Case 16-50083 Doc 1 Filed 01/04/16 Entered 01/04/16 11:09:19 Desc Main Document Page 1 of 46

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

# Official Form 201

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

1/04/16 11:08AM

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	Collier Hills Dental, PC	
	All other manner debter		
2.	All other names debtor used in the last 8 years		
	Include any assumed names, trade names and doing business as names		
3.	Debtor's federal Employer Identification Number (EIN)	26-0641271	
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
		857 Collier Road #14 Atlanta, GA 30318	
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
		Fulton	Location of principal assets, if different from principal
		County	place of business
			Number, Street, City, State & ZIP Code
5.	Debtor's website (URL)	www.collierhillsdental.com	
6.	Type of debtor	■ Corporation (including Limited Liability Company	(LLC) and Limited Liability Partnership (LLD))
		_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	(LEO) and Limitod Liability Farthership (LEF ))
		_ : :::::::::::::::::::::::::::::::::::	
		Other. Specify:	

Document

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Case number (if known)

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7.	Describe debtor's business	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(53AB))  □ 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. Chec	ck all that a	oply					
			•	• .	described in 26 U.S.	- ,		defined in 45 U.C.C. 200-	2)
					as defined in 15 U.S.0		estment venicie (a	as defined in 15 U.S.C. §80a-	3)
					an Industry Classifica .com/search/.	tion System) 4-	digit code that be	est describes debtor.	
8.	Under which chapter of the Bankruptcy Code is the Debtor filing?	Check o	pter 7						
		■ Cha	pter 11. <i>Ch</i>	eck a	all that apply:				
				•	are less than \$2,490 that).  The debtor is a smal business debtor, atta	925 (amount solutions)  business debtouch the most recal income tax recalls	ubject to adjustmor or as defined in 1 cent balance sheet eturn or if all of th	xcluding debts owed to inside ent on 4/01/16 and every thre 1 U.S.C. § 101(51D). If the de et, statement of operation, ca- ese documents do not exist, to	e years after ebtor is a small sh-flow
					A plan is being filed	- ,,,,			
					Acceptances of the paccordance with 11 l			m one or more classes of cre	ditors, in
					Exchange Commissi	on according to ary Petition for	§ 13 or 15(d) of	mple, 10K and 10Q) with the the Securities Exchange Act of Filing for Bankruptcy under Cl	of 1934. File the
					The debtor is a shell	company as de	efined in the Secu	rities Exchange Act of 1934 F	Rule 12b-2.
		☐ Cha	pter 12						
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	■ No.							
	If more than 2 cases, attach a separate list.		District			When		Case number	
			District			When		0	
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?	■ No							
	List all cases. If more than 1, attach a separate list		Debtor					Relationship to you	
			District			When		Case number, if known	

Debtor

Collier Hills Dental, PC

Collier Hills Dental, PC

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Case number (if known)

11.	Why is the case filed in	Check all that apply:									
	this district?	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 bankrupto	cy case concerning d	ebtor's affiliate, general partner, or partner	ship is pending in this district.					
12.	Does the debtor own or	■ N	0								
	have possession of any real property or personal property that needs	ΠY	es. Answer	Answer below for each property that needs immediate attention. Attach additional sheets if needed.							
	immediate attention?		Why does the property need immediate attention? (Check all that apply.)								
			☐ It pos	ses or is alleged to pe	ose a threat of imminent and identifiable ha	azard to public health or safety.					
			What	is the hazard?							
			☐ It nee	eds to be physically s	secured or protected from the weather.						
					ds or assets that could quickly deteriorate, meat, dairy, produce, or securities-related	or lose value without attention (for example, d assets or other options).					
			☐ Othe	r							
			Where i	is the property?							
					Number, Street, City, State & ZIP Code						
			Is the p	roperty insured?							
			☐ No								
			☐ Yes.	Insurance agency							
				Contact name							
				Phone							
	Statistical and admin	istrati	ve information	on							
13.	Debtor's estimation of		Check one	<b>)</b> ;							
	available funds		■ Funds v	will be available for d	istribution to unsecured creditors.						
			☐ After ar	ny administrative exp	enses are paid, no funds will be available t	to unsecured creditors.					
14.	Estimated number of creditors	<b>1</b>	-49		<u> </u>	<u> </u>					
	creditors	□ 50			☐ 5001-10,000	☐ 50,001-100,000					
			00-199		□ 10,001-25,000	☐ More than100,000					
		L 20	00-999								
15.	Estimated Assets	□ \$0	0 - \$50,000		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion					
		□ \$:	50,001 - \$100	,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion					
			100,001 - \$50		□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion					
		<b>\$</b>	500,001 - \$1 r	million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion					
16.	Estimated liabilities	□ \$0	0 - \$50,000		■ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion					
		□ \$	50,001 - \$100		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion					
			100,001 - \$50		□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion					
		⊔ \$!	500,001 - \$1 r	million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion					

Debtor

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Name

Debtor

Collier Hills Dental, PC	Boodinone	· ago · oi	Case number (if known)	

Request for Relief, Declaration, and Signature

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. I	Declaration	and s	ignature
•	of authorize	d	
1	epresentati	ve 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 trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 4, 2016 MM / DD / YYYY

X	/ /s/ J. Walker Love	J. Walker Love
	Signature of authorized representative of debtor	Printed name
	Title President	

### 18. Signature of attorney

/s/ ian ivi. Faicone		Date January 4, 2016
Signature of attorney for debtor		MM / DD / YYYY
lan M. Falcone		
Printed name		
The Falcone Law Firm, P.C.		
Firm name		
363 Lawrence Street		
Marietta, GA 30060		
Number, Street, City, State & ZIP Code		
Contact phone (770) 426-9359	Email address	attorneys@falconefirm.com

254470 Bar number and State

Fill in this	information to identify the case:	
Debtor nan	ne Collier Hills Dental, PC	
United Stat	es Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)	
Cooo numb	OF life known	
Case numi	per (if known)	☐ Check if this is an amended filing
Official	Form 202	
	ration Under Penalty of Perjury for Non-Individu	al Dobtors
Decia	ration officer remarks of renjuly for Non-individu	ai Debtors 12/15
WARNING -	<ul> <li>Bankruptcy Rules 1008 and 9011.</li> <li>Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtair with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, o 571.</li> </ul>	
	Declaration and signature	
	he president, another officer, or an authorized agent of the corporation; a member or an authorized ag dual serving as a representative of the debtor in this case.	ent of the partnership; or another
I have	e examined the information in the documents checked below and I have a reasonable belief that the information	formation 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	

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

January 4, 2016

Other document that requires a declaration

X /s/ J. Walker Love

Signature of individual signing on behalf of debtor

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)

J. Walker Love

Printed name

President

Position or relationship to debtor

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Fill in this information to identify the case:	
Debtor name   Collier Hills Dental, PC	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)	☐ Check if this is an
Case number (if known):	amended filing

# Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.			
		contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim	
Align Technologies 2560 Orchard Parkway San Jose, CA 95131		Services Invisalign				\$12,000.00	
APZB Industries 300 Ledgewood Place Ste 301 Rockland, MA 02370		UCC 1 contains defective property description of "all assets"	Disputed			\$0.00	
BioHorizons Implant Systems 2300 Riverchase Center Birmingham, AL 35244		services				\$2,066.00	
CAN Capital 414 W. 14th Street 3rd Floor New York, NY 10014		Working Capital				\$125,000.00	
Chase Attention: Bankruptcy Dept PO Box 15123 Wilmintgon, DE 19850		Credit card purchases				\$39,738.00	
Chase Attention: Banktruptcy Dept Po Box 15123 Wilmintgon, DE 19850		Credit card purchases				\$24,000.00	
Fulton County Tax Commissioner 141 Pryor Sreet Atlanta, GA 30303		deliquent taxes				\$8,574.00	
Green Capital 160 Pearl Street New York, NY 10005		Working Capital				\$20,000.00	

Official form 204

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Debtor Collier Hills Dental, PC Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	claim is partially secure	e claim is fully unsecured, fill in only unsecur n is partially secured, fill in total claim amour e of collateral or setoff to calculate unsecure	
				partially secured	of collateral or setoff	Unsecured claim
Howell Mill Village PO Box 532937 Atlanta, GA 30353		Lease- Office space Howell Mill Village		\$27,496.00	Unknown	Unknown
Live Oak Bank 1741 Tiburon Drive Wilmington, NC 28403		Collier Hills Dental PC arrears \$12188.00 Also secured by 1816 Independence Square Suite D, Dunwoody, GA 30338 FMV: \$600,000 . Property NOT owned b		\$492,000.00	\$0.00	\$492,000.00
Live Oak Bank 1741 Tiburon Drive Wilmington, NC 28403		Collier Hills Dental arrears \$12024.00 Also secured by 1816 Independence Square Suite D, Dunwoody, GA 30338 FMV: \$600,000 . Property NOT owned by		\$492,000.00	\$0.00	\$492,000.00
Live Oak Bank 1741 Tiburon Drive Wilmington, NC 28403		Collier Hills Dental PC arrears \$4427.00 Also secured by 1816 Independence Square Suite D, Dunwoody, GA 30338 FMV: \$600,000 . Property NOT owned by		\$170,000.00	\$0.00	\$170,000.00
Live Oak Bank 1741 Tiburon Drive Wilmington, NC 28403		Collier Hill Dental PC arrears \$2619.00 Also secured by 1816 Independence Square Suite D, Dunwoody, GA 30338 FMV: \$600,000 . Property NOT owned by		\$100,000.00	\$0.00	\$100,000.00

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Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government	Indicate if claim is contingent, unliquidated, or disputed	claim is partially secure	cured, fill in only unsecured, fill in total claim amour	t and deduction for
		, ,		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Magoon, Freeman, Spain & Jones 3600 Mansell Road #575 Alpharetta, GA 30022		Services (tax prep)				\$10,166.00
Patterson Dental 1775 W. Oak Parkway #500 Marietta, GA 30062		Clinical supplies				\$12,000.00
Patterson Dental 1775 W. Oak Parkway #500 Marietta, GA 30062		Cerec machine		\$50,000.00	Unknown	Unknown
Renasant Visa PO Box 790408 Saint Louis, MO 63179		Credit card purchases				\$3,884.00
US Bank 1450 Channel Pkwy Marshall, MN 56258		Credit card purchases				\$12,754.00
Wells Fargo Bank Bus Direct Div. MAC S4101-05 PO Box 29482 Phoenix, AZ 85038-8650		Loan from prior business (Dental Care Kennestone)	Disputed			\$34,000.00

Debtor

Collier Hills Dental, PC

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Fill in this information to identify the case:		
Debtor name Collier Hills Dental, PC		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)		
Case number (if known)		Check if this is an
	"	amended filing

# Official Form 206Sum

Su	mmary of Assets and Liabilities for Non-Individuals		12/15
Par	t 1: Summary of Assets		
1.	Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
	1a. Real property: Copy line 88 from Schedule A/B	. \$_	0.00
	1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i>	\$	881,954.00
	1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i>	\$_	881,954.00
Par	t 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, Amount of claim, from line 3 of Schedule D	\$_	1,349,496.00
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 6a of Schedule E/F	\$_	8,574.00
	3b. Total amount of claims of nonpriority amount of unsecured claims:  Copy the total of the amount of claims from Part 2 from line 6b of Schedule E/F	+\$_	295,608.00
4.	Total liabilities Lines 2 + 3a + 3b	\$	1,653,678.00

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		Document	Page 10 of 46	

Fill in this info	rmation to identify the c	ase:		
Debtor name	Collier Hills Dental,	PC		
United States E	Sankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS)		
Case number (i	f known)			
			_	Check if this is an amended filing
				, and the second

# Official Form 206A/B

# Schedule A/B: Assets - Real and Personal Property

12/15

1/04/16 11:08AM

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.

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 Checking, savings, money market, or financial brokerage accounts (Identify all) 3. Name of institution (bank or brokerage firm) Last 4 digits of account Type of account number Checking Last 4 digits of Acc#: 0769 0769 \$0.00 Checking 3.1.. Renasant Bank Savings Savings 3.2.. Chase \$400.00 Other cash equivalents (Identify all) Total of Part 1. \$400.00 Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. **Deposits and Prepayments** 6. Does the debtor have any deposits or prepayments? No. Go to Part 3. ☐ Yes Fill in the information below.

Accounts receivable

10. Does the debtor have any accounts receivable?

■ No. Go to Part 4.

Yes Fill in the information below.

Accounts receivable 11.

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Debtor	Collier Hills Dental	l, PC	Case	number (If known)	
	Name				
	11b. Over 90 days old:	96,354.00 face amount	doubtful or uncollecti	25,000.00 = ble accounts	\$71,354.00
12.	Total of Part 3.				\$71,354.00
	Current value on lines 11a	a + 11b = line 12. Copy the tota	al to line 82.		
Part 4:	Investments sthe debtor own any inve	setments?			
_	·	Stillollis:			
	<ul><li>Go to Part 5.</li><li>Fill in the information bel</li></ul>	ow.			
Part 5:	Inventory, excluding	agriculture assets entory (excluding agriculture	acceta)?		
	•	ntory (excluding agriculture	assets)?		
	<ul><li>Go to Part 6.</li><li>Fill in the information bel</li></ul>	low.			
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including	ng goods held for resale			
22.	Other inventory or supp clinical supplies and office supplies	lies	\$0.00	Comparable sale	\$2,200.00
23.	Total of Part 5.				\$2,200.00
	Add lines 19 through 22.	Copy the total to line 84.		_	. ,
24.	Is any of the property lis  ☐ No  ☐ Yes	ted in Part 5 perishable?			
25.		listed in Part 5 been purchas	ed within 20 days before th	e bankruptcy was filed?	
20.	■ No	·	·	. ,	
	☐ Yes. Book value	Valuation		Current Value	
26.	Has any of the property   ■ No	listed in Part 5 been appraise	ed by a professional within	the last year?	
	□ Yes				
Part 6:	Farming and fishing-	-related assets (other than tit	led motor vehicles and land	d)	
27. <b>Doe</b> s	the debtor own or lease	any farming and fishing-rela	ted assets (other than titled	d motor vehicles and land)?	
	o. Go to Part 7.				
□ Ye	es Fill in the information bel	OW.			
Part 7:	Office furniture, fixtu	res, and equipment; and col	lectibles		

Official Form 206A/B

1/04/16 11:08AM

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

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Debtor	Collier Hills Dental, PC Name	Case	number (If known)	
Пм	o. Go to Part 8.			
	es Fill in the information below.			
	General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
		(Where available)		
39.	Office furniture			
	Desk and lobby furniture	\$0.00		\$5,000.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment ar communication systems equipment and software Computers, dental equipment, dental	nd		
	cabinetry	\$0.00	Comparable sale	\$35,000.00
42.	<b>Collectibles</b> <i>Examples</i> : Antiques and figurines; paintings, books, pictures, or other art objects; china and crystal; star collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7.			\$40,000.00
40.	Add lines 39 through 42. Copy the total to line 86.		_	\$40,000.00
44.	Is a depreciation schedule available for any of the prop	erty 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			
6. Does	the debtor own or lease any machinery, equipment, or	vehicles?		
Пис	o. Go to Part 9.			
	es 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 ti	tled farm vehicles		
48.	Watercraft, trailers, motors, and related accessories Exfloating homes, personal watercraft, and fishing vessels	xamples: Boats, trailers, m	otors,	
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding famachinery and equipment)	arm		
	2 Dental chairs, 2 orbit unit mount lights, 2	<b>*</b>		<b>***</b> ***
	pelton spirit rear delivery unit cabs	\$0.00	Comparable sale	\$18,000.00
	Cerec machine	\$0.00	N/A	Unknown

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Debtor	Collier Hills Dental, PC Name		Case	number (If known)	
51.	Total of Part 8. Add lines 47 through 50. Copy the t	total to line 87.		_	\$18,000.00
52.	Is a depreciation schedule available No □ Yes	ole for any of the pro	perty listed in Part 8?		
53.	Has any of the property listed in F ■ No □ Yes	Part 8 been appraised	d by a professional within	the last year?	
Part 9:	Real property				
54. <b>Doe</b> s	s the debtor own or lease any real	property?			
	o. Go to Part 10.				
■ Ye	es Fill in the information below.				
55.	Any building, other improved real	estate, or land whic	h the debtor owns or in w	hich the debtor has an inter	est
	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
	55.1. Lease- Office space Howell Mill Village	Lease	\$0.00		Unknown
56.	Total of Part 9.  Add the current value on lines 55.1 Copy the total to line 88.	through 55.6 and entri	es from any additional shee	ets.	\$0.00
57.	Is a depreciation schedule available No ☐ Yes	ole for any of the pro	perty listed in Part 9?		
58.	Has any of the property listed in F ■ No □ Yes	Part 9 been appraised	d by a professional within	the last year?	
Part 10:	-	• •			
59. <b>Doe</b> s	s the debtor have any interests in i	ntangibles or intelled	ctual property?		
	o. Go to Part 11. es 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 webs	ites			
62.	Licenses, franchises, and royaltie	es			
63.	Customer lists, mailing lists, or o	ther compilations			

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Debtor	Collier Hills Dental, PC Name	Case	number (If known)	
	Customer list	\$0.00	Comparable sale	\$750,000.0
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10.			\$750,000.00
	Add lines 60 through 65. Copy the total to line 89.			
67.	Do your lists or records include personally identifiable infe	ormation of customer	s (as defined in 11 U.S.C.§	§ 101(41A) and 107?
	■ Yes			
68.	Is there an amortization or other similar schedule available	e for any of the prope	rty listed in Part 10?	
	■ No			
	☐ Yes			
69.	Has any of the property listed in Part 10 been appraised by	y a professional within	n the last year?	
	■ No			
	☐ Yes			
Part 11:	All other assets			
	s the debtor own any other assets that have not yet been re	•	this form	

■ No. Go to Part 12.

 $\square$  Yes Fill in the information below.

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Collier Hills Dental, PC

Case number (If known)

Debtor Collie

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

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
<ol> <li>Cash, cash equivalents, and financial assets.</li> <li>Copy line 5, Part 1</li> </ol>	\$400.00
1. Deposits and prepayments. Copy line 9, Part 2.	\$0.00
2. Accounts receivable. Copy line 12, Part 3.	<b>\$71,354.00</b>
3. Investments. Copy line 17, Part 4.	\$0.00
4. Inventory. Copy line 23, Part 5.	\$2,200.00
5. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00
6. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$40,000.00
7. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$18,000.00_
3. Real property. Copy line 56, Part 9	\$0.00
9. Intangibles and intellectual property. Copy line 66, Part 10.	\$750,000.00
). All other assets. Copy line 78, Part 11.	+\$0.00
Total. Add lines 80 through 90 for each column	<b>\$881,954.00</b> + 91b. <b>\$0.00</b>

92. Total of all property on Schedule A/B. Add lines 91a+91b=92

\$881,954.00

Case 16-50083 Doc 1 Filed 01/04/16 Entered 01/04/16 11:09:19 **Desc Main** 1/04/16 11:08AM Page 16 of 46 **Document** Fill in this information to identify the case: Debtor name Collier Hills Dental, PC United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS) 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. Part 1: List Creditors Who Have Secured Claims Column A Column B 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. Amount of claim Value of collateral that supports this Do not deduct the value claim of collateral Describe debtor's property that is subject to a lien \$27,496.00 **Howell Mill Village** Unknown Creditor's Name Lease- Office space Howell Mill Village PO Box 532937 Atlanta, GA 30353 Creditor's mailing address Describe the lien Lease Is the creditor an insider or related party? ■ No ☐ Yes Creditor's email address, if known Is anyone else liable on this claim? Date debt was incurred Yes. Fill out Schedule H: Codebtors (Official Form 206H) Last 4 digits of account number 1758 As of the petition filing date, the claim is: Do multiple creditors have an interest in the same property? Check all that apply □ Contingent ■ No ■ Unliquidated ☐ Yes. Specify each creditor, including this creditor and its relative □ Disputed priority.

2.2 | Live Oak Bank Describe debtor's property that is subject to a lien Creditor's Name Collier Hills Dental arrears \$12024.00 Also secured by 1816 Independence Square Suite D, Dunwoody, GA 30338 FMV: \$600,000 1741 Tiburon Drive Property NOT owned by debtor. Wilmington, NC 28403 Creditor's mailing address Describe the lien SBA loan Is the creditor an insider or related party? ■ No Creditor's email address, if known Is anyone else liable on this claim? Date debt was incurred □ No Yes. Fill out Schedule H: Codebtors (Official Form 206H) Last 4 digits of account number 0810

Official Form 206D

\$0.00

\$492,000.00

**Desc Main** Case 16-50083 Doc 1 Filed 01/04/16 Entered 01/04/16 11:09:19 1/04/16 11:08AM Document Page 17 of 46 Debtor Case number (if know) Collier Hills Dental, PC Do multiple creditors have an As of the petition filing date, the claim is: interest in the same property? Check all that apply ■ No □ Contingent ■ Unliquidated ☐ Yes. Specify each creditor, including this creditor and its relative ☐ Disputed priority. 2.3 Live Oak Bank Describe debtor's property that is subject to a lien \$100.000.00 \$0.00 Creditor's Name Collier Hill Dental PC arrears \$2619.00 Also secured by 1816 Independence Square Suite D, Dunwoody, GA 30338 FMV: \$600,000 1741 Tiburon Drive Property NOT owned by debtor. Wilmington, NC 28403 Creditor's mailing address Describe the lien **SBA loan** Is the creditor an insider or related party? ■ No Creditor's email address, if known ☐ Yes Is anyone else liable on this claim? Date debt was incurred Yes. Fill out Schedule H: Codebtors (Official Form 206H) Last 4 digits of account number 0812 Do multiple creditors have an As of the petition filing date, the claim is: Check all that apply interest in the same property? ☐ Contingent ■ Unliquidated ☐ Yes. Specify each creditor, ■ Disputed including this creditor and its relative \$170,000.00 \$0.00 Live Oak Bank Describe debtor's property that is subject to a lien Creditor's Name **Collier Hills Dental PC** arrears \$4427.00 Also secured by 1816 Independence Square Suite D, Dunwoody, GA 30338 FMV: \$600,000 1741 Tiburon Drive . Property NOT owned by debtor. Wilmington, NC 28403 Creditor's mailing address Describe the lien **SBA loan** Is the creditor an insider or related party? Creditor's email address, if known T Yes Is anyone else liable on this claim? Date debt was incurred Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Last 4 digits of account number

0994 Do multiple creditors have an interest in the same property?

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

■ Unliquidated

☐ Disputed

Describe debtor's property that is subject to a lien

\$492,000.00

\$0.00

2.5 Live Oak Bank

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Deb	tor	Collier Hills Dental, PC	Case number	er (if know)		
		Name		_		
	Cred	litor's Name	Collier Hills Dental PC			
			arrears \$12188.00			
			Also secured by 1816 Independence Square			
	174	41 Tiburon Drive	Suite D, Dunwoody, GA 30338 FMV: \$600,000 . Property NOT owned by debtor.			
		lmington, NC 28403	. Froperty NOT Owned by debior.			
	Cred	litor's mailing address	Describe the lien			
			SBA loan			
			Is the creditor an insider or related party?			
			■ No			
	Cred	litor's email address, if known	Yes			
			Is anyone else liable on this claim?			
	Date	e debt was incurred	□ No			
			Yes. Fill out Schedule H: Codebtors (Official Form 206H)			
		t 4 digits of account number				
	081		A control of the original and the state of t			
		multiple creditors have an rest in the same property?	As of the petition filing date, the claim is: Check all that apply			
			☐ Contingent			
		Yes. Specify each creditor,	☐ Unliquidated			
		uding this creditor and its relative	☐ Disputed			
	prior	rity.	·			
	7_					
2.6		tterson Dental	Describe debtor's property that is subject to a lien	\$5	0,000.00	Unknown
	Cred	litor's Name	Cerec machine			
	177	75 W. Oak Parkway #500				
	Ma	rietta, GA 30062				
	Cred	litor's mailing address	Describe the lien			
			Equipment Lease			
			Is the creditor an insider or related party?			
			No			
	Cred	litor's email address, if known	Yes			
			Is anyone else liable on this claim?			
	Date	e debt was incurred	No			
			☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)			
	Last	t 4 digits of account number				
	Dor	multiple creditors have an	As of the petition filing date, the claim is:			
		rest in the same property?	Check all that apply			
		No	☐ Contingent			
		Yes. Specify each creditor,	☐ Unliquidated			
	inclu	uding this creditor and its relative	☐ Disputed			
	prior	rity.				
	Ste	earns Bank Equip				
2.7	I	iance	Describe debtor's property that is subject to a lien	\$1	8,000.00	\$18,000.00
-		litor's Name	2 Dental chairs, 2 orbit unit mount lights, 2			
	500	0 13th Street	pelton spirit rear delivery unit cabs			
		Box 750				
		pany, MN 56307	Book Mark and a Read			
	Cred	litor's mailing address	Describe the lien			
			Equipment Lease Is the creditor an insider or related party?			
			• •			
		Brade constitution (V)	■ No			
	Cred	litor's email address, if known	☐ Yes Is anyone else liable on this claim?			
	Det	o dobt was incurred	-			
	Date	e debt was incurred	■ No			
			☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)			

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

		Document Page	e 19 of 46	1/04/16 11:08AM
Debtor	Collier Hills Dental, PC		Case number (if know)	
	Name st 4 digits of account number			
int	o multiple creditors have an terest in the same property?	As of the petition filing date, the claim is: Check all that apply  Contingent		
inc	Yes. Specify each creditor, cluding this creditor and its relative ority.	☐ Unliquidated ☐ Disputed		
3. Tota	ıl of the dollar amounts from Part 1,	Column A, including the amounts from the A	\$1,349,496.	0
Part 2:	List Others to Be Notified for	a Debt Already Listed in Part 1		
List in al		ust be notified for a debt already listed in Part		
List in al assigned	Iphabetical order any others who mes of claims listed above, and attorn	ust be notified for a debt already listed in Part	1. Examples of entities that may be listed an ge. If additional pages are needed, copy this On which line in Part 1 did you enter the	re collection agencies, page. Last 4 digits of account number
List in all assigned If no oth N	Iphabetical order any others who m es of claims listed above, and attori ers need to notified for the debts lis	ust be notified for a debt already listed in Part neys for secured creditors.	1. Examples of entities that may be listed an ge. If additional pages are needed, copy this On which line in Part 1	re collection agencies, page. Last 4 digits of

Line **2.1** 

Regency Centers LP

Atlanta, GA 30309

c/o Schiff Harden LLP

1201 W. Peeachtree St, Ste 230

Case 16-50083 Doc 1 Filed 01/04/16 Entered 01/04/16 11:09:19 Desc Main 1/04/16 11:08AM Page 20 of 46 Document Fill in this information to identify the case: Debtor name Collier Hills Dental, PC United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS) 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. 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1. Total claim Priority amount 2.1 Priority creditor's name and mailing \$8,574.00 \$ 8,574.00 As of the petition filing date, the claim is: address Check all that apply. **Fulton County Tax** ☐ Contingent Commissioner ■ Unliquidated 141 Pryor Sreet Atlanta, GA 30303 □ Disputed Date or dates debt was incurred Basis for the claim: deliquent taxes Last 4 digits of account Is the claim subject to offset? number **7419** ■ No ☐ Yes Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) 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 \$12,000.00 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. Align Technologies ☐ Contingent 2560 Orchard Parkway

Official Form 206E/F

Basis for the claim: Services

☐ Unliquidated

☐ Disputed

San Jose, CA 95131

Invisalign

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Debtor	Collier Hills Dental, PC	Case number (if known)				
	Name					
	Date or dates debt was incurred	Is the claim subject to offset?				
	Last 4 dimits of account according	No				
	Last 4 digits of account number 2443	Yes				
3.2	Nonpriority creditor's name and mailing address APZB Industries 300 Ledgewood Place Ste 301 Rockland, MA 02370	As of the petition filing date, the claim is:  Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed	Unknown			
		Basis for the claim: UCC 1 contains defective property description of "all assets"	_			
	Date or dates debt was incurred 2012	Is the claim subject to offset?				
	Last 4 digits of account number	■ No □ Yes				
3.3	Nonpriority creditor's name and mailing address BioHorizons Implant Systems 2300 Riverchase Center Birmingham, AL 35244	As of the petition filing date, the claim is:  Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim: services	\$2,066.00			
	Date or dates debt was incurred 9/15/2015	Is the claim subject to offset?				
		No				
	Last 4 digits of account number [i37]	Yes				
3.4	Nonpriority creditor's name and mailing address CAN Capital 414 W. 14th Street 3rd Floor New York, NY 10014	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed  Basis for the claim: Working Capital	\$125,000.00			
	Date or dates debt was incurred	Is the claim subject to offset?	_			
		■ No				
	Last 4 digits of account number 5809	Yes				
3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$24,000.00			

Official Form 206 E/F

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Debtor Case number (if known) Collier Hills Dental, PC Name Chase Check all that apply. □ Contingent **Attention: Banktruptcy Dept** ☐ Unliquidated Po Box 15123 Wilmintgon, DE 19850 ☐ Disputed Basis for the claim: Credit card purchases Is the claim subject to offset? Date or dates debt was incurred No Last 4 digits of account number 1333 ☐ Yes 3.6 \$39,738.00 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. Chase ☐ Contingent **Attention: Bankruptcy Dept** PO Box 15123 ☐ Unliquidated Wilmintgon, DE 19850 ☐ Disputed Basis for the claim: Credit card purchases Date or dates debt was incurred Is the claim subject to offset? ■ No Last 4 digits of account number 4292 ☐ Yes 3.7 \$20,000.00 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. **Green Capital** ☐ Contingent 160 Pearl Street ☐ Unliquidated New York, NY 10005 ☐ Disputed Basis for the claim: Working Capital Is the claim subject to offset? Date or dates debt was incurred ■ No Last 4 digits of account number ☐ Yes 3.8 \$10,166.00 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Magoon, Freeman, Spain & Jones Check all that apply. ☐ Contingent 3600 Mansell Road #575 ☐ Unliquidated Alpharetta, GA 30022 □ Disputed Basis for the claim: Services (tax prep) Date or dates debt was incurred Is the claim subject to offset? No Last 4 digits of account number 9001 ☐ Yes

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Debtor		Case number (if known)	
	Name		
.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$12,000.00
	Patterson Dental	Check all that apply.	
	1775 W. Oak Parkway #500	☐ Contingent	
	Marietta, GA 30062	☐ Unliquidated	
		_ Disputed	
		Basis for the claim: Clinical supplies	
	Date or dates debt was incurred	Is the claim subject to offset?	
		No	
	Last 4 digits of account number 4964		
	Last 4 digits of account number 4964	Yes	
.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,884.00
	Renasant Visa	Check all that apply.	
	PO Box 790408	☐ Contingent	
	Saint Louis, MO 63179	☐ Unliquidated	
	<u> </u>	_ Disputed	
		Basis for the claim: Credit card purchases	
	Date or dates debt was incurred	Is the claim subject to offset?	
		- <u> </u>	
		No	
	Last 4 digits of account number 0612	Yes	
11	Name to it, and it also assessed as allowed	A - of the metition filling date the alabatic	\$12,754.00
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:  Check all that apply.	\$12,734.00
	US Bank	☐ Contingent	
	1450 Channel Pkwy Marshall, MN 56258	☐ Unliquidated	
	Warshall, WIN 30236	☐ Disputed	
		_	
		Basis for the claim: Credit card purchases	
	Date or dates debt was incurred	Is the claim subject to offset?	
		No	
	Last 4 digits of account number 0150	Yes	
		_ Tes	
2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$34,000.00
	Wells Fargo Bank	Check all that apply.	+3 1,000100
	Bus Direct Div. MAC S4101-05	☐ Contingent	
	PO Box 29482	☐ Unliquidated	
	Phoenix, AZ 85038-8650	■ Disputed	
		Basis for the claim: Loan from prior business (Dental Care Kennestone)	

Official Form 206 E/F

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		Document	Page 24 of	46	1/04/16 11:08AM
Debtor	Collier Hills Dental, PC		Case	number (if known)	
	Date or dates debt was incurred	Is the claim	subject to offset?		
		■ No			
	Last 4 digits of account number	Yes			
Part 3:	List Others to Be Notified About U	nsecured Claims			
List in	alphabetical order any others who must be	notified for claims listed in Pa	arts 1 and 2. Example	es of entities that may be listed	are collection agencies, assignees
	ns listed above, and attorneys for unsecured cr		<b>a. 10</b> . <b>a. 10 a.</b> 1 a. 11 p.	oo or orminoo unar may so notoa	and component agencies, accignices
If no o	thers need to be notified for the debts listed	d in Parts 1 and 2, do not fill o	ut or submit this pa	ge. If additional pages are ne	eded, copy the next page.
	Name and mailing address			ich line in Part1 or Part 2 is t d creditor (if any) listed?	he Last 4 digits of account number, if any
4.1	Patterson Dental		Line	3.9	
	1031 Mendota Heights Road Saint Paul, MN 55120			Not listed. Explain	4964
Part 4:	Total Amounts of the Priority and	Nonpriority Unsecured Cl	aims		
. Add th	ne amounts of priority and nonpriority unsec	cured claims.			
Fo Total	I claims from Part 1		50	Total of claim amou	1.2
	I claims from Part 1		5a. 5b.	\$ + \$	<u>8,574.00</u> 95,608.00
				_ ·	30,000.00

5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.

		Total of claim amounts	
5a.		\$ 8,574.00	
5b.	+	\$ 295,608.00	
5c.		\$ 304,182.00	

		Document	Page 25 of 46	1/	/04/16 11:08AM
Fill in t	his information to identify the o	case:			
Debtor	name Collier Hills Dental,	PC			
United	States Bankruptcy Court for the:	NORTHERN DISTRICT OF G	EORGIA (ALL DIVISIONS)		
Case n	umber (if known)			☐ Check if this is amended filing	an
O.(	:-1			i amended ming	
_	<u>ial Form 206G</u> edule G: Executory	v Contracts and I	Inevnired Leases		40/4E
			copy and attach the additional page, no		12/15 utively.
		orm with the debtor's other sche	ses? dules. There is nothing else to report on ses are listed on Schedule A/B: Assets -		Property
2. List	all contracts and unexpired	l leases	State the name and mailing add whom the debtor has an execut lease		
2.1.	State what the contract or lease is for and the nature of the debtor's interest	Office space			
	State the term remaining  List the contract number of any government contract	2 years (approx)	Howell Mill Village PO Box 532937 Atlanta, GA 30353		
2.2.	State what the contract or lease is for and the nature of the debtor's interest	Cerec machine lease			
	State the term remaining  List the contract number of any government contract	3 years (approx)	Patterson Dental 1775 W. Oak Parkway #500 Marietta, GA 30062		
2.3.	State what the contract or	Lease of Dental chairs			
	lease is for and the nature of the debtor's interest				
	State the term remaining	4 years (approx)	Stearns Bank Equip Finance 500 13th Street		
	List the contract number of		PO BOx 750 Albany, MN 56307		

any government contract

Case 16-50083 Doc 1 Filed 01/04/16 Entered 01/04/16 11:09:19 **Desc Main** 1/04/16 11:08AM Page 26 of 46 **Document** Fill in this information to identify the case: Debtor name Collier Hills Dental, PC United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA (ALL DIVISIONS) 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** Check all schedules Name that apply: **Dental Care At** 129 Marble Mill Road 2.1 Wells Fargo Bank  $\Box$  D Marietta, GA 30060 Kennestone ■ E/F 3.12 □G **ECL Properties,** 1816 Independence Square Live Oak Bank 2.2 ■ D 2.2 LLC Suite D □ E/F Atlanta, GA 30338 □G **ECL Properties,** 1816 Independence Square Live Oak Bank 2.3 ■ D 2.4 LLC Suite D □ E/F \_\_\_\_ Atlanta, GA 30338 □ G \_\_\_\_ **ECL Properties,** 1816 Independence Square Live Oak Bank 2.4 ■ D 2.3 LLC Suite D □ E/F \_\_\_\_\_ Atlanta, GA 30338 □ G \_\_\_\_

**ECL Properties,** 

LLC

1816 Independence Square

Atlanta, GA 30338

Suite D

2.5

Live Oak Bank

■ D 2.5

□ E/F \_\_\_\_\_

□G

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Debtor Collier Hills Dental, PC Case number (if known)

	Additional Page to List More Codebtors								
	Copy this page only if mo Column 1: Codebtor	ore space is needed. Continue numbering the lines	sequentially from the previous page.  Column 2: Creditor						
	Name	Mailing Address	Name	Check all schedules that apply:					
2.6	James Walker Love	700 Registry Lane Atlanta, GA 30342	Live Oak Bank	■ D <u>2.2</u> □ E/F □ G					
2.7	James Walker Love	700 Registry Lane Atlanta, GA 30342	Live Oak Bank	■ D <u>2.4</u> □ E/F □ G					
2.8	James Walker Love	700 Registry Lane Atlanta, GA 30342	Live Oak Bank	■ D <u>2.3</u> □ E/F					
2.9	James Walker Love	700 Registry Lane Atlanta, GA 30342	Live Oak Bank	■ D <u>2.5</u> □ E/F					

Fil	in this information to identify the case:				
De	btor name Collier Hills Dental, PC			_	
Un	ited States Bankruptcy Court for the: NORTHERN DISTR	ICT OF GEORGI	A (ALL DIVISIONS)		
Са	se number (if known)				Check if this is an amended filing
	ficial Form 207	L 122-1	oolo Ellino (on Don		Č
	atement of Financial Affairs for No				12/1
	debtor must answer every question. If more space is note the debtor's name and case number (if known).	eeded, attach a	separate sheet to this form.	On the top of	any additional pages,
Pa	rt 1: Income				
1.	Gross revenue from business				
•	□ None.				
	Identify the beginning and ending dates of the debtor which may be a calendar year	's fiscal year,	Sources of revenue Check all that apply		Gross revenue (before deductions and exclusions)
	For prior year:		Operating a business		\$1,092,430.00
	From <b>1/01/2015</b> to <b>12/31/2015</b>		Other		
	For year before that: From 1/01/2014 to 12/31/2014		Operating a business		\$1,074,424.00
			Other		
	For the fiscal year:		■ Operating a business		\$955,975.00
	From 1/01/2013 to 12/31/2013		☐ Other		
2.	Non-business revenue				
	Include revenue regardless of whether that revenue is taxal lawsuits, and royalties. List each source and the gross reve				
	■ None.				
			Description of sources of	f revenue	Gross revenue from each source (before deductions and exclusions)
Pa	tt 2: List Certain Transfers Made Before Filing for Ba	nkruptcy			
	Certain payments or transfers to creditors within 90 day List payments or transfers—including expense reimburseme filing this case unless the aggregate value of all property tra and every 3 years after that with respect to cases filed on o	entsto any credit ansferred to that c	or, other than regular employed creditor is less than \$6,225. (T		
	□ None.				
	Creditor's Name and Address	Dates	Total amount of value	Reasons for Check all tha	r payment or transfer at apply

Official Form 207

Document

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Case number (if known) Debtor Collier Hills Dental, PC

Crec	litor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer
3.1.				Check all that apply
3.1.	Howell Mill Village PO Box 532937 Atlanta, GA 30353	10/2015, 11/2015	\$11,000.00	<ul> <li>☐ Secured debt</li> <li>☐ Unsecured loan repayments</li> <li>☐ Suppliers or vendors</li> <li>☐ Services</li> <li>☐ Other <u>Lease payment</u></li> </ul>
3.2.	CAN Capital 414 W. 14th Street 3rd Floor New York, NY 10014	10/2015,11/2 015,12/2015	\$9,180.00	■ Secured debt □ Unsecured loan repayments □ Suppliers or vendors □ Services □ Other
3.3.	American Express PO Box 981540 El Paso, TX 79998-1540	10/2015, 11/2015, 12/2015	\$6,129.00	☐ Secured debt ☐ Unsecured loan repayments ☐ Suppliers or vendors ☐ Services ☐ Other unsecured credit repayments
3.4.	Chase Attention: Banktruptcy Dept Po Box 15123 Wilmintgon, DE 19850	10/2015, 11/2015, 12/2015	\$9,724.00	☐ Secured debt ☐ Unsecured loan repayments ☐ Suppliers or vendors ☐ Services ☐ Other unsecured credit repayments
3.5.	Align Technologies 2560 Orchard Parkway San Jose, CA 95131	10/2015, 11/2015, 12/2015	\$9,863.84	☐ Secured debt ☐ Unsecured loan repayments ☐ Suppliers or vendors ☐ Services ☐ Other
3.6.	Patterson Dental 1775 W. Oak Parkway #500 Marietta, GA 30062	10/2015, 11/2015, 12/2015	\$9,272.43	■ Secured debt □ Unsecured loan repayments □ Suppliers or vendors □ Services □ Other
3.7.	Green Capital 160 Pearl Street New York, NY 10005	10/2015, 11/2015, 12/2015	\$5,497.00	■ Secured debt □ Unsecured loan repayments □ Suppliers or vendors □ Services □ Other

		 1 1100 02/0 1/20	=::to:oa 0=;0 ;;=0 ==:00:=0	<b>D</b> 000 11100111	
		Document	Page 30 of 46		1/04/16 11:08AM
Debtor	Collier Hills Dental, PC		Case number (if known)		

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 \$6,225. (This amount may be adjusted on 4/01/16 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. <i>Insiders</i> 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).							
	■ Non	e.						
		r's name and address onship to debtor	Dates		Total amount of va	lue Rea	sons for pay	ment or transfer
5.	List all p	essions, foreclosures, and returns roperty of the debtor that was obtained closure sale, transferred by a deed in li						
	■ Non	е						
	Credit	or's name and address	Describe of the F	Property		Date		Value of property
6.		creditor, including a bank or financial ir btor without permission or refused to n						
	■ Non	e						
	Credit	or's name and address	Description of th	e action cre	ditor took	Date a	action was	Amount
-7	art 3:	egal Actions or Assignments						
7.	List the I in any ca	Case title	ns, arbitrations, med	diations, and	audits by federal or st	ate agencie		
		Case number Regency Centers LP vsCollier	Dispossessory		ress gistrate Court of F	ulton	Danding	
		Hills Dental PC 15ED015575	Ziopoccocci,	Co 185	unty 5 Central Ave anta, GA 30303		■ Pending □ On appe □ Conclude	
Pa	B. 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  D. 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 th	e gitts or co	OUTIDUTIONS	Dates gi	ven	Value
Ð	art 5: (	Certain Losses						

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

**Desc Main** Case 16-50083 Doc 1 Filed 01/04/16 Entered 01/04/16 11:09:19

Document Page 31 of 46 Collier Hills Dental, PC Case number (if known)

■ None.

Debtor

Description of the property lost and Dates of loss Amount of payments received for the loss Value of property how the loss occurred 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 If not money, describe any property transferred Total amount or the transfer? value **Address** 11.1. The Falcone Law Firm, P.C. 363 Lawrence Street Marietta, GA 30060 Attorney Fees and filing fees 12/2015 \$16,717.00 Marietta, GA 30060 **Email or website address** 

**Dates** 

attorneys@falconefirm.com

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.

None.

Name of trust or device Describe any property transferred **Dates transfers** Total amount or were made value

#### 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? Description of property transferred or Date transfer Total amount or Address payments received or debts paid in exchange was made value

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

1/04/16 11:08AM Document Page 32 of 46 Debtor Collier Hills Dental, PC Case number (if known) 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. П Yes. Fill in the information below. Facility name and address Nature of the business operation, including type of services If debtor provides meals and housing, number of the debtor provides patients in debtor's care Part 9: Personally Identifiable Information 16. Does the debtor collect and retain personally identifiable information of customers? Yes. State the nature of the information collected and retained. names, addresses, insurance information; employment information, Does the debtor have a privacy policy about that information? ☐ No Yes 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

#### 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 Last 4 digits of Type of account or Date account was Last balance Address account number instrument closed, sold, before closing or moved, or transfer transferred

#### 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 Description of the contents Do you still access to it have it? **Address** 

#### 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.

Debtor Collier Hills Dental, PC

Document Page 33 of 46
Case number (if known)

ı	None							
	Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?				
Part	11: Property the Debtor Holds or Controls The	at the Debtor Does Not Own						
Li	roperty held for another st any property that the debtor holds or controls the st leased or rented property.	at another entity owns. Include any pr	operty borrowed from, being stored fo	r, or held in trust. De				
	None							
Part	12: Details About Environment Information							
I	e purpose of Part 12, the following definitions appl Environmental law means any statute or governme nedium affected (air, land, water, or any other med	ntal regulation that concerns pollution	, contamination, or hazardous materia	al, regardless of the				
	Site means any location, facility, or property, include wheel, operated, or utilized.	ing disposal sites, that the debtor nov	v owns, operates, or utilizes or that the	e debtor formerly				
	dazardous material means anything that an environ imilarly harmful substance.	nmental law defines as hazardous or	oxic, or describes as a pollutant, cont	aminant, or a				
Repo	rt all notices, releases, and proceedings knowr	n, regardless of when they occurred	l.					
22. <b>I</b>	las the debtor been a party in any judicial or ac	Iministrative proceeding under any	environmental law? Include settle	ments and orders.				
] [	No. Yes. Provide details below.							
	Case title Case number	Court or agency name and address	Nature of the case	Status of case				
	as any governmental unit otherwise notified the vironmental law?	e debtor that the debtor may be liab	le or potentially liable under or in v	violation of an				
] [	■ No. □ Yes. Provide details below.							
	Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice				
24. <b>H</b> a	as 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				
Part	13: Details About the Debtor's Business or Co	onnections to Any Business						
Lis	ther businesses in which the debtor has or has st any business for which the debtor was an owner clude this information even if already listed in the S	r, partner, member, or otherwise a per	son in control within 6 years before fil	ing this case.				
ı	None							

Official Form 207

**Business name address** 

Describe the nature of the business

**Employer Identification number**Do not include Social Security number or ITIN.

Dates business existed

1/04/16 11:08AM Document Page 34 of 46 Debtor Collier Hills Dental, PC Case number (if known) 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 Magoon, Freeman, Spain & Jones 2013 and 2014 3600 Mansell Road #575 Alpharetta, GA 30022 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 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 Have any inventories of the debtor's property been taken within 2 years before filing this case? Yes. Give the details about the two most recent inventories. Name of the person who supervised the taking of the Date of inventory The dollar amount and basis (cost, market, inventory or other basis) of each inventory 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. Position and nature of any % of interest, if **Address** Name interest any James Walker Love 700 Registry Lane **President** 100% Atlanta, GA 30342 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?

П No

Yes. Identify below.

Name and address of recipient Amount of money or description and value of **Dates** Reason for providing the value property

Page 35 of 46
Case number (if known) Document Debtor Collier Hills Dental, PC

	Name and address of recipient	Amount of money or description and val property	ue of Dates	Reason for providing the value
30.1	James Walker Love			
•	700 Registry Lane Atlanta, GA 30342	\$52,000.00	2015	Salary
	Relationship to debtor President			
<b>=</b> N	6 years before filing this case, has to lo 'es. Identify below.	ne debtor been a member of any consolidat	ted group for tax purposes	?
Name o	of the parent corporation		Employer Identification n	umber of the parent
<b>=</b> N	6 years before filing this case, has to lo 'es. Identify below.	he debtor as an employer been responsible	for contributing to a pens	ion fund?
Name o	f the parent corporation		Employer Identification n corporation	umber of the parent
Part 14:	Signature and Declaration		•	
conne 18 U.S I have	ction with a bankruptcy case can resul S.C. §§ 152, 1341, 1519, and 3571.	rime. Making a false statement, concealing print in fines up to \$500,000 or imprisonment for up	p to 20 years, or both.	
I decla	are under penalty of perjury that the for	egoing is true and correct.		
Executed	on <b>January 4, 2016</b>	_		
/s/ J. Wa	lker Love	J. Walker Love		
Signature	of individual signing on behalf of the de	btor Printed name		
Position or	relationship to debtor President			
Are addition  ■ No □ Yes	onal pages to Statement of Financial	Affairs for Non-Individuals Filing for Bankr	ruptcy (Official Form 207) a	ttached?

	Cas	se 16-50083	Doc 1	Filed 01/04/16 Document	Entered 01/04/16 11:09:19 Page 36 of 46	Desc	Main 1/04/16 11:08AN
Fill	in this inform	ation to identify yo	ur case:	Document	1 400 00 01 70		
Deb	otor 1	J. Walker Love	Mic	ddle Name	Last Name		
	otor 2 use if, filing)	First Name	Mic	ddle Name	Last Name		
Unit	ted States Banl	kruptcy Court for the	: NORTH	IERN DISTRICT OF GE	ORGIA (ALL DIVISIONS)		
Cas (if kn	se number					_	ck if this is an ended filing
Sul Be a	mmary of s complete and mation. Fill of	nd accurate as pos ut all of your sched	sible. If two lules first; t	married people are fill hen complete the infor	ertain Statistical Informationing together, both are equally responsible mation on this form. If you are filing amount the top of this page.	e for supply	
Part	11: Summa	rize Your Assets					
							assets e of what you own
1.	Schedule A/E 1a. Copy line	<b>3: Property</b> (Official 55, Total real estate	Form 106A e, from Sche	/B) dule A/B		\$	0.00
	1b. Copy line	62, Total personal p	property, fror	m Schedule A/B		\$	881,954.00
	1c. Copy line	63, Total of all prop	erty on Sche	edule A/B		\$	881,954.00
Part	t 2: Summa	rize Your Liabilities	5				
							liabilities unt you owe
2.				ured by Property (Official ount of claim, at the bot	al Form 106D) tom of the last page of Part 1 of <i>Schedule D</i>	)     \$	1,349,496.00
3.				ed Claims (Official Form unsecured claims) from	106E/F) I line 6e of <i>Schedule E/F</i>	\$	8,574.00
	3b. Copy the	total claims from Pa	art 2 (nonpri	ority unsecured claims) f	rom line 6j of Schedule E/F	\$	295,608.00
					Your total liabilitie	<b>\$</b>	1,653,678.00
Part	t 3: Summa	rize Your Income a	nd Expense	es			
4.		our Income (Official mbined monthly inco		e 12 of <i>Schedule I</i>		\$	N/A
_	0	/		0.1)			

#### Part 4: Answer These Questions for Administrative and Statistical Records

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
  - ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
  - Yes
- 7. What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Document Page 37 of 46
Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	١.	
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	\$	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Collier Hills Dental, PC

From Part 4 on Schedule E/F, copy the following:	Total	claim
Troin rait 4 on ocheanic Lit, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	8,574.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	8,574.00

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Fill in this infor	mation to identify your	case:			
Debtor 1	J. Walker Love				
Debtor 2	First Name	Middle Name	Last N	ame	
(Spouse if, filing)	First Name	Middle Name	Last N	ame	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGI	A (ALL DIVISIONS)	
Case number					
(if known)					☐ Check if this is an amended filing
Official For					
Declarat	tion About a	n Individual	Debto	r's Schedules	12/15
·	18 U.S.C. §§ 152, 1341, 1 In Below	313, and 3371.			
Did you pa	ay or agree to pay some	one who is NOT an attor	rney to help y	ou fill out bankruptcy forms	?
■ No					
☐ Yes.	Name of person			. Attach Bankruptcy P and Signature (Official	etition Preparer's Notice, Declaration, I Form 119).
	alty of perjury, I declare re true and correct.	that I have read the sum	nmary and scl	nedules filed with this declar	ration and
X /s/ J. V	Valker Love		Х		
J. Wal	ker Love ure of Debtor 1			Signature of Debtor 2	
Date _	January 4, 2016			Date	

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Georgia (ALL DIVISIONS)

In 1	re Collier Hills Dental, PC	Case No.	
	Debtor(s)	Chapter	11
	DISCLOSURE OF COMPENSATION OF ATTOR	NEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorne compensation paid to me within one year before the filing of the petition in bankruptcy, o be rendered on behalf of the debtor(s) in contemplation of or in connection with the bank	r agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept	\$	15,000.00
	Prior to the filing of this statement I have received	\$	15,000.00
	Balance Due	\$	0.00
2.	\$ <b>1,717.00</b> of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
5.	■ I have not agreed to share the above-disclosed compensation with any other person up	nless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the compensation.		
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects	of the bankruptcy c	ease, including:
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in deter</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which r</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and</li> <li>d. [Other provisions as needed]</li> <li>All fees will be billed to the Client or Bankruptcy Estate at the rate of</li> </ul>	nay be required; any adjourned hea	urings thereof;
	an hour, or any such other amount as determined by the court. Asse		

All fees will be billed to the Client or Bankruptcy Estate at the rate of \$350.00 per hour in increments of 1/10th of an hour, or any such other amount as determined by the court. Associate attorneys will be billed at \$200.00 per hour, paralegals at \$150.00 per hour and administrative assistants at \$50.00 per hour. All rates are billed in increments of 1/10th of an hour with minimum of 2/10th per hour for any task. All rates are subject to increase without notice.

Attorney may send bills to client from time to time to keep client informed of payments bills and received. Attorney shall not seek any additional compensation directly form client unless expressly authorized by the Court. client is advised that this agreement is subject to court approval and that nay fees incurred after the filing of client's petition will not be dispersed until such agreement is approved by the court. In the event additional services are needed by client, attorney shall provide appropriate legal services and apply to the Court for additional fees and/or expenses. in no case will client be billed directly nor will any additional fees be collected from client unless expressly authorized by the court.

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

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In re	Collier Hills Dental, PC	Case No.	
	Debtor(s)		

# DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

	CERTIFICATION
I certify that the foregoing is a complete statementhis bankruptcy proceeding.	t of any agreement or arrangement for payment to me for representation of the debtor(s) in
January 4, 2016  Date	Ian M. Falcone Ian M. Falcone 254470 Signature of Attorney The Falcone Law Firm, P.C. 363 Lawrence Street Marietta, GA 30060 (770) 426-9359 Fax: (770) 426-8968 attorneys@falconefirm.com  Name of law firm

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**United States Bankruptcy Court** Northern District of Georgia (ALL DIVISIONS)

In re Collier Hills Dental, PC		Case No.
	Debtor(s)	Chapter 11
<b>LIST OF EQ</b> Following is the list of the Debtor's equity security holders which	UITY SECURITY HOL	
Tonowing is the list of the Deotor's equity security holders wine	in is prepared in accordance with	True 1007(a)(3) for filling in this chapter 11 case
Name and last known address or place of Securit business of holder	ty Class Number of Secu	rities Kind of Interest
James Walker Love 700 Registry Lane Atlanta, GA 30342		
DECLARATION UNDER PENALTY OF PERJU	URY ON BEHALF OF (	CORPORATION OR PARTNERSHIP
I, the <b>President</b> of the corporation named as read the foregoing List of Equity Security Holders a		
Date January 4, 2016		Love

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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# United States Bankruptcy Court Northern District of Georgia (ALL DIVISIONS)

	- 1 - 1			
In re	Collier Hills Dental, PC		Case No.	
		Debtor(s)	Chapter	
	VERIFI	ICATION OF CREDITOR	MATRIX	
I, the P	resident of the corporation named as the	ne debtor in this case, hereby verify that	the attached list of	creditors is true and correct to
the bes	t of my knowledge.			
	t of my knowledge.			
Date:	January 4, 2016	/s/ J. Walker Love		
		J. Walker Love/President		

Signer/Title

Align Technologies 2560 Orchard Parkway San Jose, CA 95131

APZB Industries 300 Ledgewood Place Ste 301 Rockland, MA 02370

BioHorizons Implant Systems 2300 Riverchase Center Birmingham, AL 35244

CAN Capital 414 W. 14th Street 3rd Floor New York, NY 10014

Chase

Attention: Banktruptcy Dept Po Box 15123 Wilmintgon, DE 19850

Chase

Attention: Bankruptcy Dept PO Box 15123 Wilmintgon, DE 19850

ECL Properties, LLC 600 Houze Way, Ste D6 Roswell, GA 30076

Fulton County Tax Commissioner 141 Pryor Sreet Atlanta, GA 30303

Green Capital 160 Pearl Street New York, NY 10005 Howell Mill Village PO Box 532937 Atlanta, GA 30353

James Walker Love 700 Registry Lane Atlanta, GA 30342

Live Oak Bank 1741 Tiburon Drive Wilmington, NC 28403

Magoon, Freeman, Spain & Jones 3600 Mansell Road #575 Alpharetta, GA 30022

Patterson Dental 1775 W. Oak Parkway #500 Marietta, GA 30062

Patterson Dental 1031 Mendota Heights Road Saint Paul, MN 55120

Regency Centers LP c/o Schiff Harden LLP 1201 W. Peeachtree St, Ste 230 Atlanta, GA 30309

Renasant Visa PO Box 790408 Saint Louis, MO 63179

Stearns Bank Equip Finance 500 13th Street PO Box 750 Albany, MN 56307 US Bank 1450 Channel Pkwy Marshall, MN 56258

Wells Fargo Bank
Bus Direct Div. MAC S4101-05
PO Box 29482
Phoenix, AZ 85038-8650

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# **United States Bankruptcy Court** Northern District of Georgia (ALL DIVISIONS)

In re	Collier Hills Dental, PC		Case No.	
		Debtor(s)	Chapter 11	
	CORPORATE	OWNERSHIP STATEMENT (	(RULE 7007.1)	
or recu follow	usal, the undersigned counsel for <u>Col</u> ying is a (are) corporation(s), other than	lier Hills Dental, PC in the above n the debtor or a governmental un	adges to evaluate possible disqualification captioned action, certifies that the it, that directly or indirectly own(s) 10% are no entities to report under FRBP 7007	or
■ Noi	ne [ <i>Check if applicable</i> ]			
Janua	ary 4, 2016	/s/ lan M. Falcone		
Date		lan M. Falcone 254470		
		Signature of Attorney or Litiga		
		Counsel for Collier Hills Dent The Falcone Law Firm, P.C.	al, PC	
		363 Lawrence Street		
		Marietta, GA 30060		
		(770) 426-9359 Fax:(770) 426-89 attorneys@falconefirm.com	68	