

**United States Bankruptcy Court  
 Northern District of Georgia**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>West Georgia Dental Of LaGrange, P.C.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>20-3977410</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1555 Doctors Drive, Suite 105 LaGrange, GA</b>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE <b>30242</b>	ZIPCODE
County of Residence or of the Principal Place of Business: <b>Troup</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address)	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):  
**1555 Doctors Drive, Suite 105, LaGrange, GA**

ZIPCODE **30242**

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p>	<p align="center"><b>Nature of Business</b> (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input checked="" type="checkbox"/> Other</p> <p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable.)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Chapter 7                      <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input checked="" type="checkbox"/> Chapter 11                    <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <p><input type="checkbox"/> Chapter 12                    <input type="checkbox"/> Chapter 13</p> <hr/> <p align="center"><b>Nature of Debts</b> (Check one box.)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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<p align="center"><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>	<p align="center"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000.</p> <p><b>Check all applicable boxes:</b></p> <p><input type="checkbox"/> A plan is being filed with this petition</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p>
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<p><b>Statistical/Administrative Information</b></p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>	<p><b>THIS SPACE IS FOR COURT USE ONLY</b></p>																			
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>	<input 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"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000
<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"/>											
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<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input 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"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion											
<p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
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**Voluntary Petition**  
 (This page must be completed and filed in every case)

Name of Debtor(s):  
**West Georgia Dental Of LaGrange, P.C.**

**Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>None</b>	Case Number:	Date Filed:
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Location Where Filed:	Case Number:	Date Filed:
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**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>None</b>	Case Number:	Date Filed:
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District:	Relationship:	Judge:
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**Exhibit A**  
 (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.)

Exhibit A is attached and made a part of this petition.

**Exhibit B**  
 (To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.

X \_\_\_\_\_  
 Signature of Attorney for Debtor(s) Date

**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 a 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.

**Certification 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 or lessor that obtained judgment)

\_\_\_\_\_  
 (Address of landlord or lessor)

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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

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

Name of Debtor(s):

**West Georgia Dental Of LaGrange, P.C.**

**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 State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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

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

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

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

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

(Check only **one** box.)

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

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

X \_\_\_\_\_  
Signature of Foreign Representative

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

\_\_\_\_\_  
Date

**Signature of Attorney\***

X /s/ R. Kyle Woods

Signature of Attorney for Debtor(s)

**R. Kyle Woods 775735**  
**R. Kyle Woods**  
**300 Galleria Parkway, Suite 960**  
**Atlanta, GA 30339-5949**  
**(770) 956-8202 Fax: (770) 955-6654**  
**rkw@rkylewoods.com**

**February 23, 2009**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

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

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Date

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:

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

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

X /s/ Tara M. Allen

Signature of Authorized Individual

**Tara M. Allen**  
Printed Name of Authorized Individual

**CEO**  
Title of Authorized Individual

**February 23, 2009**

Date

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.*

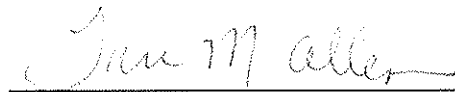
**JOINT CONSENT OF SOLE DIRECTOR AND SOLE SHAREHOLDER OF  
WEST GEORGIA DENTAL OF LAGRANGE, P.C.  
TO ADOPTION OF CERTAIN ACTIONS AND RESOLUTIONS**

The undersigned, being the sole member of the Board of Directors and sole Shareholder of West Georgia Dental of LaGrange, P.C., a Georgia corporation (the "Corporation"), by written consent pursuant to Official Code of Georgia Annotated §§ 14-2-704 and 14-2-821, hereby adopts as of February 17, 2009, the following actions and resolutions:

RESOLVED that Tara M. Allen DDS, CEO, is authorized and directed to file on behalf of the Corporation a voluntary petition under Chapter 11 the United States Bankruptcy Code in the United States Bankruptcy Court for the Northern District of Georgia, or other court of appropriate jurisdiction, and, acting on behalf of the Corporation, to make all disclosures and undertake all actions necessary in connection with the resulting voluntary Chapter 11 bankruptcy case.

IN WITNESS WHEREOF, the undersigned has executed this consent under seal as of the date first set forth above.

Dated: February 17, 2009



\_\_\_\_\_  
Tara M. Allen DDS, Director and Shareholder

Document Page 5 of 11  
 United States Bankruptcy Court  
 Northern District of Georgia

IN RE:

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

West Georgia Dental Of LaGrange, P.C.

Chapter 11

Debtor(s)

**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, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
<b>Banc Of America Practice Solutions</b> 2740 Airport Drive, Suite 300 Columbus, OH 43219		<b>Bank loan</b>	<b>Unliquidated Disputed</b>	<b>128,253.44</b>
<b>Internal Revenue Service</b> Centralized Ins. Operations P.O. Box 21126 Philadelphia, PA 19114			<b>Unliquidated Disputed</b>	<b>71,037.01</b>
<b>Internal Revenue Service</b> Centralized Ins. Operations P.O. Box 21126 Philadelphia, PA 19114			<b>Unliquidated Disputed</b>	<b>25,568.01</b>
<b>Columbus Dental Lab</b> 5310 Chumar Drive Columbus, GA 31904	(800) 448-5247	<b>Trade debt</b>		<b>11,000.00</b>
<b>Atlanta Dental Supply</b> 1650 Satellite Blvd. Duluth, GA 30097	(800) 241-3743	<b>Trade debt</b>		<b>9,630.59</b>
<b>Oral Arts</b> Dental Laboratories PO Box 413 Huntsville, AL 35804	(800) 354-2075	<b>Trade debt</b>	<b>Unliquidated Disputed</b>	<b>4,896.02</b>
<b>Darby Dental Supply, LLC</b> Post Office Box 26582 New York, NY 10087-6582	(800) 645-2310	<b>Trade debt</b>		<b>3,659.63</b>
<b>AT&amp;T</b> C/O Cisco, Inc. 1702 Townehurst Drive Houston, TX 77043	(713) 461-9407	<b>Trade debt</b>		<b>1,207.56</b>
<b>Discus Dental</b> PO Box 1468 Culver City, CA 90232-1468	(310) 845-8200	<b>Trade debt</b>		<b>584.55</b>
<b>Office Depot</b> PO Box 689020 Des Moines, IA 50368-9020	(800) 729-7744	<b>Trade debt</b>		<b>531.90</b>
<b>The Dentist Choice</b> 214 Hummingbird Drive Deatsville, AL 36022	(877) 271-2147	<b>Trade debt</b>		<b>390.30</b>
<b>Gay &amp; Joseph, C.P.A., P.C.</b> 201 Church Street LaGrange, GA 30240-2711	(706) 884-7323	<b>Trade debt</b>		<b>375.00</b>
<b>City Of LaGrange</b> PO Box 430 LaGrange, GA 30241	(706) 883-2030	<b>Trade debt</b>		<b>332.00</b>

Charter Communications 12405 Powerscourt Drive St. Louis, IL 63131		Trade debt	308.99
Stericycle, Inc. PO Box 9001590 Louisville, KY 40290-1590	(866) 783-7422	Trade debt	282.48
Troup County Banner 150 Commerce Avenue LaGrange, GA 30240	(706) 845-0567	Trade debt	216.00
Termnet Merchant Services Two Paces West, Suite 1600 2727 Paces Ferry Road Atlanta, GA 30339		Trade debt	65.56
Moore Oxygen Supply, Inc. 266 New Airport Road LaGrange, GA 30240	(706) 884-1706	Trade debt	26.75
DentalXchange EDI Health Group, Inc. 17701 Cowan, Suite 250 Irvine, CA 92614		Trade debt	21.00

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

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] 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: February 23, 2009 Signature: /s/ Tara M. Allen

Tara M. Allen, CEO  
(Print Name and Title)

IN RE:

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

West Georgia Dental Of LaGrange, P.C.

Chapter **11**

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**

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Registered name and last known address of security holder	Shares (or Percentage)	Security Class (or kind of interest)
<b>Tara M. Allen 108 Hunters Ridge Dr. LaGrange, GA 30240</b>	<b>100</b>	<b>Common Stockholder</b>

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IN RE:

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

West Georgia Dental Of LaGrange, P.C.

Chapter 11

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

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

Date: February 23, 2009

Signature: /s/ Tara M. Allen  
Tara M. Allen, CEO

Debtor

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

Signature: \_\_\_\_\_

Joint Debtor, if any



AT&T  
C/O Cisco, Inc.  
1702 Townehurst Drive  
Houston, TX 77043

Atlanta Dental Supply  
1650 Satellite Blvd.  
Duluth, GA 30097

Banc Of America Practice Solutions  
2740 Airport Drive, Suite 300  
Columbus, OH 43219

Bank Of America  
PO Box 15102  
Wilmington, DE 19886-5102

Charter Communications  
12405 Powerscourt Drive  
St. Louis, IL 63131

City Of LaGrange  
PO Box 430  
LaGrange, GA 30241

CMS Monitoring, Inc.  
2211 Route 112  
Medford, NY 11763-3645

Columbus Dental Lab  
5310 Chumar Drive  
Columbus, GA 31904

Darby Dental Supply, LLC  
Post Office Box 26582  
New York, NY 10087-6582

DentalXchange  
EDI Health Group, Inc.  
17701 Cowan, Suite 250  
Irvine, CA 92614

Discus Dental  
PO Box 1468  
Culver City, CA 90232-1468

Gay & Joseph, C.P.A., P.C.  
201 Church Street  
LaGrange, GA 30240-2711

Georgia Department of Revenue  
Attn: Bankruptcy Section  
P.O. Box 161108  
Atlanta, GA 30321

Internal Revenue Service  
Centralized Ins. Operations  
P.O. Box 21126  
Philadelphia, PA 19114

Moore Oxygen Supply, Inc.  
266 New Airport Road  
LaGrange, GA 30240

Office Depot  
PO Box 689020  
Des Moines, IA 50368-9020

Oral Arts  
Dental Laboratories  
PO Box 413  
Huntsville, AL 35804

Stericycle, Inc.  
PO Box 9001590  
Louisville, KY 40290-1590

Tara M. Allen  
108 Hunters Ridge  
LaGrange, GA 30240

Termnet Merchant Services  
Two Paces West, Suite 1600  
2727 Paces Ferry Road  
Atlanta, GA 30339

The Dentist Choice  
214 Hummingbird Drive  
Deatsville, AL 36022

Troup County Banner  
150 Commerce Avenue  
LaGrange, GA 30240

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