

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	<u>Visual Health Solutions Inc.</u>	
<hr/>		
2. All other names debtor used in the last 8 years Include any assumed names, trade names and <i>doing business as</i> names	_____	
<hr/>		
3. Debtor's federal Employer Identification Number (EIN)	<u>84-1525504</u>	
<hr/>		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>1300 Riverside Avenue, Suite 101</u> <u>Fort Collins, CO 80524</u> Number, Street, City, State & ZIP Code	_____
	<u>Larimer</u> County	<u>Location of principal assets, if different from principal place of business</u> _____
		Number, Street, City, State & ZIP Code
<hr/>		
5. Debtor's website (URL)	<u>www.visualhealthsolutions.com</u>	
<hr/>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	
<hr/>		

Debtor Visual Health Solutions Inc.
Name

Case number (if known) _____

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>.

5414

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.

If more than 2 cases, attach a separate list.

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?

- No
- Yes.

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

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

Debtor **Visual Health Solutions Inc.**
Name

Case number (if known)

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**

<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"/> 5001-10,000	<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 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 checked="" 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

Debtor Visual Health Solutions Inc.
Name

Case number (if known) _____

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 September 18, 2017
MM / DD / YYYY

X /s/ Paul Baker
Signature of authorized representative of debtor

Title CEO

Paul Baker
Printed name

18. Signature of attorney

X /s/ Aaron A. Garber
Signature of attorney for debtor

Date **September 18, 2017**
MM / DD / YYYY

Aaron A. Garber
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 _____

36099
Bar number and State

Fill in this information to identify the case:

Debtor name Visual Health Solutions 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**

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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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Bank of West Dept LA 23091 Pasadena, CA 91185				\$30,420.25	\$0.00	\$30,420.25
Bradley Leffler 9355 Charter Crossing Drive Mechanicsville, VA 23116		Unpaid service fees Notes Payable				\$19,286.00
Bruce Muskin 12846 Jackson St Omaha, NE 68154		Notes payable				\$107,850.00
Colorado Business Bank 224 Canyon Ave, Suite 100 Fort Collins, CO 80521		Substantially all assets		\$1,379,645.00	\$300,000.00	\$1,079,645.00
Daniel Engle 2653 Broadway Evanston, IL 60201		Notes payable				\$64,500.00
EntreMed P.O. Box 5679 Eagle, CO 81631		Unpaid service fee				\$139,104.88
Family Restaurants, Inc. 2706 W. Colfax Ave. Denver, CO 80204		intellectual property and proceeds therefrom		\$1,379,645.00	\$300,000.00	\$1,379,645.00
Frank Cohen 8100 E Union Ave Unit 1803 Denver, CO 80237		Notes payable				\$61,500.00
Fred Kellogg 3 Hickory Tree Lane Far Hills, NJ 07931		Notes Payable				\$54,500.00
Freeman Spicer Inc. 316 S Eddy Street South Bend, IN 46617		Notes payable				\$83,525.26

Debtor Visual Health Solutions Inc.
Name

Case number (if known) _____

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,	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
HealthGuru/Kitara Media LLC PO Box 842224 Boston, MA 02284		Notes payable				\$187,500.00
IRS 600 Seventeenth Street Denver, CO 80202		Taxes				\$48,095.58
Jack McTavish PO Box 4344 Eagle, CO 81631		Notes payable				\$30,993.70
Motocol LLC 7951 E Maplewood Ave Suite 328 Englewood, CO 80111		Unpaid trade debt				\$166,278.00
Nathaniel Cobb Trust 5903 Padre Roberto NW Albuquerque, NM 87107		Notes payable				\$302,500.00
Pete Donohue 3056 Zion Street Englewood, CO 80111		Notes payable				\$26,171.64
Resverlogix Corp #28 16 Midlake Blvd Calgary, Alberta T2X 2X7, Canada		Notes payable				\$60,000.00
Steve Katz 1881 Loins Ridge Road #14 Vail, CO 81657		Notes payable				\$452,874.81
Thomas Hoffman 9605 S Kingston Ct #200 Englewood, CO 80112		Notes payable				\$35,850.00
Tom Gleason 1605 Cottonwood Pt Rd Fort Collins, CO 80524		Notes payable				\$98,196.63

**United States Bankruptcy Court
District of Colorado**

In re Visual Health Solutions 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
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO** 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 September 18, 2017

Signature /s/ Paul Baker
Paul Baker

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.

**United States Bankruptcy Court
District of Colorado**

In re **Visual Health Solutions Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CEO 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: **September 18, 2017**

/s/ Paul Baker

Paul Baker/CEO

Signer/Title

**United States Bankruptcy Court
District of Colorado**

In re Visual Health Solutions 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 Visual Health Solutions 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*]

September 18, 2017

Date

/s/ Aaron A. Garber

Aaron A. Garber

Signature of Attorney or Litigant

Counsel for Visual Health Solutions Inc.

Buechler & Garber, LLC

999 18th Street, Suite 1230 S

Denver, CO 80202

720-381-0045 Fax:720-381-0382