNAL T/ | 8/08/08 | 1,889 | | 0 | 0 | 945 | 944 |
| 96 | DELL DIMENSION 8400 REFURBISHED I | 8/16/08 | 430 | | 0 | 0 | 215 | 215 |
| 97 | TOSHIBA LAPTOP | 11/13/10 | 300 | | 0 | 0 | 300 | 0 |
| 98 | MAC COMPUTER | 11/02/11 | 2,137 | | 0 | 0 | 2,137 | 0 |
| 99 | COMPUTER 7 ACER MONITORS | 1/14/04 | 4,692 | | 0 | 0 | 2,346 | 2,346 |
| 100 | COMPUTER SOFTWARE | 1/20/04 | 2,453 | | 0 | 0 | 1,227 | 1,226 |
| 101 | COMPUTER SOFTWARE | 3/02/04 | 413 | | 0 | 0 | 207 | 206 |
| 102 | INTERNET ANTENNE | 8/10/04 | 270 | | 0 | 0 | 135 | 135 |
| 103 | HIGH SPPED INTERNET SET UP | 12/07/04 | 412 | | 0 | 0 | 206 | 206 |
| 104 | MEMOREX 52X EXTERNAL CDRW DRIV | 11/06/04 | 106 | | 0 | 0 | 53 | 53 |
| 112 | QUICKBOOKS 3 USER VERSION | 12/05/08 | 471 | | 0 | 0 | 236 | 235 |
| 113 | MCALLISTER SOTWARE SYSTEM | 6/01/10 | 332 | | 0 | 0 | 166 | 166 |
| 114 | MCALLISTER SOTWARE SYSTEM | 6/29/10 | 332 | | 0 | 0 | 166 | 166 |
| 115 | DRI TREND MICRO | 12/14/10 | 252 | | 0 | 0 | 252 | 0 |
| 123 | AMERICAN FURNITURE - LOBBY | 9/08/14 | 2,000 | | 2,000 | 0 | 0 | 0 |
| 124 | AMERICAN FURNITURE - LOBBY | 12/22/14 | 1,331 | | 1,331 | 0 | 0 | 0 |
| 125 | ABAXIS MEDICAL EQUIP | 1/01/14 | 41,274 | | 0 | 0 | 20,637 | 20,637 |
| 126 | SOUND ELKIN-RADIOLOGY EQUIP | 7/31/14 | 4,090 | | 4,090 | 0 | 0 | 0 |
| 127 | MWI VET SUPPLY-MEDICAL EQUIP | 8/22/14 | 3,027 | | 3,027 | 0 | 0 | 0 |
| 128 | MICRO CENTER | 6/30/14 | 1,354 | | 1,354 | 0 | 0 | 0 |
| 129 | APPLE STORE | 8/13/14 | 1,114 | | 1,114 | 0 | 0 | 0 |
| 130 | BEST BUY COMPUTERS | 9/22/14 | 2,683 | | 2,683 | 0 | 0 | 0 |
| 131 | DELL COMPUTER | 12/23/14 | 1,169 | | 1,169 | 0 | 0 | 0 |
| | **Form 1120S, Page 1** | | 264,419 | | 0 | 0 | 124,999 | 122,010 |

CONIFER CONIFER VETERINARY HOSPITAL INC 02/20/2017 1:47 PM
52-2406847

# Bonus Depreciation Report

FYE: 12/31/2016

| Asset | Property Description | Date In Service | Tax Cost | Bus Pct | Tax Sec 179 Exp | Current Bonus | Prior Bonus | Tax - Basis for Depr |
|---|---|---|---|---|---|---|---|---|
| | **Grand Total** | | 264,419 | | 0 | 0 | 124,999 | 122,010 |

**Fill in this information to identify the case:**

Debtor name **Conifer Veterinary Hospital Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO

Case number (if known) _____

☐ Check if this is an amended filing

# Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property 12/15

**Be as complete and accurate as possible.**

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

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

■ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

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

| | | | *Column A* **Amount of claim** Do not deduct the value of collateral. | *Column B* **Value of collateral that supports this claim** |
|---|---|---|---|---|
| 2.1 | **Bank of the West**<br>Creditor's Name<br>**c/o Jonathan Neil & Associates**<br>**18321 Ventura Blvd., Ste. 1000**<br>**Tarzana, CA 91356**<br>Creditor's mailing address<br>Creditor's email address, if known<br>**Date debt was incurred** **11/2011**<br>**Last 4 digits of account number** **1752**<br>**Do multiple creditors have an interest in the same property?**<br>■ No<br>☐ Yes. Specify each creditor, including this creditor and its relative priority. | **Describe debtor's property that is subject to a lien**<br>**Blanket Lien**<br>**Describe the lien**<br>**Business Loan**<br>**Is the creditor an insider or related party?**<br>■ No<br>☐ Yes<br>**Is anyone else liable on this claim?**<br>■ No<br>☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)<br>**As of the petition filing date, the claim is:** Check all that apply<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **$20,894.36** | **$20,894.36** |
| 2.2 | **Internal Revenue Service**<br>Creditor's Name<br>**PO Box 7346**<br>**Philadelphia, PA 19101**<br>Creditor's mailing address<br>Creditor's email address, if known<br>**Date debt was incurred** **2014**<br>**Last 4 digits of account number** **6847** | **Describe debtor's property that is subject to a lien**<br>**941 Payroll Taxes - 1st Qtr 2013, 2nd Qtr 2013, 4th Qtr 2013; 1st Qtr 2014, 2nd Qtr 2014, 3 Qtr 2014, 4th Qtr 2015**<br>**Describe the lien**<br>**Is the creditor an insider or related party?**<br>■ No<br>☐ Yes<br>**Is anyone else liable on this claim?**<br>■ No<br>☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H) | **$105,318.47** | **$0.00** |



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Debtor **Conifer Veterinary Hospital Inc.** Case number (if know)

Name

**Do multiple creditors have an interest in the same property?**
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

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

---

2.3 **US Bank Equipment Finance**
Creditor's Name

**PO Box 790448**
**Saint Louis, MO 63179**
Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**
**2017**
**Last 4 digits of account number**

**Describe debtor's property that is subject to a lien**
**Abaxis Lease**

**Describe the lien**
**Equipment Lease**
**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

**Do multiple creditors have an interest in the same property?**
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

| $3,132.76 | $3,132.76 |
|---|---|

---

2.4 **Wells Fargo Practice Finance**
Creditor's Name

**2000 Powell Street, 4th Floor**
**Emeryville, CA 94608**
Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**
**9/2009**
**Last 4 digits of account number**

**Describe debtor's property that is subject to a lien**
**See UCC Financing Statement 2009F081379 (Blanket Lien)**

**Describe the lien**
**Business Loan**
**Is the creditor an insider or related party?**
■ No
☐ Yes
**Is anyone else liable on this claim?**
☐ No
■ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

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

**Do multiple creditors have an interest in the same property?**
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

| $65,396.77 | $65,396.77 |
|---|---|

---

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **$194,742.36**

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

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

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



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Debtor **Conifer Veterinary Hospital Inc.**
Name

Case number (if know) _____

| Name and address | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|---|---|---|
| **Bank of the West**<br>**25657 Conifer Road**<br>**Conifer, CO 80433** | Line **2.1** | |



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**Fill in this information to identify the case:**

Debtor name **Conifer Veterinary Hospital Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO

Case number (if known) _____

☐ Check if this is an amended filing

# Official Form 206E/F

# Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

## Part 1: List All Creditors with PRIORITY Unsecured Claims

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

☐ No. Go to Part 2.

■ Yes. Go to line 2.

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

| | | | Total claim | Priority amount |
|---|---|---|---|---|
| 2.1 | Priority creditor's name and mailing address<br>**Colorado Dept. of Revenue**<br>**1375 Sherman Street**<br>**Denver, CO 80261** | As of the petition filing date, the claim is:<br>*Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed | **Unknown** | **$0.00** |
| | Date or dates debt was incurred<br>**6/2017** | Basis for the claim:<br>**Colorado Use Tax; Colorado Sales Tax** | | |
| | Last 4 digits of account number<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset?<br>■ No<br>☐ Yes | | |

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

| | | | Amount of claim |
|---|---|---|---|
| 3.1 | **Nonpriority creditor's name and mailing address**<br>**Conifer Retail, LLC**<br>**371 Centennial Parkway, Ste. 200**<br>**Louisville, CO 80027**<br>**Date(s) debt was incurred** **4/1/2014**<br>**Last 4 digits of account number** _ | **As of the petition filing date, the claim is:** *Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>■ Disputed<br>**Basis for the claim:** **Building Lease**<br>Is the claim subject to offset? ■ No ☐ Yes | **$129,543.78** |
| 3.2 | **Nonpriority creditor's name and mailing address**<br>**Dennis Palmini**<br>**2327 Falcons Cove**<br>**Stevens Point, WI 54882**<br>**Date(s) debt was incurred** **May 2017**<br>**Last 4 digits of account number** _ | **As of the petition filing date, the claim is:** *Check all that apply.*<br>☐ Contingent<br>☐ Unliquidated<br>☐ Disputed<br>**Basis for the claim:** **Business Loan**<br>Is the claim subject to offset? ■ No ☐ Yes | **$5,000.00** |



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Debtor **Conifer Veterinary Hospital Inc.** (Name) Case number (if known) _____

3.3 **Nonpriority creditor's name and mailing address**
**James Falck**
**3470 Euro Lane**
**De Pere, WI 54115**
**Date(s) debt was incurred** 2017
**Last 4 digits of account number** _

**As of the petition filing date, the claim is:** *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed
**Basis for the claim:** Business Loan
Is the claim subject to offset? ■ No ☐ Yes

**$169,188.81**

3.4 **Nonpriority creditor's name and mailing address**
**James Falck IRA CVH**
**3470 Euro Lane**
**De Pere, WI 54115**
**Date(s) debt was incurred** 2017
**Last 4 digits of account number** _

**As of the petition filing date, the claim is:** *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed
**Basis for the claim:** Business Loan
Is the claim subject to offset? ■ No ☐ Yes

**$206,891.63**

3.5 **Nonpriority creditor's name and mailing address**
**Kelly Falck**
**620 Zelas Drive**
**Green Bay, WI 54311**
**Date(s) debt was incurred** January 2011
**Last 4 digits of account number** _

**As of the petition filing date, the claim is:** *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed
**Basis for the claim:** Business Loan
Is the claim subject to offset? ■ No ☐ Yes

**$198,811.30**

3.6 **Nonpriority creditor's name and mailing address**
**Wells Fargo**
**PO Box 29482**
**Phoenix, AZ 85038**
**Date(s) debt was incurred** 6/2017
**Last 4 digits of account number** _

**As of the petition filing date, the claim is:** *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed
**Basis for the claim:** Revolving, Credit Card
Is the claim subject to offset? ■ No ☐ Yes

**$627.50**

## 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 Part1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|---|---|---|

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

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

| | | | Total of claim amounts |
|---|---|---|---|
| **5a. Total claims from Part 1** | 5a. | $ | 0.00 |
| **5b. Total claims from Part 2** | 5b. | + $ | 710,063.02 |
| **5c. Total of Parts 1 and 2** Lines 5a + 5b = 5c. | 5c. | $ | 710,063.02 |


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**Fill in this information to identify the case:**

Debtor name **Conifer Veterinary Hospital Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO

Case number (if known) _____

☐ Check if this is an amended filing

# Official Form 206G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

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

| **2. List all contracts and unexpired leases** | | **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease** |
|---|---|---|
| 2.1. | State what the contract or lease is for and the nature of the debtor's interest<br>State the term remaining<br>List the contract number of any government contract | **VetScan Reagent Program**<br><br>**Abaxis VetScan Reagent Program**<br>**3240 Whipple Road**<br>**Union City, CA 94587** |
| 2.2. | State what the contract or lease is for and the nature of the debtor's interest<br>State the term remaining<br>List the contract number of any government contract | **Building Lease**<br><br>**Conifer Retail, LLC**<br>**371 Centennial Parkway, Ste. 200**<br>**Louisville, CO 80027** |



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**Fill in this information to identify the case:**

Debtor name **Conifer Veterinary Hospital Inc.**

United States Bankruptcy Court for the: DISTRICT OF COLORADO

Case number (if known) _____

☐ Check if this is an amended filing

# Official Form 206H
# Schedule H: Your Codebtors

**12/15**

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

**1. Do you have any codebtors?**

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

■ Yes

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

| | *Column 1:* **Codebtor** | | *Column 2:* **Creditor** | |
|---|---|---|---|---|
| | **Name** | **Mailing Address** | **Name** | *Check all schedules that apply:* |
| 2.1 | **David L. Palmini** | **23141 Black Bear Trail<br>Conifer, CO 80433** | **Wells Fargo Practice Finance** | ■ D **2.4**<br>☐ E/F<br>☐ G |
| 2.2 | **David L. Palmini** | **23141 Black Bear Trail<br>Conifer, CO 80433** | **Conifer Retail, LLC** | ☐ D<br>■ E/F **3.1**<br>☐ G |


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# United States Bankruptcy Court
## District of Colorado

In re **Conifer Veterinary Hospital Inc.** Debtor(s)

Case No.

Chapter **11**

## LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|---|---|---|---|
| **David Palmini**<br>**23141 Black Bear Trail**<br>**Conifer, CO 80433** | | | **100** |

## DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **August 22, 2017**

Signature **/s/ David Palmini**
**David Palmini**

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


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**United States Bankruptcy Court**
**District of Colorado**

In re **Conifer Veterinary Hospital Inc.** Debtor(s)
Case No.
Chapter **11**

# VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **August 22, 2017**

**/s/ David Palmini**
**David Palmini/President**
Signer/Title

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# United States Bankruptcy Court
## District of Colorado

In re **Conifer Veterinary Hospital Inc.** Debtor(s)

Case No.

Chapter **11**

## CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Conifer Veterinary Hospital Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

**August 22, 2017**
Date

**/s/ Kenneth J. Buechler**
**Kenneth J. Buechler 30906**
Signature of Attorney or Litigant
Counsel for **Conifer Veterinary Hospital Inc.**

**Buechler & Garber, LLC**
**999 18th Street, Suite 1230 S**
**Denver, CO 80202**
**720-381-0045 Fax:720-381-0382**

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