

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 Lake Loveland Dermatology, P.C.

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

DBA Clearwater Spa
DBA Greeley Dermatology and Skin Care Center
FKA Skin Care Specialists of Colorado

3. Debtor's federal Employer Identification Number (EIN) 84-0825679

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>776 West Eisenhower Boulevard</u> <u>Loveland, CO 80537</u> Number, Street, City, State & ZIP Code	_____ P.O. Box, Number, Street, City, State & ZIP Code
	<u>Larimer</u> County	_____ 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 Lake Loveland Dermatology, P.C.
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>.

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 Lake Loveland Dermatology, P.C.
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 checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input 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 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

16. Estimated liabilities

<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

Debtor Lake Loveland Dermatology, P.C.
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 March 8, 2019
MM / DD / YYYY

/s/ Kevin Mott, M.D.
Signature of authorized representative of debtor
Title President

Kevin Mott, M.D.
Printed name

18. Signature of attorney

/s/ Jeffrey A. Weinman
Signature of attorney for debtor

Date March 8, 2019
MM / DD / YYYY

Jeffrey A. Weinman 7605
Printed name

Weinman & Associates, P.C.
Firm name

730 17th Street
Suite 240
Denver, CO 80202
Number, Street, City, State & ZIP Code

Contact phone 303-572-1010 Email address jweinmantrustee@outlook.com

7605 CO
Bar number and State

Fill in this information to identify the case:

Debtor name Lake Loveland Dermatology, P.C.

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 1/01/2019 to **Filing Date**

Operating a business
 Other _____

\$569,340.11

For prior year:
From 1/01/2018 to 12/31/2018

Operating a business
 Other _____

\$6,993,821.37

For year before that:
From 1/01/2017 to 12/31/2017

Operating a business
 Other _____

\$6,053,418.96

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)

From the beginning of the fiscal year to filing date:
From 1/01/2019 to **Filing Date**

Sale of Biopsy Slicer

\$1,000.00

For prior year:
From 1/01/2018 to 12/31/2018

Sale of 2016 Suburban

\$40,000.00

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.)

Debtor **Lake Loveland Dermatology, P.C.**

Case number (if known) _____

None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. To be supplied by amendment		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

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 Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Kevin Mott, M.D. 905 Alpine Avenue Boulder, CO 80304		\$0.00	Value to be supplied by amendment

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
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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
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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.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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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

Debtor Lake Loveland Dermatology, P.C.

Case number (if known) _____

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
9.1.	Choice City Singers	Donation	02/06/18	\$120.00
	Recipients relationship to debtor None			
9.2.	Team STABOS	Donation	10/01/18	\$500.00
	Recipients relationship to debtor None			

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

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.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Weinman & Associates, P.C. 730 17th Street Suite 240 Denver, CO 80202		2/22/19	\$25,000.00
	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.

Debtor **Lake Loveland Dermatology, P.C.**

Case number (if known) _____

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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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
13.1 Patrick Lillis 4840 Velley Oak Drive Loveland, CO 80537	2016 Suburban	2/8/18	\$40,000.00
Relationship to debtor			

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
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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
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Part 9: Personally Identifiable Information

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

Debtor Lake Loveland Dermatology, P.C.

Case number (if known) _____

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
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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?
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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?
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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.

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 Case number	Court or agency name and address	Nature of the case	Status of case
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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?

Debtor Lake Loveland Dermatology, P.C.

Case number (if known) _____

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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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
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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 <small>Do not include Social Security number or ITIN.</small>	Dates business existed
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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. Mueller Pye & Associates, CPA LLC 726 W. Eisenhower Blvd. Loveland, CO 80537	2009 to the 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

Name and address	If any books of account and records are unavailable, explain why
26c.1. Mueller Pye & Associates, CPA LLC 726 W. Eisenhower Blvd. Loveland, CO 80537	

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. Patrick Lillis 4840 Valley Oak Drive Loveland, CO 80537

27. Inventories

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

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Debtor Lake Loveland Dermatology, P.C.

Case number (if known) _____

- 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
27.1	Timothy St. Louis	2015	\$85,393.81 (cost basis)

Name and address of the person who has possession of inventory records
Debtor

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.

Name	Address	Position and nature of any interest	% of interest, if any
Skin, P.C.	905 Alpine Avenue Boulder, CO 80304	Owner	100%

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	To be supplied by amendment			

Relationship to debtor

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

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.

Debtor Lake Loveland Dermatology, P.C.

Case number (if known) _____

Name of the pension fund

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 March 8, 2019

/s/ Kevin Mott, M.D.
Signature of individual signing on behalf of the debtor

Kevin Mott, M.D.
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

Fill in this information to identify the case:

Debtor name Lake Loveland Dermatology, P.C.

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 <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>1,671,978.60</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>1,671,978.60</u>

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, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>0.00</u>
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 <i>Schedule E/F</i>	\$ <u>0.00</u>
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 <i>Schedule E/F</i>	+\$ <u>124,779.13</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>124,779.13</u>

Fill in this information to identify the case:

Debtor name Lake Loveland Dermatology, P.C.

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
--	------------------------------------

3.	Checking, savings, money market, or financial brokerage accounts <i>(Identify all)</i>	Last 4 digits of account number	Current value of debtor's interest
	Name of institution (bank or brokerage firm) Type of account		
3.1.	<u>ANB</u> <u>Checking</u>	<u>1305</u>	<u>\$116,791.05</u>
3.2.	<u>Independent Bank</u> <u>Checking</u>	<u>4776</u>	<u>\$15,125.55</u>
3.3.	<u>Independent Bank</u> <u>Savings</u>	<u>1371</u>	<u>\$62.00</u>
4.	Other cash equivalents <i>(Identify all)</i>		
5.	Total of Part 1.		\$131,978.60
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.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.

Debtor Lake Loveland Dermatology, P.C.
Name

Case number (If known) _____

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 Included within answer to No. 41	\$0.00		\$0.00
40. Office fixtures Included within answer to No. 41	\$0.00		\$0.00
41. Office equipment, including all computer equipment and communication systems equipment and software See attached depreciation schedule - all furniture, fixtures, equipment and machinery	\$750,000.00	Expert	\$750,000.00

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.** Add lines 39 through 42. Copy the total to line 86. \$750,000.00

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

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.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2016 Subaru Outback	\$0.00	Comparable sale	\$15,000.00

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

Debtor Lake Loveland Dermatology, P.C.
Name

Case number (If known) _____

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

<u>\$15,000.00</u>

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- No
- Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No
- Yes

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 Claims against Patrick Lillis still under investigation	\$0.00		\$0.00
Claims against Skin, P.C. still under investigation	\$0.00		\$0.00

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

<u>\$0.00</u>

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

Debtor Lake Loveland Dermatology, P.C. Case number (if known) _____
Name

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.

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

Debtor Lake Loveland Dermatology, P.C.
Name

Case number (if known) _____

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. <i>Copy line 5, Part 1</i>	<u>\$131,978.60</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$700,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$75,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$750,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$15,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+</u> <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,671,978.60</u>	<u>+</u> 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,671,978.60</u>

Fill in this information to identify the case:

Debtor name Lake Loveland Dermatology, P.C.

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.

Fill in this information to identify the case:

Debtor name Lake Loveland Dermatology, P.C.

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.

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 790 Eisenhower, LLC c/o Patrick Lillis 4845 Valley Oak Drive Loveland, CO 80538 Date(s) debt was incurred <u>February 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent on 6801 W. 20th Street, Suite 202, Greeley, CO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div style="text-align: right;">\$4,210.67</div>
3.2	Nonpriority creditor's name and mailing address 790 Eisenhower, LLC c/o Patrick Lillis 4845 Valley Oak Drive Loveland, CO 80538 Date(s) debt was incurred <u>February 2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent on 776 W. Eisenhower Blvd., Loveland, CO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div style="text-align: right;">\$25,562.60</div>
3.3	Nonpriority creditor's name and mailing address All Copy Products P.O. Box 41602 Philadelphia, PA 19101 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>0596</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div style="text-align: right;">\$830.70</div>
3.4	Nonpriority creditor's name and mailing address All Stream P.O. Box 2966 Milwaukee, WI 53201 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>6305</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <div style="text-align: right;">\$1,303.70</div>

Debtor Name	Case number (if known)
Lake Loveland Dermatology, P.C.	
3.5 Nonpriority creditor's name and mailing address Allergan USA, Inc. 12975 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>7429</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,813.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address Apex Shredding 4717 Karen Court Berthoud, CO 80513 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$845.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address Atmos Energy P.O. Box 790311 Saint Louis, MO 63179 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>2425</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$102.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8 Nonpriority creditor's name and mailing address Banner OCC Health Clinic McKee P.O. Box 29614 Phoenix, AZ 85083 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$95.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9 Nonpriority creditor's name and mailing address C&S Genetics, Inc. 697 Road 155 Carpenter, WY 82054 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,274.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address CenturyLink P.O. Box 91155 Seattle, WA 98111-9255 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>670M</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$250.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11 Nonpriority creditor's name and mailing address CenturyLink P.O. Box 91155 Seattle, WA 98111-9255 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>748B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$209.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Lake Loveland Dermatology, P.C.	
3.12 Nonpriority creditor's name and mailing address CenturyLink P.O. Box 91155 Seattle, WA 98111-9255 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>169B</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$477.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13 Nonpriority creditor's name and mailing address City of Loveland Water & Power P.O. Box 3500 Loveland, CO 80539-3500 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>5138</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,571.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14 Nonpriority creditor's name and mailing address City of Loveland Water & Power P.O. Box 3500 Loveland, CO 80539-3500 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>5139</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$225.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15 Nonpriority creditor's name and mailing address Clearwater Systems, Inc. P.O. Box 506 Louisville, CO 80027 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$395.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16 Nonpriority creditor's name and mailing address Coloradoan Media Group P.O. Box 677316 Dallas, TX 75267-7316 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>5123</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,472.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17 Nonpriority creditor's name and mailing address Comcast P.O. Box 42227 Seattle, WA 98124-1227 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>4160</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$550.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18 Nonpriority creditor's name and mailing address Comcast P.O. Box 42227 Seattle, WA 98124-1227 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>1236</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$155.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Lake Loveland Dermatology, P.C.	
3.19 Nonpriority creditor's name and mailing address Comcast P.O. Box 42227 Seattle, WA 98124-1227 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>2109</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$275.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20 Nonpriority creditor's name and mailing address CyraCom, LLC P.O. Box 74008083 Chicago, IL 60674-8083 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>5011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$89.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21 Nonpriority creditor's name and mailing address Dex YP P.O. Box 78041 Phoenix, AZ 85062-8041 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>0663</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$129.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22 Nonpriority creditor's name and mailing address Estes Park Health P.O. Box 2715 Estes Park, CO 80517 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>Lillismsc</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23 Nonpriority creditor's name and mailing address Federal Express P.O. Box 94515 Palatine, IL 60094-4515 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>8717</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24 Nonpriority creditor's name and mailing address Good Day Pharmacy 3780 E. 15th Street Suite 102 Loveland, CO 80537 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$74.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25 Nonpriority creditor's name and mailing address ide8 Strategic Marketing 2343 Glenarm Place Denver, CO 80205 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,975.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Lake Loveland Dermatology, P.C.	
3.26 Nonpriority creditor's name and mailing address Jared Soares 3129 Birmingham Court Fort Collins, CO 80526 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,937.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27 Nonpriority creditor's name and mailing address JD Maintenance 1343 Sage Drive Eaton, CO 80615 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>8926</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$480.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28 Nonpriority creditor's name and mailing address Larimer Clerk/Recorder P.O. Box 2336 Fort Collins, CO 80522-2336 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>4254</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$208.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29 Nonpriority creditor's name and mailing address Leica Microsystems 1700 Leider Lane Buffalo Grove, IL 60089 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>1573</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$593.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30 Nonpriority creditor's name and mailing address Lewan & Associates, Inc. P.O. Box 912728 Denver, CO 80291-2728 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>2345</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$163.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31 Nonpriority creditor's name and mailing address McKesson Medical-Surgical 15212 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>5535</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,169.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32 Nonpriority creditor's name and mailing address Merz Aesthetics North America P.O. Box 912073 Denver, CO 80291-2073 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>3830</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,774.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
3.33	Lake Loveland Dermatology, P.C. Modernizing Medicine Department 3750 P.O. Box 123750 Dallas, TX 75312-3750 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>4733</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,063.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Mueller Pye & Associates, CPA LLC 726 W. Eisenhower Blvd. Loveland, CO 80537 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,557.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Pitney Bowes P.O. Box 371887 Pittsburgh, PA 15250-7887 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>9939</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$544.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Prairie Mountain Media P.O. Box 6200 Colorado Springs, CO 80962 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,297.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Quick Print Shop 215 E. 7th Street Loveland, CO 80537 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$323.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Richard Allen Scientific Co. 98194 Collections Center Drive Chicago, IL 60693-8194 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>4035</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$636.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	SmartPractice P.O. Box 88220 Milwaukee, WI 53288-0001 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>2689</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,734.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
	Lake Loveland Dermatology, P.C.	
3.40	Nonpriority creditor's name and mailing address St. Luke's Medical Center 1101 Oakridge Drive Suite B Fort Collins, CO 80525 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address Stericycle, Inc. P.O. Box 6578 Carol Stream, IL 60197-6578 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>6727</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,087.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Sterling Regional Medical Center Finance Office 615 Fairhurst Street Sterling, CO 80751 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>9688</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$320.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address Technolink of the Rockies 359 Inverness Drive South Unit B Englewood, CO 80112 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>1594</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$145.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address Terminix Processing Center P.O. Box 742595 Cincinnati, OH 45274-2592 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>6201</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$101.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address The Key People Co., Inc. 777 S. Wadsworth Blvd. Bldg. 3, Suite 102 Denver, CO 80226 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$337.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address The Scrub House 1739 Rocky Mountain Avenue Loveland, CO 80538 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>8139</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,048.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Lake Loveland Dermatology, P.C. Case number (if known) _____
Name

3.47 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$576.16
Veolia Environmental Services
P.O. Box 73709
Chicago, IL 60673-7709
 Date(s) debt was incurred 2019
 Last 4 digits of account number 1697
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.48 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$343.91
Waste Management of No Co
P.O. Box 78251
Phoenix, AZ 85062-8251
 Date(s) debt was incurred 2019
 Last 4 digits of account number 4007
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.49 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$2,211.52
Xerox Financial Services
P.O. Box 202882
Dallas, TX 75320-2882
 Date(s) debt was incurred 2019
 Last 4 digits of account number 7051
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

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	\$ <u>0.00</u>
5b. Total claims from Part 2	\$ <u>124,779.13</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ <u>124,779.13</u>

Fill in this information to identify the case:

Debtor name Lake Loveland Dermatology, P.C.

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
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2.1. State what the contract or lease is for and the nature of the debtor's interest	<p>Premises Lease Agreement dated 6/1/16 Location: 776 W. Eisenhower Blvd, Loveland, CO Annual Rent - \$306,751.20 which increases by an amount equal to 3% for each year after the first year 6/1/16 - 5/21/26</p>	<p>790 Eisenhower, LLC 790 West Eisenhower Blvd. Loveland, CO 80537</p>
State the term remaining		
List the contract number of any government contract	_____	_____

2.2. State what the contract or lease is for and the nature of the debtor's interest	<p>Premises Lease Agreement dated 6/1/16 Location: 6801 W. 20th Street, Suite 201, Greeley, CO Annual Rent - \$50,527.96 which increases by an amount equal to 3% for each year after the first year 6/1/16 - 5/31/26</p>	<p>790 Eisenhower, LLC 790 Eisenhower Blvd. Loveland, CO 80537</p>
State the term remaining		
List the contract number of any government contract	_____	_____

2.3. State what the contract or lease is for and the nature of the debtor's interest	<p>Timeshare Agreement Premises Lease located at 1405 S. 8th Avenue, Suite 102, Sterling, CO Daily rental rate of \$79.74 per day for the scheduled clinic hours and \$14.40 per month for storage area</p>	<p>Banner Medical Group dba Morgan County Hospital 2400 Edison Street Brush, CO 80723</p>
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Debtor 1 **Lake Loveland Dermatology, P.C.**
First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

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

State the term remaining **Month to Month**
 List the contract number of any government contract _____

2.4. State what the contract or lease is for and the nature of the debtor's interest
Specialty Clinic Physician Contract dated 5/16/14
Physicians lease space on a timeshare basis in teh Specialty Clinic Physicians agree to pay the Daily Base Rental which is calculated monthly depending on the physician's schedule of hours and room usage.
 State the term remaining **Month to Month**
 List the contract number of any government contract _____
Estes Park Medical Center Specialty Clinic
555 Prospect Avenue
P.O. Box 2740
Estes Park, CO 80517

2.5. State what the contract or lease is for and the nature of the debtor's interest
Medical billing service agreement dated 1/23/2018. 5.5% of revenues collected.
 State the term remaining _____
 List the contract number of any government contract _____
First Professional Services, Inc.
PO Box 7177
Loveland, CO 80537

2.6. State what the contract or lease is for and the nature of the debtor's interest
Customer Service Agreement dated 11/30/16 and effective 1/1/17
PEO Agreement for employee benefits and payroll services including workers compensation and retirement benefits
 State the term remaining **Year to Year**
 List the contract number of any government contract _____
Legacy Human Resources, Inc.
215 S. Wadsworth Blvd.
Suite 250
Lakewood, CO 80226

2.7. State what the contract or lease is for and the nature of the debtor's interest
Consulting Agreement dated 2/21/2019.
\$130,000 annually plus incentive compensation
 State the term remaining _____
Pinnacle Healthcare Consulting, LLC
Attn: Lucas Hutchison
9085 E Mineral Cir Ste 110
Centennial, CO 80112

Debtor 1 **Lake Loveland Dermatology, P.C.**
First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

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

List the contract number of any government contract _____

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Sublease Agreement dated April 2017
Premises lease located at 1101 Oakridge Dr., Suite B, Fort Collins, CO commencing April 3, 2017 with annual renewals on the first day of each year \$600.00 per month Year to Year**

State the term remaining

**St. Luke's Medical Center
1101 Oakridge Drive
Suite B
Fort Collins, CO 80525**

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Lake Loveland Dermatology, P.C.

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	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Lake Loveland Dermatology, P.C.
 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 March 8, 2019

X /s/ Kevin Mott, M.D.
 Signature of individual signing on behalf of debtor

Kevin Mott, M.D.
 Printed name

President
 Position or relationship to debtor

**United States Bankruptcy Court
District of Colorado**

In re **Lake Loveland Dermatology, P.C.**

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: **March 8, 2019**

/s/ Kevin Mott, M.D.

Kevin Mott, M.D./President

Signer/Title