

**United States Bankruptcy Court
District of Connecticut**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Davis, Harold	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all) xxx-xx-4864	Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 481 Roosevelt Drive Seymour, CT ZIP Code 06483	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: New Haven	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): ZIP Code	Mailing Address of Joint Debtor (if different from street address): ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
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Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									
Estimated Number of Creditors									
1-49	50-99	100-199	200-999	1000-5,000	5001-10,000	10,001-25,000	25,001-50,000	100,001-100,000	OVER 100,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Assets									
<input type="checkbox"/> \$0 to \$10,000		<input type="checkbox"/> \$10,001 to \$100,000		<input checked="" type="checkbox"/> \$100,001 to \$1 million		<input type="checkbox"/> \$1,000,001 to \$100 million		<input type="checkbox"/> More than \$100 million	
Estimated Liabilities									
<input type="checkbox"/> \$0 to \$50,000		<input type="checkbox"/> \$50,001 to \$100,000		<input checked="" type="checkbox"/> \$100,001 to \$1 million		<input type="checkbox"/> \$1,000,001 to \$100 million		<input type="checkbox"/> More than \$100 million	

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Davis, Harold
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X /s/ Peter L. Ressler April 4, 2007 <small>Signature of Attorney for Debtor(s) (Date)</small> Peter L. Ressler</p>
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Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.
 No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue
(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property
(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

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

Name of Debtor(s):
Davis, Harold

Signatures

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

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Harold Davis
Signature of Debtor **Harold Davis**

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 4, 2007
Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

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

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

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

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

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

Address

X _____
Date

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

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

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

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

Signature of Attorney

X /s/ Peter L. Ressler
Signature of Attorney for Debtor(s)

Peter L. Ressler
Printed Name of Attorney for Debtor(s)

Groob, Ressler & Mulqueen, PC
Firm Name

123 York Street, Suite B
New Haven, CT 06511

Address

203-777-5741 Fax: 203-777-4206
Telephone Number

April 4, 2007
Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

United States Bankruptcy Court
District of Connecticut

In re Harold Davis

Debtor(s)

Case No. _____

Chapter 11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

**United States Bankruptcy Court
District of Connecticut**

In re Harold Davis
Debtor(s)

Case No. _____
Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Advanta PO Box 30715 Salt Lake City, UT 84130	Advanta PO Box 30715 Salt Lake City, UT 84130	Credit card		15,070.00
American Express P.O. Box 7871 Fort Lauderdale, FL 33329	American Express P.O. Box 7871 Fort Lauderdale, FL 33329	Credit card		19,026.00
American Express P.O. Box 7871 Fort Lauderdale, FL 33329	American Express P.O. Box 7871 Fort Lauderdale, FL 33329	Credit card		15,635.00
Andrew M. Rashkow PO Box 609 Southington, CT 06489	Andrew M. Rashkow PO Box 609 Southington, CT 06489	Medical bill		6,060.00
Bank of America PO Box 15480 Wilmington, DE 19850	Bank of America PO Box 15480 Wilmington, DE 19850	Credit card		32,415.00
Bank of America PO Box 15480 Wilmington, DE 19850	Bank of America PO Box 15480 Wilmington, DE 19850	Credit card		8,313.00
Bay Area Credit Service 50 Airport Parkway, Suite 100 San Jose, CA 95110	Bay Area Credit Service 50 Airport Parkway, Suite 100 San Jose, CA 95110	Credit card		900.00
C&A Cocchiola 174 Summit Road Prospect, CT 06712	C&A Cocchiola 174 Summit Road Prospect, CT 06712			39.00
Cabela's Visa P.O. Box 82575 Lincoln, NE 68501	Cabela's Visa P.O. Box 82575 Lincoln, NE 68501	Credit card		3,153.00
Chase Card Services PO Box 15298 Wilmington, DE 19850	Chase Card Services PO Box 15298 Wilmington, DE 19850	Credit card		10,917.00
Cingular Wireless P.O. Box 9823 New Haven, CT 06536	Cingular Wireless P.O. Box 9823 New Haven, CT 06536	Cell phone		Unknown
Citi Cards PO Box 183062 Columbus, OH 43218	Citi Cards PO Box 183062 Columbus, OH 43218	Credit card		15,167.00

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Discover Card PO Box 15251 Wilmington, DE 19886	Discover Card PO Box 15251 Wilmington, DE 19886	Credit card		8,954.00
Griffin Hospital P.O. Box 337 130 Division Street Derby, CT 06418	Griffin Hospital P.O. Box 337 130 Division Street Derby, CT 06418	Medical bill		17,127.00
Heat Care Associates of CT 2200 Whitney Avenue Hamden, CT 06518	Heat Care Associates of CT 2200 Whitney Avenue Hamden, CT 06518	Medical bill		1,999.00
NCO Financial System P.O. Box 1339 Cockeysville, MD 21030	NCO Financial System P.O. Box 1339 Cockeysville, MD 21030	Misc.		1,383.00
Northern Tools/ATG Credit ,LLC PO Box 14895 Chicago, IL 60614	Northern Tools/ATG Credit ,LLC PO Box 14895 Chicago, IL 60614	Misc.		600.00
Sears 8725 W. Sahara Avenue The Lakes, NV 89163	Sears 8725 W. Sahara Avenue The Lakes, NV 89163	Credit card		950.00
St .Raphael Hospital Med-1-Pak 1450 Chapel Street New Haven, CT 06511	St .Raphael Hospital Med-1-Pak 1450 Chapel Street New Haven, CT 06511	Medical bill		2,417.00
St .Raphael Hospital Med-1-Pak 1450 Chapel Street New Haven, CT 06511	St .Raphael Hospital Med-1-Pak 1450 Chapel Street New Haven, CT 06511	Medical bill		9,469.00

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

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

Date April 4, 2007Signature /s/ Harold Davis**Harold Davis**

Debtor

Penalty for making a false statement or 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 Connecticut**

In re Harold Davis
Debtor(s)

Case No. _____
Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>5,000.00</u>
Prior to the filing of this statement I have received.....	\$	<u>5,000.00</u>
Balance Due.....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: April 4, 2007

/s/ Peter L. Ressler
Peter L. Ressler
Groob, Ressler & Mulqueen, PC
123 York Street, Suite B
New Haven, CT 06511
203-777-5741 Fax: 203-777-4206

Advanta
PO Box 30715
Salt Lake City, UT 84130

American Express
P.O. Box 7871
Fort Lauderdale, FL 33329

American Express
P.O. Box 7871
Fort Lauderdale, FL 33329

Andrew M. Rashkow
PO Box 609
Southington, CT 06489

Bank of America
PO Box 15480
Wilmington, DE 19850

Bank of America
PO Box 15480
Wilmington, DE 19850

Bay Area Credit Service
50 Airport Parkway, Suite 100
San Jose, CA 95110

C&A Cocchiola
174 Summit Road
Prospect, CT 06712

Cabela's Visa
P.O. Box 82575
Lincoln, NE 68501

Chase Card Services
PO Box 15298
Wilmington, DE 19850

Cingular Wireless
P.O. Box 9823
New Haven, CT 06536

Citi Cards
PO Box 183062
Columbus, OH 43218

City of Shelton
Office of the Town Clerk
54 Hill Street
Shelton, CT 06484

Department of Motor Vehicles
State of Connecticut
1985 State Street
Hamden, CT 06514

Discover Card
PO Box 15251
Wilmington, DE 19886

Evelyn Kociaba
62 Rufus Street
Ansonia, CT 06401

Gregory Stamos Esq.
PO Box 166
Ansonia, CT 06401

Griffin Hospital
P.O. Box 337
130 Division Street
Derby, CT 06418

Heat Care Associates of CT
2200 Whitney Avenue
Hamden, CT 06518

May & Stanek
12 Bank Street
Seymour, CT 06483

Nathanson & Cipriano
P.O. Box 5516
Hamden, CT 06518

Naugatuck Savings Bank
87 Church Street
Naugatuck, CT 06770

Naugatuck Savings Bank
87 Church Street
Naugatuck, CT 06770

NCO Financial System
P.O. Box 1339
Cockeysville, MD 21030

Northern Tools/ATG Credit ,LLC
PO Box 14895
Chicago, IL 60614

Richard Elia
163 Katherine Drive
Hamden, CT 06514

Sears
8725 W. Sahara Avenue
The Lakes, NV 89163

St .Raphael Hospital Med-1-Pak
1450 Chapel Street
New Haven, CT 06511

St .Raphael Hospital Med-1-Pak
1450 Chapel Street
New Haven, CT 06511

Texaco
P.O. Box 790001
Houston, TX 77279

Town of Oxford
Route 67
Oxford, CT 06478

Town of Seymour
Office of the Tax Collector
One First Street
Seymour, CT 06483

Town of Wolcott
Office of the Tax Collector
10 Kenea Avenue
Wolcott, CT 06716