

B1 (Official Form 1)(4/10)

United States Bankruptcy Court Northern District of Georgia, Atlanta Division		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): <b>Georgia Internal Medicine Care Associates, 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>58-2351494</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. and Street, City, and State): <b>5900 Hillandale Drive, Suite 230 Lithonia, GA</b> <div style="text-align: right;">ZIP Code <b>30058-3858</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Dekalb</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" 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.)	<b>Nature of Business</b> (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 checked="" type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (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).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (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  <hr/> <b>Nature of Debts</b> (Check one box)  <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." <input checked="" type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (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.		<b>Chapter 11 Debtors</b> Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).  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).
<b>Statistical/Administrative Information</b> <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.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

<p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): <b>Georgia Internal Medicine Care Associates, P.C.</b></p>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>NDGA, Atlanta Division</b>	Case Number: <b>05-91390-mhm</b>	Date Filed: <b>3/01/05</b>
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: <b>none</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></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;"><b>Exhibit B</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><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</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.

**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 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.

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):  
**Georgia Internal Medicine Care Associates, 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 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** \_\_\_\_\_  
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/ Paul Reece Marr (GA Bar #  
Signature of Attorney for Debtor(s)

Paul Reece Marr (GA Bar # 471230)  
Printed Name of Attorney for Debtor(s)

Paul Reece Marr, P.C.  
Firm Name

Suite 960  
300 Galleria Parkway  
Atlanta, GA 30339

\_\_\_\_\_  
Address

**Email: pmarr@mindspring.com**

(770) 984-2255  
Telephone Number

March 4, 2011  
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 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 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** \_\_\_\_\_

\_\_\_\_\_  
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 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/ Shelia Whitehead  
Signature of Authorized Individual

Shelia Whitehead  
Printed Name of Authorized Individual

Chief Financial Officer  
Title of Authorized Individual

March 4, 2011  
Date

**IN THE UNITED STATES BANKRUPTCY COURT**

<b>In the Matter of:</b>	}	
	}	No.
Georgia Internal Medicine Care Associates, P.C.	}	
	}	Chapter 11
	}	
<b>Debtor</b>	}	

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, Shelia Whitehead, declare under penalty of perjury that I am the Chief Financial Officer of Georgia Internal Medicine Care Associates, P.C., and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on March 4, 2011.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Eddie L. Whitehead, M.D., Chief Executive Officer of this corporation, and Shelia Whitehead, Chief Financial Officer of this corporation, are each authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Eddie L. Whitehead, M.D., Chief Executive Officer of this corporation, and Shelia Whitehead, Chief Financial Officer of this corporation, are each authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that Eddie L. Whitehead, M.D., Chief Executive Officer of this corporation, and Shelia Whitehead, Chief Financial Officer of this corporation, are each authorized and directed to employ Paul Reece Marr (GA Bar # 471230), attorney and the law firm of Paul Reece Marr, P.C. to represent the corporation in such bankruptcy case."

Date: March 4, 2011

Signed: /s/ Shelia Whitehead  
Shelia Whitehead  
Chief Financial Officer

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
Northern District of Georgia, Atlanta Division**

In re Georgia Internal Medicine Care Associates, P.C. Case No. \_\_\_\_\_  
Debtor(s) 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, 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; 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>
DeKalb Medical Center Attn: CEO 2701 North Decatur Road Decatur, GA 30033	DeKalb Medical Center Attn: CEO 2701 North Decatur Road Decatur, GA 30033	promissory note		50,000.00
Internal Revenue Service CIO P.O. Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service CIO P.O. Box 7346 Philadelphia, PA 19101-7346	payroll tax, interest and penalty		36,214.19
DeKalb Regional Healthcare System, Inc. 2701 North Decatur Road Decatur, GA 30033	DeKalb Regional Healthcare System, Inc. 2701 North Decatur Road Decatur, GA 30033	premises lease arrearage		28,427.00
UltraScan, Inc. Attn: Matthew Molchan, CFO 1048 Industrial Court; Suite E Suwanee, GA 30024	UltraScan, Inc. Attn: Matthew Molchan, CFO 1048 Industrial Court; Suite E Suwanee, GA 30024	account payable		21,650.22
Quest Diagnostics P.O. Box 740736 Atlanta, GA 30374	Quest Diagnostics P.O. Box 740736 Atlanta, GA 30374	account payable		20,870.40
Georgia Department of Revenue 1800 Century Boulevard Atlanta, GA 30345	Georgia Department of Revenue 1800 Century Boulevard Atlanta, GA 30345	sales tax		9,178.35
Tinsely, Bacon Tinsley, L.L.C. c/o David A. Kleber, Esq. 120 North Candler Street Decatur, GA 30030-3426	Tinsely, Bacon Tinsley, L.L.C. c/o David A. Kleber, Esq. 120 North Candler Street Decatur, GA 30030-3426	account payable		5,353.35
Beatty, Schival & Associates c/o Janis L. Rosser, P.C. 570 Colonial Park Dr; Ste 30 Roswell, GA 30075	Beatty, Schival & Associates c/o Janis L. Rosser, P.C. 570 Colonial Park Dr; Ste 30 Roswell, GA 30075	promissory note for accounting service rendered		3,813.75
Medcom Professionals PO Box 465283 Lawrenceville, GA 30042	Medcom Professionals PO Box 465283 Lawrenceville, GA 30042	account payable		3,750.00
Onyx, M.D. PO Box 4715 Greensboro, NC 27404	Onyx, M.D. PO Box 4715 Greensboro, NC 27404	account payable		2,771.73

B4 (Official Form 4) (12/07) - Cont.

In re Georgia Internal Medicine Care Associates, P.C.

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

Debtor(s)

**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>
<b>Kenneth Mitchell Giddens, Davidson &amp; Mitchell 5000 Snapfingr Woods Dr; #300B Decatur, GA 30034</b>	<b>Kenneth Mitchell Giddens, Davidson &amp; Mitchell 5000 Snapfingr Woods Dr; #300B Decatur, GA 30034</b>	<b>services rendered</b>		<b>1,875.44</b>
<b>Emdeon Business Services c/o Fox Collection Center PO Box 528 Goodlettsville, TN 37070-0528</b>	<b>Emdeon Business Services c/o Fox Collection Center PO Box 528 Goodlettsville, TN 37070-0528</b>	<b>account payable</b>		<b>789.33</b>

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

I, the Chief Financial Officer 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 March 4, 2011

Signature /s/ Shelia Whitehead  
**Shelia Whitehead**  
**Chief Financial Officer**

*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.

Attorney General of Georgia  
132 State Judicial Bldg.  
Atlanta, GA 30334

Beatty, Schival & Associates  
c/o Janis L. Rosser, P.C.  
570 Colonial Park Dr; Ste 30  
Roswell, GA 30075

Beatty, Schival & Associates  
c/o Janis L. Rosser PC  
1144 Canton Street; #100  
Roswell, GA 30075

DeKalb Medical Center  
Attn: CEO  
2701 North Decatur Road  
Decatur, GA 30033

DeKalb Regional Healthcare  
System, Inc.  
2701 North Decatur Road  
Decatur, GA 30033

Dept. of Justice-Tax Division  
Chief Civil Trial §, S Region  
POBox14198, BenFranklinStation  
Washington, DC 20044

Eddie L. Whitehead, M.D.  
7355 Tidewater Trace  
Stone Mountain, GA 30087

Emdeon Business Services  
c/o Fox Collection Center  
PO Box 528  
Goodlettsville, TN 37070-0528

FDLS  
Attn: MS189  
4000 Coral Ridge Drive  
Pompano Beach, FL 33065

Georgia Department of Revenue  
Bankruptcy Insolvency Unit  
P.O. Box 161108  
Atlanta, GA 30321

Georgia Department of Revenue  
1800 Century Boulevard  
Atlanta, GA 30345

Internal Revenue Service  
Insolvency-Rm 400-Stop 334D  
401 W. Peachtree Street  
Atlanta, GA 30308

Internal Revenue Service  
CIO  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Kenneth Mitchell  
Giddens, Davidson & Mitchell  
5000 Snapfingr Woods Dr; #300B  
Decatur, GA 30034

Medcom Professionals  
PO Box 465283  
Lawrenceville, GA 30042

Onyx, M.D.  
PO Box 4715  
Greensboro, NC 27404



Pitney Bowes Credit Corp.  
2225 American Drive  
Neenah, WI 54956-1005

Quest Diagnostics  
P.O. Box 740736  
Atlanta, GA 30374

State of Georgia Revenue  
Commissioner  
410 Trinity-Washington Bldg.  
Atlanta, GA 30334

Tinsely, Bacon Tinsley, L.L.C.  
c/o David A. Kleber, Esq.  
120 North Candler Street  
Decatur, GA 30030-3426

U.S. Attorney  
600 Richard Russell Building  
75 Spring Street, SW  
Atlanta, GA 30303

U.S. Attorney General  
Dept. of Justice, Tax Div.  
POBox14198, BenFranklinStation  
Washington, DC 20044

UltraScan, Inc.  
Attn: Matthew Molchan, CFO  
1048 Industrial Court; Suite E  
Suwanee, GA 30024

United States Attorney General  
Main Justice Building  
10th and Constituion Avenue NW  
Washington, DC 20530