

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

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 Buy Ophthalmic Instruments, Inc.

2. All other names debtor used in the last 8 years DBA Buy Ophthalmic Equipment

3. Debtor's federal Employer Identification Number (EIN) 36-4774016

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

5. Debtor's website (URL) www.buyophthalmicequipment.com

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
Name

7. Describe debtor's business A. *Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(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. *Check all that apply*

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing? *Check one:*

- Chapter 7
- Chapter 9
- Chapter 11. *Check all that apply:*
 - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
 - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 - A plan is being filed with this petition.
 - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No.
 Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No.
 Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship to you _____
District _____	When _____ Case number, if known _____

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
Name

11. **Why is the case filed in this district?** *Check all that apply:*

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

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
 Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. **Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. **Estimated Assets**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. **Estimated liabilities**

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
Name

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. Declaration and signature of authorized representative of debtor

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

Executed on February 29, 2016
MM / DD / YYYY

/s/ Nelson Hugh Tobin
Signature of authorized representative of debtor
Title President

Nelson Hugh Tobin
Printed name

18. Signature of attorney

/s/ Douglas Jacobson
Signature of attorney for debtor

Date February 29, 2016
MM / DD / YYYY

Douglas Jacobson
Printed name

Law Offices of Douglas Jacobson, LLC
Firm name

2450 Atlanta Highway
Suite 803
Cumming, GA 30040
Number, Street, City, State & ZIP Code

Contact phone 770-887-3700 Email address douglas@douglasjacobsonlaw.com

223344
Bar number and State

Fill in this information to identify the case:

Debtor name Buy Ophthalmic Instruments, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

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

Executed on February 29, 2016

X /s/ Nelson Hugh Tobin
Signature of individual signing on behalf of debtor

Nelson Hugh Tobin
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Buy Ophthalmic Instruments, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known): _____

Check if this is an 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 12/15

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 contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express Merchant Svcs Global Merchant Services Fort Lauderdale, FL 33329		Chargeback	Disputed			\$20,000.00
Block Income Fund II, LP c/o Block Real Estate Services 700 W. 47th Street, Suite 200 Kansas City, MO 64112		Anticipated Commercial Lease Deficiency	Unliquidated			\$200,000.00
Brevard Vision Center 2420 South Babcock St Melbourne, FL 32901		Chargeback	Disputed			\$15,000.00
David Depaugh 4010 Rhodes Avenue New Bost, OH 45662		Overpayment				\$40,000.00
Dr. Geoffrey Sweeting 43 Ivanoe Road NASSAU, BAHAMAS		Broken inventory	Unliquidated			\$0.00
Dr. Gonzales 1331 East 6th Street Weslaco, TX 78596		Damaged inventory	Unliquidated			\$0.00
Dr. Larry Tavel 2839 Lafayette Road Indianapolis, IN 46222		Damaged inventory	Unliquidated			\$0.00

Debtor **Buy Ophthalmic Instruments, Inc.**
Name

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	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
FedEx Corporation 942 South Shady Grove Road Memphis, TN 38120		Account	Disputed			\$20,000.00
Golden Pear Funding 520 8th Avenue Room 1001 New York, NY 10018		Unsecured Loan				\$145,380.00
Kabbage, Inc. 730 Peachtree St Suite 530 Atlanta, GA 30308		Account				\$68,000.00
KeyWorth Bank c/o Bryan Harris 11655 Medlock Bridge Johns Creek, GA 30097		2 desks, 3 computers, monitors, 2 conference tables and chairs, refrigerator		\$256,569.00	\$2,000.00	\$254,569.00
KeyWorth Bank c/o Bryan Harris 11655 Medlock Bridge Johns Creek, GA 30097		1) Inventory; 2) Van; 3) Receivables		\$277,598.00	\$25,000.00	\$252,598.00
KeyWorth Bank c/o Bryan Harris 11655 Medlock Bridge Johns Creek, GA 30097		1) New and pre-owned ophthalmic equipment (inventory) 2) Ford Transit Van; 3) Receivables		\$340,000.00	\$150,000.00	\$190,000.00
Nanston Vision 2220 Wisteria Dr SW #101 Snellville, GA 30078		Damaged equipment	Unliquidated			\$0.00
Off Lease Laser 12601 NW 115th Avenue Miami, FL 33178		Damaged equipment	Unliquidated			\$0.00
PayPal 2211 N. First Street San Jose, CA 95131		Merchant Services				\$12,950.00
Trade River USA 401 E. Pratt Street Suite 2424 Baltimore, MD 21202		Unsecured Loan				\$0.00
UPS Capital Corp 35 Glenlake Pkwy, NE Atlanta, GA 30328		Account				\$7,000.00

Fill in this information to identify the case:

Debtor name Buy Ophthalmic Instruments, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:		
Copy line 88 from <i>Schedule A/B</i>	\$	<u>0.00</u>
1b. Total personal property:		
Copy line 91A from <i>Schedule A/B</i>	\$	<u>279,771.00</u>
1c. Total of all property:		
Copy line 92 from <i>Schedule A/B</i>	\$	<u>279,771.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)		
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	<u>874,167.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i>	\$	<u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$	<u>528,330.00</u>
4. Total liabilities		
Lines 2 + 3a + 3b	\$	<u>1,402,497.00</u>

Fill in this information to identify the case:

Debtor name Buy Ophthalmic Instruments, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
--	------------------------------------

3.	Checking, savings, money market, or financial brokerage accounts <i>(Identify all)</i>	Last 4 digits of account number	Current value of debtor's interest
	Name of institution (bank or brokerage firm)	Type of account	
3.1..	<u>KeyWorth Bank</u>	<u>Checking</u>	<u>\$0.00</u>
3.2..	<u>Bank of America</u>	<u>Checking</u>	<u>\$50,000.00</u>
3.3..	<u>BMO</u>	<u>Checking</u>	<u>\$2,800.00</u>

4. **Other cash equivalents** *(Identify all)*

5. **Total of Part 1.** **\$52,800.00**
 Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes Fill in the information below.

7.	Deposits, including security deposits and utility deposits	Current value of debtor's interest
	Description, including name of holder of deposit	
7.1..	<u>Security deposit for commercial lease</u>	<u>\$6,471.00</u>

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
Name

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
 Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$6,471.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- No. Go to Part 4.
 Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 40,000.00 - 0.00 = \$40,000.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$40,000.00

Part 4: Investments

13. **Does the debtor own any investments?**

- No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- No. Go to Part 6.
 Yes Fill in the information below.

	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 goods held for resale				
22.	Other inventory or supplies				
	1) New and pre-owned ophthalmic equipment	<u>12/31/15</u>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$150,000.00</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$150,000.00

24. **Is any of the property listed in Part 5 perishable?**

- No
 Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- No

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
Name

Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
 No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

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

- No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture 2 desks, 3 computers, monitors, 2 conference tables and chairs, refrigerator	\$0.00	Liquidation	\$2,000.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
 Add lines 39 through 42. Copy the total to line 86.

\$2,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
 No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
 No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
 Yes Fill in the information below.

General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small>	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles 47.1.. 2015 Ford Transit Van - 27,000 miles	\$0.00	Blue Book	\$25,000.00

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
 Name

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

49. **Aircraft and accessories**

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

51. **Total of Part 8.**

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

\$25,000.00

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

- No
 Yes

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

- No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations <u>E-mail list of 7500 optometrists</u>	\$3,500.00	Comparable sale	\$3,500.00

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

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

\$3,500.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- No
 Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- No
 Yes

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
Name

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?
- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
Include all interests in executory contracts and unexpired leases not previously reported on this form.

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

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
 Name

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$52,800.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$6,471.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$40,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$150,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$2,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$25,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$3,500.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$279,771.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$279,771.00</u>

Fill in this information to identify the case:

Debtor name Buy Ophthalmic Instruments, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

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

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.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p>2.1 KeyWorth Bank</p> <p>Creditor's Name c/o Bryan Harris 11655 Medlock Bridge Johns Creek, GA 30097</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 9/15</p> <p>Last 4 digits of account number 2500</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien 1) New and pre-owned ophthalmic equipment (inventory) 2) Ford Transit Van; 3) Receivables</p> <p>Describe the lien UCC</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$340,000.00</p>	<p>\$150,000.00</p>

<p>2.2 KeyWorth Bank</p> <p>Creditor's Name c/o Bryan Harris 11655 Medlock Bridge Johns Creek, GA 30097</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 2014</p> <p>Last 4 digits of account number 8100</p> <p>Do multiple creditors have an interest in the same property?</p>	<p>Describe debtor's property that is subject to a lien 2 desks, 3 computers, monitors, 2 conference tables and chairs, refrigerator</p> <p>Describe the lien UCC</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	<p>\$256,569.00</p>	<p>\$2,000.00</p>
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Debtor **Buy Ophthalmic Instruments, Inc.** Case number (if know) _____
 Name _____

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
 Unliquidated
 Disputed

<p>2.3 KeyWorth Bank Creditor's Name c/o Bryan Harris 11655 Medlock Bridge Johns Creek, GA 30097 Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p> <p>Date debt was incurred 2013</p> <p>Last 4 digits of account number 5300</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien 1) Inventory; 2) Van; 3) Receivables</p> <hr/> <p>Describe the lien UCC</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$277,598.00</p>	<p>\$25,000.00</p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$874,167.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

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

<p>Name and address</p> <p>Quirk & Quirk, LLC 6000 Lake Forrest Drive, NW 300 Century Springs West Atlanta, GA 30328</p>	<p>On which line in Part 1 did you enter the related creditor?</p> <p>Line <u>2.1</u></p>	<p>Last 4 digits of account number for this entity</p>
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Fill in this information to identify the case:

Debtor name Buy Ophthalmic Instruments, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address American Express Merchant Svcs Global Merchant Services Fort Lauderdale, FL 33329 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Chargeback</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$20,000.00
3.2	Nonpriority creditor's name and mailing address Block Income Fund II, LP c/o Block Real Estate Services 700 W. 47th Street, Suite 200 Kansas City, MO 64112 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Anticipated Commercial Lease Deficiency</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$200,000.00
3.3	Nonpriority creditor's name and mailing address Brevard Vision Center 2420 South Babcock St Melbourne, FL 32901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Chargeback</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$15,000.00
3.4	Nonpriority creditor's name and mailing address David Depaugh 4010 Rhodes Avenue New Bost, OH 45662 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Overpayment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$40,000.00

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
Name

3.5 Nonpriority creditor's name and mailing address **Dr. Geoffrey Sweeting**
43 Ivanoe Road
NASSAU, BAHAMAS
 Date or dates debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Broken inventory
 Is the claim subject to offset? No Yes **Unknown**

3.6 Nonpriority creditor's name and mailing address **Dr. Gonzales**
1331 East 6th Street
Weslaco, TX 78596
 Date or dates debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Damaged inventory
 Is the claim subject to offset? No Yes **Unknown**

3.7 Nonpriority creditor's name and mailing address **Dr. Larry Tavel**
2839 Lafayette Road
Indianapolis, IN 46222
 Date or dates debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Damaged inventory
 Is the claim subject to offset? No Yes **Unknown**

3.8 Nonpriority creditor's name and mailing address **FedEx Corporation**
942 South Shady Grove Road
Memphis, TN 38120
 Date or dates debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Account
 Is the claim subject to offset? No Yes **\$20,000.00**

3.9 Nonpriority creditor's name and mailing address **Golden Pear Funding**
520 8th Avenue Room 1001
New York, NY 10018
 Date or dates debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Unsecured Loan
 Is the claim subject to offset? No Yes **\$145,380.00**

3.10 Nonpriority creditor's name and mailing address **Kabbage, Inc.**
730 Peachtree St
Suite 530
Atlanta, GA 30308
 Date or dates debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Account
 Is the claim subject to offset? No Yes **\$68,000.00**

3.11 Nonpriority creditor's name and mailing address **Nanston Vision**
2220 Wisteria Dr SW
#101
Snellville, GA 30078
 Date or dates debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Damaged equipment
 Is the claim subject to offset? No Yes **Unknown**

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____
Name

3.12	Nonpriority creditor's name and mailing address Off Lease Laser 12601 NW 115th Avenue Miami, FL 33178 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Damaged equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.13	Nonpriority creditor's name and mailing address PayPal 2211 N. First Street San Jose, CA 95131 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Merchant Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,950.00
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3.14	Nonpriority creditor's name and mailing address Trade River USA 401 E. Pratt Street Suite 2424 Baltimore, MD 21202 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.15	Nonpriority creditor's name and mailing address UPS Capital Corp 35 Glenlake Pkwy, NE Atlanta, GA 30328 Date or dates debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
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Part 3: List Others to Be Notified About Unsecured Claims

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

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

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

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	<table border="0" style="width:100%"> <tr> <td style="width:10%;"></td> <td style="width:40%; text-align: center;">Total of claim amounts</td> <td style="width:50%;"></td> </tr> <tr> <td>5a. Total claims from Part 1</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>5b. Total claims from Part 2</td> <td>+</td> <td style="text-align: right;">528,330.00</td> </tr> <tr> <td>5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small></td> <td>\$</td> <td style="text-align: right; border: 1px solid black;">528,330.00</td> </tr> </table>		Total of claim amounts		5a. Total claims from Part 1	\$	0.00	5b. Total claims from Part 2	+	528,330.00	5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	\$	528,330.00
	Total of claim amounts												
5a. Total claims from Part 1	\$	0.00											
5b. Total claims from Part 2	+	528,330.00											
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	\$	528,330.00											

Fill in this information to identify the case:

Debtor name Buy Ophthalmic Instruments, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lease for use of commercial real estate located at 3080 Northfield Place, Suite 122, Roswell, GA 30076; Debtor rejects lease.**

State the term remaining **52 months**

List the contract number of any government contract _____

**Block Income Fund II, LP
c/o Block Real Estate Services
700 W. 47th Street, Suite 200
Kansas City, MO 64112**

Fill in this information to identify the case:

Debtor name Buy Ophthalmic Instruments, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing Address	Name	Check all schedules that apply:
2.1 Nelson Tobin	415 Guildhall Grove Alpharetta, GA 30022	KeyWorth Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Nelson Tobin	415 Guildhall Grove Alpharetta, GA 30022	KeyWorth Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Nelson Tobin	415 Guildhall Grove Alpharetta, GA 30022	KeyWorth Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Nelson Tobin	415 Guildhall Grove Alpharetta, GA 30022	Kabbage, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Buy Ophthalmic Instruments, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2016 to **Filing Date**

Operating a business
 Other _____

\$200,000.00

For prior year:
From 1/01/2015 to 12/31/2015

Operating a business
 Other _____

\$2,180,000.00

For year before that:
From 1/01/2014 to 12/31/2014

Operating a business
 Other _____

\$1,661,000.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (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.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Buy Ophthalmic Instruments, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. KeyWorth Bank c/o Bryan Harris 11655 Medlock Bridge Johns Creek, GA 30097	December - February contractual payments	\$28,500.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.2. Kabbage, Inc. 730 Peachtree St Suite 530 Atlanta, GA 30308	Dec - February	\$78,000.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.3. Golden Pear Funding 520 8th Avenue Room 1001 New York, NY 10018	December - February	\$77,000.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (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. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Debtor **Buy Ophthalmic Instruments, Inc.**

Case number (if known) _____

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

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

None.

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>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).</small>	Dates of loss	Value of property lost
5 AmEx/FedEx chargeback claims due to damaged goods. Damage occurred during shipping. Four of five still outstanding.	\$0	November/December 2015	\$178,000.00

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Offices of Douglas Jacobson, LLC 2450 Atlanta Highway Suite 803 Cumming, GA 30040	Attorney Fees and chapter 11 filing fee	February 17 & February 24, 2016	\$9,817.00

Email or website address
douglas@douglasjacobsonlaw.com

Who made the payment, if not debtor?
Nelson Tobin

Debtor **Buy Ophthalmic Instruments, Inc.** Case number (if known) _____

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 were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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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
14.1. 6820 Meadowridge Court Alpharetta, GA 30005	April 2014 - April 2015
14.2. 415 Guildhall Grove Alpharetta, GA 30022	2012 - 2014

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
 Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

Debtor **Buy Ophthalmic Instruments, Inc.**

Case number (if known) _____

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 Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Describe the property	Value
Laura Tobin 415 Guildhall Grove Alpharetta, GA 30022	3080 Northfield Place Roswell, GA 30076	Desks and filing cabinets; copy machine	\$1,000.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **Buy Ophthalmic Instruments, Inc.** Case number (if known) _____

- No.
- Yes. Provide details below.

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

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number <small>Do not include Social Security number or ITIN.</small>	Dates business existed
-----------------------	-------------------------------------	---	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
26a.1. Will Young 4301 West Cayuga Suite A Tampa, FL 33614	2013 - present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Nelson Tobin 415 Guildhall Grove Alpharetta, GA 30022	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial

Debtor **Buy Ophthalmic Instruments, Inc.** Case number (if known) _____

statement within 2 years before filing this case.

None

Name and address

27. Inventories

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

No

Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Nelson Tobin	12/31/15	\$175000

Name and address of the person who has possession of inventory records
BOI
3080 Northfield Place
Roswell, GA 30076

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Nelson Tobin	415 Guildhall Grove Alpharetta, GA 30022	President	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Nelson Tobin 415 Guildhall Grove Alpharetta, GA 30022	\$14,600	2015	Salary
	Relationship to debtor President			

Debtor Buy Ophthalmic Instruments, Inc. Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	Laura K. Tobin 415 Guildhall Grove Alpharetta, GA 30022	\$62,500	2015	Salary for services provided
	Relationship to debtor Employee			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation _____ Employer Identification number of the parent corporation _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation _____ Employer Identification number of the parent corporation _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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

Executed on February 29, 2016

/s/ Nelson Hugh Tobin _____ Nelson Hugh Tobin _____
Signature of individual signing on behalf of the debtor Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

Fill in this information to identify your case:

Debtor 1 Nelson Hugh Tobin
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number _____
(if known)

Check if this is an amended filing

Official Form 106Sum
Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets
	<small>Value of what you own</small>
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>0.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>279,771.00</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ <u>279,771.00</u>

Part 2: Summarize Your Liabilities

	Your liabilities
	<small>Amount you owe</small>
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>874,167.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ <u>528,330.00</u>
Your total liabilities	\$ <u>1,402,497.00</u>

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>N/A</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ <u>N/A</u>

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.

Debtor 1 **Buy Ophthalmic Instruments, Inc.**

Case number (if known) _____

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

\$ _____

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

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ _____ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ _____ 0.00
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. Total. Add lines 9a through 9f.	\$ _____ 0.00

Fill in this information to identify your case:

Debtor 1	Nelson Hugh Tobin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	_____		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA		
Case number (if known)	_____		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Nelson Hugh Tobin
Nelson Hugh Tobin
Signature of Debtor 1

X _____
Signature of Debtor 2

Date February 29, 2016

Date _____

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Georgia

In re Buy Ophthalmic Instruments, Inc.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 3 rows: For legal services, I have agreed to accept; Prior to the filing of this statement I have received; Balance Due. Columns include dollar sign and amount 0.00.

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

Debtor Other (specify):

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

Debtor Other (specify):

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

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

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

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

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

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

CERTIFICATION

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

February 29, 2016

Date

/s/ Douglas Jacobson

Douglas Jacobson 223344

Signature of Attorney

Law Offices of Douglas Jacobson, LLC

2450 Atlanta Highway

Suite 803

Cumming, GA 30040

770-887-3700 Fax: 888-990-1740

douglas@douglasjacobsonlaw.com

Name of law firm

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

In re Buy Ophthalmic Instruments, Inc.

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date February 29, 2016

Signature /s/ Nelson Hugh Tobin
Nelson Hugh Tobin

*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.*

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

In re Buy Ophthalmic Instruments, Inc. Debtor(s) Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: February 29, 2016

/s/ Nelson Hugh Tobin
Nelson Hugh Tobin/President
Signer/Title

American Express Merchant Svcs
Global Merchant Services
Fort Lauderdale, FL 33329

Block Income Fund II, LP
c/o Block Real Estate Services
700 W. 47th Street, Suite 200
Kansas City, MO 64112

Brevard Vision Center
2420 South Babcock St
Melbourne, FL 32901

David Depaugh
4010 Rhodes Avenue
New Bost, OH 45662

Dr. Geoffrey Sweeting
43 Ivanoe Road
NASSAU, BAHAMAS

Dr. Gonzales
1331 East 6th Street
Weslaco, TX 78596

Dr. Larry Tavel
2839 Lafayette Road
Indianapolis, IN 46222

FedEx Corporation
942 South Shady Grove Road
Memphis, TN 38120

Golden Pear Funding
520 8th Avenue Room 1001
New York, NY 10018

Kabbage, Inc.
730 Peachtree St
Suite 530
Atlanta, GA 30308

KeyWorth Bank
c/o Bryan Harris
11655 Medlock Bridge
Johns Creek, GA 30097

Nanston Vision
2220 Wisteria Dr SW
#101
Snellville, GA 30078

Nelson Tobin
415 Guildhall Grove
Alpharetta, GA 30022

Off Lease Laser
12601 NW 115th Avenue
Miami, FL 33178

PayPal
2211 N. First Street
San Jose, CA 95131

Quirk & Quirk, LLC
6000 Lake Forrest Drive, NW
300 Century Springs West
Atlanta, GA 30328

Trade River USA
401 E. Pratt Street
Suite 2424
Baltimore, MD 21202

UPS Capital Corp
35 Glenlake Pkwy, NE
Atlanta, GA 30328

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

In re Buy Ophthalmic Instruments, Inc.

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Buy Ophthalmic Instruments, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

February 29, 2016

Date

/s/ Douglas Jacobson

Douglas Jacobson 223344

Signature of Attorney or Litigant
Counsel for **Buy Ophthalmic Instruments, Inc.**

Law Offices of Douglas Jacobson, LLC

2450 Atlanta Highway

Suite 803

Cumming, GA 30040

770-887-3700 Fax:888-990-1740

douglas@douglasjacobsonlaw.com