

UNITED STATES BANKRUPTCY COURT DISTRICT OF HAWAII HONOLULU DIVISION		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Island Eye Care, Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): FEIN: 75-30955		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): 75-1028 Henry St., Suite 200 Kailua-Kona, HI		Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE 96740		ZIP CODE
County of Residence or of the Principal Place of Business: Hawaii		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Island Eye Care, Inc.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align:center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align:center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p style="text-align:center;">X _____</p> <p style="text-align:right;">Date</p>		
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			

(Name of landlord that obtained judgment)			

(Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

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

Name of Debtor(s): **Island Eye Care, Inc.**

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

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

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

X _____

X _____

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney*

X /s/ Barbara L. Franklin

Barbara L. Franklin Bar No. **8021**

Barbara L. Franklin, Esq.
45-3438 Mamane Street, Bldg. #2
Honokaa, HI 96727

Phone No. **(808) 775-0530** Fax No. **(808) 775-1040**

11/10/2010

Date

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

Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

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

Signature of Debtor (Corporation/Partnership)

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

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

Island Eye Care, Inc.

X /s/ Dr. Susan Senft

Signature of Authorized Individual

Dr. Susan Senft

Printed Name of Authorized Individual

Authorized Representative

Title of Authorized Individual

11/10/2010

Date

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
HONOLULU DIVISION**

IN RE: **Island Eye Care, Inc.**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
U.S. Small Business Administrat 10737 Gateway West, Ste. 300 El Paso, TX 79935		Small business loans		\$236,634.56
Niu Pia Land Company, LTD 900 Fort Street Mall, Ste. 1640 Honolulu, HI 96813		Business property owner		\$93,000.00
Peake/Levoy Commercial Real Estate Svcs. 80 Puunene Ave., Ste. 102 Kahului, HI 96732		Landlord		\$57,407.31
Amer. Savings Bank Loan P.O. Box 2300 Honolulu, HI 96804-2300		Line of Credit		\$50,302.57
Optical Suppliers, Inc. 99-1253 Halawa Valley St., Aiea, HI 96701		Vendor		\$30,139.66
Kriemhild Eastridge 906 - 63rd Street West Brandenton, FL 34209		Vendor		\$27,849.40

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
HONOLULU DIVISION**

IN RE: **Island Eye Care, Inc.**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 1

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
Quantel Medical Inc. 601 Haggerty Lane Bozeman, MT 59715		Vendor		\$26,447.88
Opular Leasing. U.S.A., Inc. 15933 Clayton Rd., Ste. 200 Ballwin, MO		Lease		\$24,840.00
TCF Equipment Finance Inc. 11100 Wayzata Blvd., Ste. 801 Minnetonka, MN 55305		Equipment finance		\$12,055.64
ALCON LABORATORIES, INC. P.O. Box 951125 Dallas, TX 75395-1125		Collection		\$11,314.88
Monterey Collections (aka: Monterey Fina 4095 Avenue De La Plata Oceanside, CA 92056		Collecting for -		\$11,223.99
Amer. Savings Bank P.O. Box 2300 Honolulu, HI 96804-2300		Line of Credit		\$9,859.07
Suneva Medical, Inc. 5870 Pacific Center Blvd. San Diego, CA 92121		Services		\$9,356.25

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
HONOLULU DIVISION**

IN RE: **Island Eye Care, Inc.**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 2

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
Vision West 1927 Avenida Plaza Real Oceanside, CA 92056		Vendor		\$8,749.60
RICOH Americas Corporation P.O. Box 100345 Pasadena, CA 91189-0345		Services		\$7,411.19
CIT Technology Fin Serv, Inc. P.O. Box 100706 Pasadena, CA 91189-0706		Vendor		\$6,771.44
AMO Sales and Service, Inc. 75 Remittance Drive, Suite 1437 Chicago, IL 60675-1437		Services		\$6,629.60
Ophthalmic Mutual Insurance Company 655 Beach St. San Francisco, CA.		Insurance		\$6,287.14
Pitney Bowes Global Financial Servers LL P.O. Box 371887 Pittsburgh, PA 15250-7887		Vendor		\$4,750.86
Merz Aesthetics, Inc. 4133 Courtney Rd., No. 10 Franksville, WI 53126		Services		\$4,025.83

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
HONOLULU DIVISION**

IN RE: **Island Eye Care, Inc.**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 3

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

I, the **Authorized Representative** of the **Corporation** named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: **11/10/2010**

Signature: **/s/ Dr. Susan Senft**
Dr. Susan Senft
Authorized Representative

UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII
HONOLULU DIVISION

IN RE: **Island Eye Care, Inc.**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/10/2010

Signature */s/ Dr. Susan Senft*
Dr. Susan Senft
Authorized Representative

Date _____

Signature _____

Additional Technology, Inc.
950 Lee St., Ste. 2010
Des Plaines, IL 60016

ALCON LABORATORIES, INC.
P.O. Box 951125
Dallas, TX 75395-1125

ALOHA CARE CLEANING
P.O. Box 5542
Kailua-Kona, Hi 96745

ALOHA SPRING WATER, LLC
73-5574 Olowalu St., Bay #10
Kailua-Kona, Hi 96740

Amer. Savings Bank
P.O. Box 2300
Honolulu, HI 96804-2300

Amer. Savings Bank Loan
P.O. Box 2300
Honolulu, HI 96804-2300

American Academy of Ophthalmology
Dept. #34037,
P.O. Box 39000
San Francisco, CA 94139

American Association of Pediatric Ophtha
P.O. Box 193832
San Francisco, CA 94119-3832

AMO Sales and Service, Inc.
75 Remittance Drive, Suite 1437
Chicago, IL 60675-1437

B&L Vision Care Commercial
1400 N. Goodman St.
Rochester, NY 14609

Baxter Healthcare Corporation
P.O. Box 100714
Pasadena, CA 91189

Big Islad Self Storage
73-4281 Hulikoa Drive
Kailua-Kona, HI 96740

Big Island Accounting Services, LLC
75-240 Nani Kailua Dr., Ste 6A
Kailua-Kona, HI 96740

BSM Consulting
936 Southwood Blvd., Ste. 102
Incline Village, NV 89451

Carl Zeiss Vision
4661 Arrownd Highway
Montclair, CA 91763

CIBA Vision Corporation
PNC Bank/Lockbox 3714 Solutions Center
Chicago, IL 60677-3007

CIT Technology Fin Serv, Inc.
P.O. Box 100706
Pasadena, CA 91189-0706

Commercial Recovery Bureau, Inc.
P.O. Box 59104
Dallas, TX 75229

CooperVision, Inc.
P.O. Box 145409
Cincinnati, OH 45250-5409

Dynamic Laboratories, Inc.
30 Haynes Court
Ronkonkoma, NY 11779
96740

Eastern States Eyewear
333 Hempstead Turnpike
Elmont, NY 11003-1591

Electronic Network Systems (an Ingenix c
1755 Telstar Drive, Ste. 400
Colorado Springs, CO 80920

ESI, Inc.
2915 Everest Lane North
Plymouth, MN 55447

Eye Care and Cure
4646 S. Overland Drive
Tucson, AZ 85714

FedEx
P.O. Box 7221
Pasadena, CA 91109-7321

First Ins. Co. of Hawaii Inc.
P.O. Box 2866
Honolulu, HI 96803

GWB International, Ltd.
P.O. Box 370
Marshfield Hills, MA 02051-0370

Hawaii Printing Corporation
714 Kanoelehua Avenue
Hilo, HI 96720

Henry Schein
135 Duryea Rd.
Melville, NY 11747

Henry Schein Medical Systems, Inc.
760 Boardman-Canfield Rd.
Youngston, OH 44512

Hualalai Mechanical, LLC
P.O. Box 421
Holualoa, HI 96725-0421

Island Tech Office Equipment, Inc.
74-5543 Kaiwi St., #A-145
Kaiua-Kona, HI 96740

Italee Optics, Inc.
2641 W. Olympic Blvd.
Los Angeles, CA 90006

Kenmark Group
P.O. Box 99829
Louisville, KY 40269-0829

Kona Coast Office Supply, Inc.
74-5583 Pawai Pl., #B150
Kailua-Kona, HI 96740

Kriemhild Eastridge
906 - 63rd Street West
Brandenton, FL 34209

McKesson Medical Surgical
P.O. Box 740215
Cincinnati, OH 75274-0215

McKesson Specialty Care Distribution
15212 Collections Center Drive
Chicago, IL 60693

Merz Aesthetics, Inc.
4133 Courtney Rd., No. 10
Franksville, WI 53126

Monterey Collections (aka: Monterey Fina
4095 Avenue De La Plata
Oceanside, CA 92056

National Fire Protection Co., Inc.
1906 Kahai St.
Honolulu, HI 96819

Nidek Incorporated
47651 Westinghouse Dr.
Fremont, CA 94539

Niu Pia Land Company, LTD
900 Fort Street Mall, Ste. 1640
Honolulu, HI 96813

Ophthalmic Mutual Insurance Company
655 Beach St.
San Francisco, CA.

Opti-Craft
17311 NE Halsey St.
Portland, OR 97230

Optical Suppliers, Inc.
99-1253 Halawa Valley St.,
Aiea, HI 96701

OPTYLUX Group Inc.
2651 La Mirado Dr., Ste. 150
Vista, CA 92081

Opular Leasing. U.S.A., Inc.
15933 Clayton Rd., Ste. 200
Ballwin, MO

P.A. Harris Electric
73-5617 Maiiau St., #11
Kailua-Kona, HI 96740

Pacific Guardian Life
1440 Kapiolani Blvd.
Suite 1700
Honolulu, HI 96814

Peake/Levoy Commercial Real Estate Svcs.
80 Puunene Ave., Ste. 102
Kahului, HI 96732

Pitney Bowes Global Financial Servers LL
P.O. Box 371887
Pittsburgh, PA 15250-7887

Priority Eyewear
P.O. Box 571
Oneonta, NY 13820

Quantel Medical Inc.
601 Haggerty Lane
Bozeman, MT 59715

RICOH Americas Corporation
P.O. Box 100345
Pasadena, CA 91189-0345

Ron's Optical
7820 Patterson Pass Rd.
Livermore, CA 94550

SPF Optical
99-1253 B Halawa Valley St.
Aiea, HI 96701

State of Hawaii Department of Taxation
75 Aupuni St., #101
Hilo, HI 96720-4245

Suneva Medical, Inc.
5870 Pacific Center Blvd.
San Diego, CA 92121

Symmetry Eyewear
P.O. Box 893400
Mililani, HI 96789

TCF Equipment Finance Inc.
11100 Wayzata Blvd., Ste. 801
Minnetonka, MN 55305

The Hilsinger Company
P.O. Box 643792
Pittsburgh, PA
15264-3792

U.S. Small Business Administrat
10737 Gateway West, Ste. 300
El Paso, TX 79935

Unilens Corp.
10431 72nd St. North
Largo, FL 33777-1511

US BANK Healthcare Finance Services
1310 Madrid St., Ste. 104
Marshall, MN 56258-4002

Vision West
1927 Avenida Plaza Real
Oceanside, CA 92056

VISTAKON (a division of Johnson-Johnson)
P.O. Box 10157
Jacksonville, FL 32247-0157

Yellow Book Pacific
P.O. Box 660062
Dallas, TX 75266-0062