

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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 Total EHR, LLC

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) 27-3109483

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

3180 N Point Pkwy Ste 108 Alpharetta, GA 30005-4349 Number, Street, City, State & ZIP Code

Fulton County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

3180 N Point Pkwy Ste 108 Alpharetta, GA 30005-4349 Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

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

Partnership (excluding LLP)

Other. Specify:

Debtor **Total EHR, LLC**  
Name

Case number (if known)

**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(53A))
- 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. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**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 \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 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 operations, 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 \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor Total EHR, LLC 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 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 checked="" 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 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          |

Debtor Total EHR, LLC Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**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 March 3, 2017  
MM / DD / YYYY

X /s/ April Lowry  
Signature of authorized representative of debtor  
Title Member/Manager

April Lowry  
Printed name

**18. Signature of attorney**

X /s/ Edward F. Danowitz  
Signature of attorney for debtor

Date March 3, 2017  
MM / DD / YYYY

Edward F. Danowitz  
Printed name

Danowitz & Associates, PC  
Firm name

300 Galleria Pkwy SE Ste 960  
Atlanta, GA 30339-5949  
Number, Street, City, State & ZIP Code

Contact phone \_\_\_\_\_ Email address edanowitz@danowitzlegal.com

\_\_\_\_\_  
Bar number and State

**Fill in this information to identify the case:**

Debtor name     **Total EHR, LLC**    

United States Bankruptcy Court for the:     **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**    

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)

|  |                                   |
|--|-----------------------------------|
| <b>1a. Real property:</b>                    |                                   |
| Copy line 88 from <i>Schedule A/B</i> .....  | \$ <u>    <b>0.00</b>    </u>     |
| <b>1b. Total personal property:</b>          |                                   |
| Copy line 91A from <i>Schedule A/B</i> ..... | \$ <u>    <b>3,781.00</b>    </u> |
| <b>1c. Total of all property:</b>            |                                   |
| Copy line 92 from <i>Schedule A/B</i> .....  | \$ <u>    <b>3,781.00</b>    </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 Amount of claim, from line 3 of <i>Schedule D</i> ..... | \$ <u>    <b>0.00</b>    </u> |
|---|-------------------------------|

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

|  |                                      |
|--|--------------------------------------|
| <b>3a. Total claim amounts of priority unsecured claims:</b>                                 |                                      |
| Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....                  | \$ <u>    <b>66,000.00</b>    </u>   |
| <b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>                 |                                      |
| Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> ..... | +\$ <u>    <b>426,981.84</b>    </u> |

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| <b>4. Total liabilities</b> ..... | \$ <u>    <b>492,981.84</b>    </u> |
| Lines 2 + 3a + 3b                 |                                     |

**Fill in this information to identify the case:**

Debtor name Total EHR, LLC  
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION  
 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<br>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. |   |                 |
|---|--|---|--|--|---|-----------------|
|   |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Catherine Koelliker<br>c/o Fried & Bonder, LLC<br>1170 Howell Mill Rd<br>NW Ste 305<br>Atlanta, GA<br>30318-8638        |  |   | Contingent<br>Unliquidated<br>Disputed                     |  |   | \$100,000.00    |
| Lisa Epps<br>c/o Fried & Bonder, LLC White Provision,<br>1170 Howell Mill Rd<br>NW Ste 305<br>Atlanta, GA<br>30318-8638 |  |   | Contingent<br>Unliquidated<br>Disputed                     |  |   | \$100,000.00    |
| Michael Padgett<br>470 N Fields Pass<br>Milton, GA<br>30004-0946  |  |   |  |  |   | \$95,000.00     |
| Seven Software, LLC<br>470 N Fields Pass<br>Alpharetta, GA<br>30004-0946  |  |   |  |  |   | \$89,763.04     |
| iKids Pediatric Dentistry, PC<br>c/o Gray Reed McGraw<br>1601 Elm St Ste 4600<br>Dallas, TX<br>75201-7212               |  |   |  |  |   | \$40,775.00     |
| Michael Padgett<br>470 N Fields Pass<br>Milton, GA<br>30004-0946  |  |   |  |  |   | \$36,000.00     |

Debtor **Total EHR, LLC**  
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<br>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. |   |                 |
|---|--|---|--|--|---|-----------------|
|   |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| April Lowry<br>4939 Rilla Rd<br>Gainesville, GA<br>30506-2759                         |  |   |  |  |   | \$30,000.00     |
| Dest Dental Management<br>201 McCullough Dr<br>Ste 180<br>Charlotte, NC<br>28262-1302 |  |   |  |  |   | \$800.00        |
| Appraver<br>Ste 200 1101 Gulf Breeze Pkwy<br>Gulf Breeze, FL<br>32561                 | Appraver   |   |  |  |   | \$643.80        |
| Zena Dental<br>445 E FM 1382 Ste 6<br>Cedar Hill, TX<br>75104-6046                    |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Wharton Dental, Inc.<br>1802 N Richmond Rd<br>Wharton, TX<br>77488-2715               |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Westside Dental Center<br>3780 Leopard St<br>Corpus Christi, TX<br>78408-3208         |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Westmoreland Dental<br>3737 Dawes Dr<br>Dallas, TX<br>75211-6115                      |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| West Plano Dental<br>West Plano<br>2430 N Story Rd<br>Irving, TX<br>75062-7068        |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Viva Dental<br>1050 N Westmoreland Rd<br>Dallas, TX<br>75211-2444                     |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Valley Family Dentistry<br>1724 N Ed Carey Dr<br># B<br>Harlingen, TX<br>78550-8202   |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |

Debtor **Total EHR, LLC**  
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<br>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. |   |                 |
|---|--|---|--|--|---|-----------------|
|   |  |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| Tim Ngo DDS<br>1919 S Stillom Rd # 225<br>Garland, TX 76042                                 |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Smile Image Dentist<br>1560 Eldridge Pkwy Ste 170<br>Houston, TX 77077-1763                 |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Smile Center Dental<br>Smiles of Rock<br>1144 Airport Blvd Ste 240<br>Austin, TX 78702-3165 |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |
| Smile Brands, Inc.<br>100 Spectrum Center Dr Ste 1500<br>Irvine, CA 92618-4984              |  |   | Contingent<br>Unliquidated                                 |  |   | \$0.00          |



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United States Bankruptcy Court  
Northern District of Georgia, Atlanta Division

IN RE:

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

Total EHR, LLC

Chapter 11

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**

| Registered name and last known address of security holder                 | Shares<br>(or Percentage) | Security Class<br>(or kind of interest) |
|---|---------------------------|---|
| <b>Amy Padgett</b><br>470 N Fields Pass<br>Milton, GA 30004-0946          | <b>70.800000</b>          |   |
| <b>April Lowry</b><br>4939 Rilla Rd<br>Gainesville, GA 30506-2759         | <b>14.510000</b>          |   |
| <b>Darren Woodling</b><br>7008 Wynlakes Blvd<br>Montgomery, AL 36117-7565 | <b>6.140000</b>           |   |
| <b>Robert Thomas</b><br>845 Spring St NW<br>Atlanta, GA 30308-1040        | <b>8.550000</b>           |   |

**Fill in this information to identify the case:**

Debtor name     **Total EHR, LLC**    

United States Bankruptcy Court for the:     NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION    

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.

**Fill in this information to identify the case:**

Debtor name Total EHR, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

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 address<br><b>April Lowry</b><br><br><b>4939 Rilla Rd</b><br><b>Gainesville, GA 30506-2759</b><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number _____<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim:<br><b>Unpaid wages</b><br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>\$30,000.00</b> | <b>\$12,475.00</b> |

|     |   |  |                    |                    |
|-----|---|--|--------------------|--------------------|
| 2.2 | Priority creditor's name and mailing address<br><b>Michael Padgett</b><br><br><b>470 N Fields Pass</b><br><b>Milton, GA 30004-0946</b><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number _____<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim:<br><b>Unpaid wages</b><br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>\$36,000.00</b> | <b>\$12,475.00</b> |
|-----|---|--|--------------------|--------------------|

**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

Debtor Total EHR, LLC Case number (if known) \_\_\_\_\_  
Name

3.1 Nonpriority creditor's name and mailing address **121 Dental Care** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 380 E State Highway 121 Ste 160  
 Lewisville, TX 75057-4731  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.2 Nonpriority creditor's name and mailing address **Absoute Smile Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2700 W University Dr Ste 106  
 Denton, TX 76201-1610  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.3 Nonpriority creditor's name and mailing address **Acorn Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1507 Gessner Rd Ste A  
 Houston, TX 77080-7589  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.4 Nonpriority creditor's name and mailing address **Advance Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 10128 Hammerly Blvd  
 Houston, TX 77080-5010  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.5 Nonpriority creditor's name and mailing address **Aesthetic and Healthy Smile** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 4403 Daugherty Ave  
 Laredo, TX 78041-3848  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.6 Nonpriority creditor's name and mailing address **Ahmad Hamidfar DDS** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 7412 Spring Valley Rd  
 Dallas, TX 75254-2834  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.7 Nonpriority creditor's name and mailing address **Alamo Smile Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2329 S Ww White Rd  
 San Antonio, TX 78222-1936  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

Debtor Total EHR, LLC Case number (if known) \_\_\_\_\_  
Name

3.8 Nonpriority creditor's name and mailing address **Aldine Dental Smiles** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 10407 North Fwy Ste B  
 Houston, TX 77037-1136  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.9 Nonpriority creditor's name and mailing address **All Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 5365 Spring Valley Rd # 130  
 Dallas, TX 75254-3003  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.10 Nonpriority creditor's name and mailing address **Alligator Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 901 S Highway 123 Byp  
 Seguin, TX 78155-9754  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.11 Nonpriority creditor's name and mailing address **Anchor Dental** As of the petition filing date, the claim is: *Check all that apply.* unknown  
 830 S Mason Rd Ste A6  
 Katy, TX 77450-3863  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.12 Nonpriority creditor's name and mailing address **Anderson Dental** As of the petition filing date, the claim is: *Check all that apply.* unknown  
 22106 State Highway 71 W  
 Spicewood, TX 78669-6115  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.13 Nonpriority creditor's name and mailing address **Angel Smile Dental Clinic** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 6510 Hillcroft St Ste 303  
 Houston, TX 77081-4771  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.14 Nonpriority creditor's name and mailing address **Anna Maria Garcia** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 709 E Harrison Ave  
 Harlingen, TX 78550-9151  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

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|      |   |   |               |
|------|---|---|---------------|
| 3.15 | Nonpriority creditor's name and mailing address<br><b>Anthony Garza</b><br><br><b>620 E Sinton St</b><br><b>Sinton, TX 78387-2802</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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|------|--|--|-----------------|
| 3.16 | Nonpriority creditor's name and mailing address<br><b>Appriver</b><br><br><b>Ste 200 1101 Gulf Breeze Pkwy</b><br><b>Gulf Breeze, FL 32561</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$643.80</b> |
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| 3.17 | Nonpriority creditor's name and mailing address<br><b>Aquarius Dental</b><br><br><b>6805 Main St</b><br><b>The Colony, TX 75056-1136</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.18 | Nonpriority creditor's name and mailing address<br><b>Asure Dental, PA</b><br><br><b>1450 Fry Rd</b><br><b>Houston, TX 77084-5811</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.19 | Nonpriority creditor's name and mailing address<br><b>Benham Orthodontics</b><br><br><b>8504 Boulder River Trl</b><br><b>McKinney, TX 75070-6111</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.20 | Nonpriority creditor's name and mailing address<br><b>Bethel Family Dentistry</b><br><br><b>4501 Maple Ave</b><br><b>Dallas, TX 75219-1830</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.21 | Nonpriority creditor's name and mailing address<br><b>Bianca A Davis-Sanchez, DDS,MS</b><br><br><b>4706 Riverstone Blvd Ste 200</b><br><b>Missouri City, TX 77459-4720</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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|      |   |  |               |
|------|---|--|---------------|
| 3.22 | Nonpriority creditor's name and mailing address<br><b>Boozer Dental Wordk</b><br><br><b>6300 State Highway 19 S</b><br><b>Athens, TX 75751-8966</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.23 | Nonpriority creditor's name and mailing address<br><b>Casa Dental</b><br><br><b>2912 W Northwest Hwy</b><br><b>Dallas, TX 75220-6218</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.24 | Nonpriority creditor's name and mailing address<br><b>Catherine Koelliker</b><br><b>c/o Fried &amp; Bonder, LLC</b><br><b>1170 Howell Mill Rd NW Ste 305</b><br><b>Atlanta, GA 30318-8638</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$100,000.00</b> |
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| 3.25 | Nonpriority creditor's name and mailing address<br><b>Centro Family Dental</b><br><b>AmeriDental Associates</b><br><b>5631 Telephone Rd Ste A</b><br><b>Houston, TX 77087-4485</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.26 | Nonpriority creditor's name and mailing address<br><b>Childrens Dentistry of Texas</b><br><br><b>1601 Main St Ste 307</b><br><b>Richmond, TX 77469-3230</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.27 | Nonpriority creditor's name and mailing address<br><b>Christi Dental Center, PA</b><br><br><b>109 E Avenue E</b><br><b>Robstown, TX 78380-3049</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.28 | Nonpriority creditor's name and mailing address<br><b>Christian Family Dentistry</b><br><br><b>2100 Reeves Rd</b><br><b>Decatur, TX 76234-3855</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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|------|--|--|---------------|
| 3.29 | Nonpriority creditor's name and mailing address<br><b>Christine Dinh</b><br><br><b>2323 Wirt Rd Ste F</b><br><b>Houston, TX 77055-1232</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.30 | Nonpriority creditor's name and mailing address<br><b>Clinica Dental</b><br><br><b>2026 Wirt Rd Ste 101</b><br><b>Houston, TX 77055-1626</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.31 | Nonpriority creditor's name and mailing address<br><b>Cosmetic and Family Dentistry</b><br><br><b>1001 N Beckley Ave # 420C</b><br><b>Desota, TX 75115</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.32 | Nonpriority creditor's name and mailing address<br><b>Cosmo Dental</b><br><br><b>1911 Studewood St Ste B</b><br><b>Houston, TX 77008-4410</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.33 | Nonpriority creditor's name and mailing address<br><b>Danielle K Reed</b><br><br><b>1591 E Highway 6 Ste 109</b><br><b>Alvin, TX 77511-6046</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.34 | Nonpriority creditor's name and mailing address<br><b>David M. Caldwell &amp; Associates</b><br><br><b>2955 Harrison St Ste 103</b><br><b>Beaumont, TX 77702-1155</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
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| 3.35 | Nonpriority creditor's name and mailing address<br><b>Dental Innovations</b><br><br><b>9388 Richmond Ave</b><br><b>Houston, TX 77063-3947</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$0.00</b> |
|------|---|--|---------------|



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3.36 Nonpriority creditor's name and mailing address **Dental Republic** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2515 McKinney Ave # 946  
 Dallas, TX 75201-1908  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.37 Nonpriority creditor's name and mailing address **Dental Studio** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1671 Main St Ste B  
 Buda, TX 78610-9732  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.38 Nonpriority creditor's name and mailing address **Dentistry 4 Kids** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2625 McNutt Rd  
 Sunland Park, NM 88063-9019  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.39 Nonpriority creditor's name and mailing address **Dest Dental Management** As of the petition filing date, the claim is: *Check all that apply.* \$800.00  
 201 McCullough Dr Ste 180  
 Charlotte, NC 28262-1302  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.40 Nonpriority creditor's name and mailing address **Dr. John Zummo DDS** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 Pediatric Dentistry  
 16125 Cairnway Dr Ste 108  
 Houston, TX 77084-3556  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.41 Nonpriority creditor's name and mailing address **Elite Orthodontics Center LLC** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 8716 Long Point Rd # 113  
 Houston, TX 77055-3044  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.42 Nonpriority creditor's name and mailing address **Endodontics and Miscrosurgery** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2525 W Trenton Rd  
 Edinburg, TX 78539-5070  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

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3.43 Nonpriority creditor's name and mailing address **Erin Palacios** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 3004 N Closner Blvd Unit C  
 Edinburg, TX 78541-7292  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.44 Nonpriority creditor's name and mailing address **Family Smiles** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 255 Exchange St Ste D  
 Burleson, TX 76028-4576  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.45 Nonpriority creditor's name and mailing address **Fiesta Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 723 Shotwell St Apt A  
 Houston, TX 77020-4813  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.46 Nonpriority creditor's name and mailing address **General Dentistry 4 Kids** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 3202 E Greenway Rd Ste 1287  
 Phoenix, AZ 85032-4550  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.47 Nonpriority creditor's name and mailing address **Greenville Family Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 7215 Interstate 30 Ste B  
 Greeville, TX 75402  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.48 Nonpriority creditor's name and mailing address **Harlingen Family Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1214 Dixieland Rd Ste 4  
 Harlingen, TX 78552-3314  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.49 Nonpriority creditor's name and mailing address **HEB Family Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1060 N Main St Ste 103  
 Euless, TX 76039-3366  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

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3.50 Nonpriority creditor's name and mailing address **Hill County Pediatric** As of the petition filing date, the claim is: *Check all that apply.* unknown  
 12225 Bee Cave Pkwy  
 Bee Cave, TX 78738-6382  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.51 Nonpriority creditor's name and mailing address **Hometown Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 3825 Yucca Ave  
 Fort Worth, TX 76111-6067  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.52 Nonpriority creditor's name and mailing address **Ideal Smiles Family Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 903 Normandy St Ste 300  
 Houston, TX 77015-4919  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.53 Nonpriority creditor's name and mailing address **iKids Pediatric Dentistry, PC** As of the petition filing date, the claim is: *Check all that apply.* \$40,775.00  
 c/o Gray Reed McGraw  
 1601 Elm St Ste 4600  
 Dallas, TX 75201-7212  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.54 Nonpriority creditor's name and mailing address **iKids Pediatric Dentistry, PC** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1759 Broad Park Cir S Ste 205  
 Mansfield, TX 76063-7834  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.55 Nonpriority creditor's name and mailing address **Irma Cantu-Thompson DDS PC** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1114 SW Military Dr Ste 112  
 San Antonio, TX 78221-1512  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.56 Nonpriority creditor's name and mailing address **Jason A. Burkett DDS** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 4336 N McColl Rd  
 McAllen, TX 78504-2477  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

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Name

3.57 Nonpriority creditor's name and mailing address **JH Minyard** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 427 South Fwy  
 Fort Worth, TX 76104-1426  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.58 Nonpriority creditor's name and mailing address **John Oliver** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2414 Crockett Dr  
 Brownwood, TX 76801-5906  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.59 Nonpriority creditor's name and mailing address **John Riehs, DDS, PC** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2731 W Northwest Hwy Ste 104  
 Dallas, TX 75220-4782  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.60 Nonpriority creditor's name and mailing address **Just For Kids** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1710 W Business 287 # 140  
 Waxahachie, TX 76165  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.61 Nonpriority creditor's name and mailing address **Just For Kids Dallas** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1026 E Wheatland Rd  
 Duncanville, TX 75116-4914  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.62 Nonpriority creditor's name and mailing address **Kaivan Afkami DDS** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1801 Precinct Line Rd  
 Hurst, TX 76054-3170  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.63 Nonpriority creditor's name and mailing address **Kenneth Osamor** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 Affordable Dental Texas  
 606 Everett St  
 Conroe, TX 77301-1829  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

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Name

3.64 Nonpriority creditor's name and mailing address **Killeen Family Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 3809 S General Bruce Dr Ste 104  
 Temple, TX 76502-1038  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.65 Nonpriority creditor's name and mailing address **Kim Anh Nguyen** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2323 Wirt Rd Ste F  
 Houston, TX 77055-1232  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.66 Nonpriority creditor's name and mailing address **Kusum K. Kumar, DDS, PA** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1022 Pasadena Blvd Ste C  
 Pasadena, TX 77506-4764  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.67 Nonpriority creditor's name and mailing address **La Rosa Dental** As of the petition filing date, the claim is: *Check all that apply.* unknown  
 6018 S Gessner Rd  
 Houston, TX 77036-2610  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.68 Nonpriority creditor's name and mailing address **Lantern Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 3616 S Lancaster Rd  
 Dallas, TX 75216-5629  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.69 Nonpriority creditor's name and mailing address **Legacy Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2200 Boca Chica Blvd Ste 138  
 Brownsville, TX 78521-2217  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.70 Nonpriority creditor's name and mailing address **Levely Castelo** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2323 Wirt R Ste F  
 Houston, TX 77055  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

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Name

3.71 Nonpriority creditor's name and mailing address **Lisa Epps**  
**c/o Fried & Bonder, LLC White Provision,**  
**1170 Howell Mill Rd NW Ste 305**  
**Atlanta, GA 30318-8638**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.72 Nonpriority creditor's name and mailing address **Lone Star Denistry**  
**312 S Beckley Ave**  
**Dallas, TX 75203-2614**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.73 Nonpriority creditor's name and mailing address **Lonestar Dental**  
**7675 Memorial Blvd # 200**  
**Port Arthur, TX 77640-2018**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.74 Nonpriority creditor's name and mailing address **Loren Alves**  
**1954 E Houston St Rm 210**  
**San Antonio, TX 78202-2953**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.75 Nonpriority creditor's name and mailing address **Love Denatl**  
**1515 N Cockrell Hill Rd Ste A111**  
**Dallas, TX 75211-1315**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.76 Nonpriority creditor's name and mailing address **MB2 Dental LLC**  
**2403 Lacy Ln**  
**Carrollton, TX 75006-6514**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.77 Nonpriority creditor's name and mailing address **Melvin L. Shanley DDS PA**  
**4315 Moonlight Way**  
**San Antonio, TX 78230-1688**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **unknown**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

Debtor Total EHR, LLC Case number (if known) \_\_\_\_\_  
Name

3.78 Nonpriority creditor's name and mailing address **Metro Dental, PA** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 12790 Veterans Memorial Dr  
 Houston, TX 77014-2048  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.79 Nonpriority creditor's name and mailing address **Michael J. Newman, DDS** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 103 E Nevada St  
 Seymour, TX 76380-2144  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.80 Nonpriority creditor's name and mailing address **Michael Padgett** As of the petition filing date, the claim is: *Check all that apply.* \$95,000.00  
 470 N Fields Pass  
 Milton, GA 30004-0946  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Loan from Manager  
 Is the claim subject to offset?  No  Yes

3.81 Nonpriority creditor's name and mailing address **Midland Dentistry 4 Kids** As of the petition filing date, the claim is: *Check all that apply.* unknown  
 2817 W Loop 250 N  
 Midland, TX 79705-3202  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.82 Nonpriority creditor's name and mailing address **Northwest Family Dentistry** As of the petition filing date, the claim is: *Check all that apply.* unknown  
 1507 W 18th St  
 Houston, TX 77008-1533  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.83 Nonpriority creditor's name and mailing address **Ocean Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 206 W 6th Ave  
 Stillwater, TX 74047  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.84 Nonpriority creditor's name and mailing address **Patrick B. Wilcox DDS Pediatric Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2501 Cornerstone Blvd  
 Edinburg, TX 78539-8463  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

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Name

3.85 Nonpriority creditor's name and mailing address **Perla Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 7125 S Polk St  
 Dallas, TX 75232-3800  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.86 Nonpriority creditor's name and mailing address **Planet Smile Dental Centers, PLLC** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 15424 FM 1825 Ste 12  
 Pflugerville, TX 78660-3142  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.87 Nonpriority creditor's name and mailing address **Preferred Dental Group** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 6850 San Pedro Ave  
 San Antonio, TX 78216-7201  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.88 Nonpriority creditor's name and mailing address **Rachel Azinge DDS** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2995 Preston Rd Ste 1500  
 Frisco, TX 75034-0602  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.89 Nonpriority creditor's name and mailing address **Rodeo Dental of Texas** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 3204 N Main St Ste 120  
 Houston, TX 77009-5636  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.90 Nonpriority creditor's name and mailing address **Scott B. Brown, DDS, MSD** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 3555 Knickerbocker Rd  
 San Angelo, TX 76904-7610  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.91 Nonpriority creditor's name and mailing address **Seven Software, LLC** As of the petition filing date, the claim is: *Check all that apply.* \$89,763.04  
 470 N Fields Pass  
 Alpharetta, GA 30004-0946  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes



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Name

3.92 Nonpriority creditor's name and mailing address **Sheila Hernandez** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 8202 N Loop 1604 W Ste 104  
 San Antonio, TX 78249-2898  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.93 Nonpriority creditor's name and mailing address **Showtime Dental & Orthodontics** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 3401 Altamesa Blvd Ste 130  
 Fort Worth, TX 76133-5773  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.94 Nonpriority creditor's name and mailing address **Smile Brands, Inc.** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 100 Spectrum Center Dr Ste 1500  
 Irvine, CA 92618-4984  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.95 Nonpriority creditor's name and mailing address **Smile Center Dental Smiles of Rock** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1144 Airport Blvd Ste 240  
 Austin, TX 78702-3165  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.96 Nonpriority creditor's name and mailing address **Smile Image Dentist** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1560 Eldridge Pkwy Ste 170  
 Houston, TX 77077-1763  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.97 Nonpriority creditor's name and mailing address **Smile Zone** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1243 E Red Bird Ln  
 Dallas, TX 75241-2008  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.98 Nonpriority creditor's name and mailing address **Smile Zone of Irving** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 245 E Grauwylar Rd Ste 109  
 Irving, TX 75061-2639  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

Debtor Total EHR, LLC Case number (if known) \_\_\_\_\_  
Name

3.99 Nonpriority creditor's name and mailing address **Southside Children's Dental Center** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 125 SW Military Dr  
 San Antonio, TX 78221-1650  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.100 Nonpriority creditor's name and mailing address **Sparkle Dental Center** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2505 Wycliff Ave  
 Dallas, TX 75219-2624  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.101 Nonpriority creditor's name and mailing address **Stan Fry Jr DDS** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1300 W Park Ave  
 Hereford, TX 79045-3821  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.102 Nonpriority creditor's name and mailing address **Summit Dental Center** As of the petition filing date, the claim is: *Check all that apply.* unknown  
 6081 Scott St  
 Houston, TX 77021-2663  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.103 Nonpriority creditor's name and mailing address **Sun Dental Group PA** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 12609 S Gessner Rd Ste F  
 Houston, TX 77071-2804  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.104 Nonpriority creditor's name and mailing address **Texas Orthodontics** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 4522 Fredericksburg Rd Ste A28  
 San Antonio, TX 78201-6547  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.105 Nonpriority creditor's name and mailing address **Texas Star Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 435 Bruton Terrace Shopping Ctr  
 Dallas, TX 75217  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

Debtor Total EHR, LLC Case number (if known) \_\_\_\_\_  
Name

3.106 Nonpriority creditor's name and mailing address **Thang Alex Huynh** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2323 Wirt Rd Ste F  
 Houston, TX 77055-1232  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.107 Nonpriority creditor's name and mailing address **The Kids Dentist of Grand Prairie** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 525 W Pioneer Pkwy Ste 579  
 Grand Prairie, TX 75051-4808  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.108 Nonpriority creditor's name and mailing address **Tidwell Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 932 E Tidwell Rd  
 Houston, TX 77022-1826  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.109 Nonpriority creditor's name and mailing address **Tim Ngo DDS** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1919 S Stillom Rd # 225  
 Garland, TX 76042  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.110 Nonpriority creditor's name and mailing address **Valley Family Dentistry** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1724 N Ed Carey Dr # B  
 Harlingen, TX 78550-8202  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.111 Nonpriority creditor's name and mailing address **Viva Dental** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 1050 N Westmoreland Rd  
 Dallas, TX 75211-2444  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

3.112 Nonpriority creditor's name and mailing address **West Plano Dental West Plano** As of the petition filing date, the claim is: *Check all that apply.* \$0.00  
 2430 N Story Rd  
 Irving, TX 75062-7068  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Possible claim after audit  
 Is the claim subject to offset?  No  Yes

Debtor Total EHR, LLC Case number (if known) \_\_\_\_\_  
Name

|       |   |  |                        |
|-------|---|--|------------------------|
| 3.113 | Nonpriority creditor's name and mailing address<br><b>Westmoreland Dental</b><br><br><b>3737 Dawes Dr</b><br><b>Dallas, TX 75211-6115</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | _____<br><b>\$0.00</b> |
|-------|---|--|------------------------|

|       |  |  |                        |
|-------|--|--|------------------------|
| 3.114 | Nonpriority creditor's name and mailing address<br><b>Westside Dental Center</b><br><br><b>3780 Leopard St</b><br><b>Corpus Christi, TX 78408-3208</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | _____<br><b>\$0.00</b> |
|-------|--|--|------------------------|

|       |  |  |                        |
|-------|--|--|------------------------|
| 3.115 | Nonpriority creditor's name and mailing address<br><b>Wharton Dental, Inc.</b><br><br><b>1802 N Richmond Rd</b><br><b>Wharton, TX 77488-2715</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | _____<br><b>\$0.00</b> |
|-------|--|--|------------------------|

|       |   |  |                        |
|-------|---|--|------------------------|
| 3.116 | Nonpriority creditor's name and mailing address<br><b>Zena Dental</b><br><br><b>445 E FM 1382 Ste 6</b><br><b>Cedar Hill, TX 75104-6046</b><br><br>Date(s) debt was incurred _____<br>Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: <u>Possible claim after audit</u><br><br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | _____<br><b>\$0.00</b> |
|-------|---|--|------------------------|

**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.

|  |    |                               |  |
|--|----|-------------------------------|--|
|  |    | <b>Total of claim amounts</b> |  |
| 5a. Total claims from Part 1                                     | \$ | <b>66,000.00</b>              |  |
| 5b. Total claims from Part 2                                     | +  | <b>426,981.84</b>             |  |
| 5c. Total of Parts 1 and 2<br><small>Lines 5a + 5b = 5c.</small> | \$ | <b>492,981.84</b>             |  |

**Fill in this information to identify the case:**

Debtor name Total EHR, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

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).

|   |   |
|---|---|
| <b>2. List all contracts and unexpired leases</b> | <b>State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease</b> |
|---|---|

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

---

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

---

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

---

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

---

**Fill in this information to identify the case:**

Debtor name     Total EHR, LLC    

United States Bankruptcy Court for the:     NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION    

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 _____          | Street _____<br>_____<br>City _____ State _____ Zip Code _____ | _____              | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.2 _____          | Street _____<br>_____<br>City _____ State _____ Zip Code _____ | _____              | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.3 _____          | Street _____<br>_____<br>City _____ State _____ Zip Code _____ | _____              | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |
| 2.4 _____          | Street _____<br>_____<br>City _____ State _____ Zip Code _____ | _____              | <input type="checkbox"/> D<br><input type="checkbox"/> E/F<br><input type="checkbox"/> G |

**Fill in this information to identify the case:**

Debtor name Total EHR, LLC  
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

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<br>Check all that apply   | Gross revenue<br>(before deductions and exclusions) |
|---|--|---|
| <b>From the beginning of the fiscal year to filing date:</b><br>From <b>1/01/2017</b> to <b>Filing Date</b> | <input checked="" type="checkbox"/> Operating a business<br><input type="checkbox"/> Other _____ | <b>\$178,149.94</b>                                 |
| <b>For prior year:</b><br>From <b>1/01/2016</b> to <b>12/31/2016</b>  | <input checked="" type="checkbox"/> Operating a business<br><input type="checkbox"/> Other _____ | <b>\$760,941.00</b>                                 |
| <b>For year before that:</b><br>From <b>1/01/2015</b> to <b>12/31/2015</b>                                  | <input checked="" type="checkbox"/> Operating a business<br><input type="checkbox"/> Other _____ | <b>\$1,311,496.00</b>                               |

**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<br>(before deductions and exclusions) |
|---|--|
| <b>Loans from equity security holders</b> | <b>\$95,000.00</b>   |

**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 \$6,425. (This amount may be adjusted on 4/01/19 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<br>Check all that apply |
|-----------------------------|-------|-----------------------|---|
|-----------------------------|-------|-----------------------|---|

Debtor **Total EHR, LLC**

Case number (if known) \_\_\_\_\_

| Creditor's Name and Address | Dates  | Total amount of value | Reasons for payment or transfer<br><i>Check all that apply</i>   |
|-----------------------------|--|-----------------------|--|
| 3.1. <b>Cynthia Wertz</b>   | <b>Periodic payments for fees within 90 days of filing</b> | <b>\$7,000.00</b>     | <input type="checkbox"/> Secured debt<br><input type="checkbox"/> Unsecured loan repayments<br><input type="checkbox"/> Suppliers or vendors<br><input checked="" type="checkbox"/> Services<br><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 \$6,425. (This amount may be adjusted on 4/01/19 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<br>Relationship to debtor  | Dates                                  | Total amount of value | Reasons for payment or transfer |
|---|--|-----------------------|---------------------------------|
| 4.1. <b>Michael Padgett</b><br><b>470 N Fields Pass</b><br><b>Milton, GA 30004-0946</b><br><b>Manager</b>     | <b>10/18/16</b>                        | <b>\$100,000.00</b>   | <b>Repayment of loan</b>        |
| 4.2. <b>Michael Padgett</b><br><b>470 N Fields Pass</b><br><b>Milton, GA 30004-0946</b><br><b>Manager</b>     | <b>Semi monthly payments of salary</b> | <b>\$0.00</b>         | <b>Compensation</b>             |
| 4.3. <b>April Lowry</b><br><b>4939 Rilla Rd</b><br><b>Gainesville, GA 30506-2759</b><br><b>Member/Manager</b> | <b>Semi-monthly payment of salary</b>  | <b>\$0.00</b>         | <b>Compensation</b>             |

**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 |
|-----------------------------|--------------------------|------|-------------------|
|-----------------------------|--------------------------|------|-------------------|

**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 |
|-----------------------------|---|-----------------------|--------|
|-----------------------------|---|-----------------------|--------|

**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.

None.

| Case title<br>Case number | Nature of case | Court or agency's name and address | Status of case |
|---------------------------|----------------|------------------------------------|----------------|
|---------------------------|----------------|------------------------------------|----------------|



Debtor **Total EHR, LLC**

Case number (if known)

|      | Case title<br>Case number   | Nature of case               | Court or agency's name and address                                       | Status of case  |
|------|---|------------------------------|--|---|
| 7.1. | <b>Lisa Epps and Catherine Keolliker v. Total EHR, LLC</b><br>13VS197075B | <b>Claim for Commissions</b> | <b>State Court of Fulton County</b>                                      | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| 7.2. | <b>iKids Pediatrics, LLC v. Total EHR, LLC</b><br>01-16-0002-2382         | <b>Breach of contract</b>    | <b>AAA Arbitration</b><br>13727 Noel Rd Ste 700<br>Dallas, TX 75240-2000 | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |

**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 |
|------------------------------|---|-------------|-------|
|------------------------------|---|-------------|-------|

**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  | Dates of loss | Value of property lost |
|--|---|---------------|------------------------|
|  | If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.<br><br>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 the transfer?<br>Address                               | If not money, describe any property transferred | Dates                                 | Total amount or value |
|-------|---|---|---------------------------------------|-----------------------|
| 11.1. | <b>Danowitz Legal, PC</b><br>300 Galleria Pkwy SE Ste 960<br>Atlanta, GA 30339-5949 |   | 1/10/17<br>\$5000<br>3/2/17<br>\$5000 | \$10,000.00           |

Email or website address

Who made the payment, if not debtor?

Debtor **Total EHR, LLC**

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 |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

**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 |
|--------------------------------|--|------------------------|-----------------------|
|--------------------------------|--|------------------------|-----------------------|

**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 |
|---------|----------------------------|
|---------|----------------------------|

**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?

**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,

Debtor **Total EHR, LLC**

Case number (if known) \_\_\_\_\_

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 |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

**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? |
|---|---|-----------------------------|-----------------------|
|---|---|-----------------------------|-----------------------|

**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

**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.**

- 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.

Debtor **Total EHR, LLC**

Case number (if known)

|                       |                                    |                             |                |
|-----------------------|------------------------------------|-----------------------------|----------------|
| 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<br><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<br>From-To |
|--|----------------------------|
| 26a.1. Accountants Resource LLC<br>75 14th St NE FI 30<br>Atlanta, GA 30309-3604 | Current                    |

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 |
|------------------|
|------------------|

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 |
|---|-------------------|--|

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.

Debtor **Total EHR, LLC**

Case number (if known) \_\_\_\_\_

| Name            | Address   | Position and nature of any interest | % of interest, if any |
|-----------------|---|-------------------------------------|-----------------------|
| April Lowry     | 4939 Rilla Rd<br>Gainesville, GA 30506-2759     | Managing Member                     | 14.51%                |
| Amy Padgett     | 470 N Fields Pass<br>Milton, GA 30004-0946      | Member                              | 70.8%                 |
| Darren Woodling | 7008 Wynlakes Blvd<br>Montgomery, AL 36117-7565 | Member                              | 6.14%                 |
| Robert Thomas   | 845 Spring St NW<br>Atlanta, GA 30308-1040      | Member                              | 8.55%                 |

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 | Michael Padgett<br>470 N Fields Pass<br>Milton, GA 30004-0946      | 100,000  | 10/18/16 | Repayment of Loan              |
|      | Relationship to debtor<br>Manager                                  |  |          |                                |
| 30.2 | Jason Thomas<br>845 Spring St NW<br>Atlanta, GA 30308-1040         | \$360.50   | 10/26/16 | Reimbursement of Expense       |
|      | Relationship to debtor<br>Member                                   |  |          |                                |
| 30.3 | Darren Woodling<br>7008 Wynlakes Blvd<br>Montgomery, AL 36117-7565 | \$675  | 3/18/16  | Reimburesment of Expense       |
|      | Relationship to debtor<br>Member                                   |  |          |                                |

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

Debtor Total EHR, LLC

Case number (if known) \_\_\_\_\_

- 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 March 3, 2017

/s/ April Lowry  
Signature of individual signing on behalf of the debtor

April Lowry  
Printed name

Position or relationship to debtor Member/Manager

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 the case:**

Debtor name   **Total EHR, LLC**    
United States Bankruptcy Court for the:   NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION    
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   **March 3, 2017**  

X   **/s/ April Lowry**    
Signature of individual signing on behalf of debtor

  **April Lowry**    
Printed name

  **Member/Manager**    
Position or relationship to debtor

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Georgia, Atlanta Division

In re Total EHR, LLC Debtor(s) Case No. Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

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:

FLAT FEE

For legal services, I have agreed to accept \$
Prior to the filing of this statement I have received \$
Balance Due \$

RETAINER

For legal services, I have agreed to accept and received a retainer of \$ 10,000.00
The undersigned shall bill against the retainer at an hourly rate of \$ 350.00
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:
Debtor Other (specify): 1/2 from the Debtor, 1/2 from Membe

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]

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



In re Total EHR, LLC  
Debtor(s)

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

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**  
(Continuation Sheet)

**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.

**March 3, 2017**

*Date*

**/s/ Edward F. Danowitz**

**Edward F. Danowitz**

*Signature of Attorney*

**Danowitz & Associates, PC**

**300 Galleria Pkwy SE Ste 960**

**Atlanta, GA 30339-5949**

**edanowitz@danowitzlegal.com**

*Name of law firm*