

UNITED STATES BANKRUPTCY COURT District of Hawaii					VOLUNTARY PETITION						
Name of Debtor (if individual, enter Last, First, Middle): <b>Laser Eye Center of Hawaii LLC</b>					Name of Joint Debtor (Spouse) (Last, First, Middle):						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):					All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):						
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>99-0357549</b>					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): <b>1600 Kapiolani Boulevard, Suite 105 Honolulu, Hawaii</b> <div style="text-align: right;">ZIP CODE <b>96814</b></div>					Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP CODE</div>						
County of Residence or of the Principal Place of Business: <b>Honolulu</b>					County of Residence or of the Principal Place of Business:						
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>					Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>						
Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right;">ZIP CODE</div>											
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box.)  <input 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  <b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 9                      Recognition of a Foreign <input checked="" type="checkbox"/> Chapter 11                      Main Proceeding <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for <input type="checkbox"/> Chapter 13                      Recognition of a Foreign <span style="float: right;">Nonmain Proceeding</span>  <b>Nature of Debts</b> (Check one box.)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.						
<b>Filing Fee</b> (Check one box.)  <input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <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). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).						
<b>Statistical/Administrative Information</b>  <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" 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.										<b>THIS SPACE IS FOR COURT USE ONLY</b>	
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000											
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input 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											
<b>Estimated Liabilities</b> <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											

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): <b>Laser Eye Centr of Hawaii LLC</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)</b>			
Location Where Filed: <b>N/A</b>	Case Number:	Date Filed:	
Location Where Filed: <b>N/A</b>	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)</b>			
Name of Debtor:	Case Number:	Date Filed:	
District: <b>District of Hawaii</b>	Relationship:	Judge:	
<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>		
<b>Exhibit C</b>			
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.			
<b>Exhibit D</b>			
(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.			
<b>Information Regarding the Debtor - Venue</b> (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.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (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 with 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):

**Laser Eye Centr of Hawaii LLC**

**Signatures**

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

**Signature of a Foreign Representative**

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

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

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

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

X \_\_\_\_\_  
Signature of Debtor

X \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (if not represented by attorney)

\_\_\_\_\_  
Date

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.

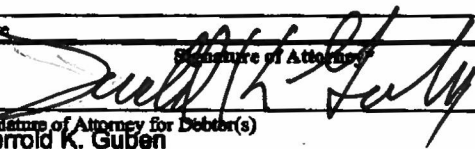
Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed Name of Foreign Representative)

\_\_\_\_\_  
Date

**Signature of Attorney**

X   
Signature of Attorney for Debtor(s)  
**Jerrold K. Guben**

Printed Name of Attorney for Debtor(s)  
**O'Connor Playdon & Guben LLP**

Firm Name  
**733 Bishop Street, Suite 2400**  
**Honolulu, HI 96813**

Address  
**(808) 524-8350; Email: jkg@opglaw.com**  
Telephone Number

\_\_\_\_\_  
Date

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

**Signature of Non-Attorney Bankruptcy Petition Preparer**

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

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

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

\_\_\_\_\_  
Address

X \_\_\_\_\_

\_\_\_\_\_  
Date

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

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

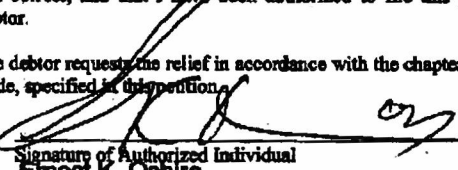
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 136.*

**Signature of Debtor (Corporation/Partnership)**

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

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

X   
Signature of Authorized Individual  
**Ernest K. Oshiro**

Printed Name of Authorized Individual  
**Manager**

Title of Authorized Individual

**4/19/2010**  
Date

**WRITTEN CONSENT OF  
THE MANAGERS OF  
LASER EYE CENTER OF HAWAII LLC,  
a Hawaii limited liability company**

The undersigned Managers of Laser Eye Center of Hawaii LLC, a Hawaii limited liability company (the "Company"), acting pursuant to authority granted by the laws of the State of Hawaii and the Operating Agreement of the Company dated as of November 20, 2001, as amended (the "Operating Agreement"), do hereby adopt the following resolutions by written consent (capitalized terms not defined herein shall have the meaning attributed to them in the Operating Agreement):

**BANKRUPTCY FILING**


WHEREAS, the Managers, after reviewing the financial condition of the Company, have represented to the Members that the Company cannot pay its debts as they mature. Based upon this discussion, the Managers and the Majority in Interest of the Members resolve as follows:

RESOLVED, that the Managers be authorized and directed to file a voluntary petition in the appropriate court on behalf of the Company seeking relief under Chapter 11 of the United States Bankruptcy Code, Title 11 of the United States Code. The Managers are further authorized to execute said documents and to take such actions as may be necessary and appropriate to effectuate a plan of reorganization for the Company. The Managers are further authorized to employ Jerrold K. Guben of O'Connor Playdon & Guben LLP, as bankruptcy counsel for representation of the Company in the bankruptcy proceedings.

FURTHER RESOLVED, that any one of the Managers, Dennis M. Kuwabara, Miles Fujinaka, Ernest Oshiro, Chris Yamamoto, is authorized; as the responsible person, to execute documents and to take actions as may be necessary or appropriate to effectuate a plan of reorganization for the Company.

IN WITNESS WHEREOF, the undersigned Managers of the Company have hereunto executed this Written Consent as of date set forth next to such Manager's name, below.

November 19, 2010



Ernest K. Oshiro  
Manager

Debtor: **Laser Eye Center of Hawaii LLC**

Case No. (if known):

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 and Fed. R. Bankr. P. 1007(m).

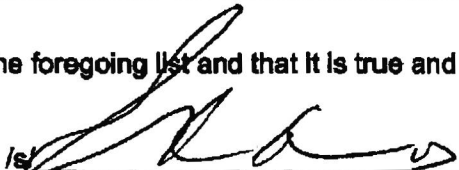
(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
1 AMO Sales & Service, Inc. 1700 E. St. Andrew Pl. Santa Ana, CA 92705	Janet Vaught AMO Sales & Service, Inc. 2601 Main St., Suite 1300 Irvine, CA 92614 949-862-3869	Laser licensing fees, patient interfaces and service contract		\$67,120
2 The Eye Group, Inc. 615 Piikoi Street, Suite 205 Honolulu, HI 9681	Tyrie L. Jenkins, M.D. 615 Piikoi Street, Suite 205 Honolulu, HI 96814 808-591-9911	Surgeon fees		\$64,350
3 The Eye Group, Inc. 95-720 Lanikuhana Ave., Suite 110 Mililani, HI 96789	Carlos A. Omphroy, M.D. 95-720 Lanikuhana Ave., Suite 110 Mililani, HI 96789 808-625-5577	Surgeon fees		\$31,150
4 Hawaiian Telcom Yellow Pages P.O. Box 6000 Dayton, OH 45401-6000	Hawaiian Telcom Yellow Pages P.O. Box 6000 Dayton, OH 45401-6000 1-866-813-0745	Yellow page ads		\$9,067
5 Pan Am I, LLC Mail Code 61164 P.O. Box 1300 Honolulu, HI 96807-1300	Denise Ching 1600 Kapiolani Blvd., Suite 1006 Honolulu, HI 96814 808-944-8100	Rent		\$20,370
6 Yellow Book P.O. Box 3162 Cedar Rapids, IA 54206	Yellow Book Pacific P.O. Box 66062 Dallas, TX 75266-0062 1-800-929-3556	Yellow page ads		\$8,133
7 Business Consulting Resources 116 S. Hotel St., Suite 204 Honolulu, HI 96813-3103	Laurie Foster 116 S. Hotel St., Suite 204 Honolulu, HI 96813-3103 808-545-4111	Consulting fees		\$1,584
8 IKON Financial Services P.O. Box 9115 Macon, GA 31208-9115	IKON Financial Services P.O. Box 650073 Dallas, TX 75265-0073 1-800-595-1011	Copier lease		\$1,441
9 Technolas US LLC 3365 Tree Court Industrial Blvd. St. Louis, MO 63122	Technolas US LLC 3365 Tree Court Industrial Blvd. St. Louis, MO 63122 1-888-704-3601	Equipment maintenance		\$873
10 Ty's Tropicals, Inc. 99-970 Kaulainaahe Pl. Aiea, HI 96701	Ty's Tropicals, Inc. 99-970 Kaulainaahe Pl. Aiea, HI 96701 808-488-0716	Aquarium maintenance		\$400

<b>Debtor: Laser Eye Center of Hawaii LLC</b>	<b>Case No. (if known):</b> <b>Chapter 11</b>
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(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
11 Henry Schein 135 Duryea Rd. Melville, NY 11747	Henry Schein 135 Duryea Rd. Melville, NY 11747 1-800-472-4346	Medical supplies		\$335.10
12 Cardinal Health 7000 Cardinal Pl., Metro 3 Dublin, OH 43017-1091	Cardinal Health P.O. Box 100316 Pasadena, CA 91189-0316 1-800-320-3973	Medical supplies		\$251.32
13 Hawaii Bio Waste Systems 1084 Puuwal St. Honolulu, HI 96819	Hawaii Bio Waste Systems 1084 Puuwal St. Honolulu, HI 96819 808-841-1240	Medical waste disposal service		\$70
14 Federal Express P.O. Box 332 Memphis, TN 38194	Federal Express P.O. Box 332 Memphis, TN 38194 1-800-622-1147	Shipping service		\$23
15				
16				
17				
18				
19				
20				

I 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: November 19, 2010

  
\_\_\_\_\_  
Signature

Ernest K. Oshiro, Manager  
Print Name and Title

AMO Sales & Service, Inc.  
Attn: Janet Vaught  
AMO Sales & Service, Inc.  
2601 Main St., #1300  
Irvine, CA 92614

The Eye Group, Inc.  
Attn: Tyrie L. Jenkins, M.D.  
615 Piikoi St., #205  
Honolulu, HI 96814

The Eye Group, Inc.  
Attn: Carlos A. Omphroy, M.D.  
95-720 Lanikuhana Ave., #110  
Mililani, HI 96789

O'Connor Playdon & Guben LLP  
Makai Tower, Suite 2400  
733 Bishop Street  
Honolulu HI 96813-4070

Pan Am I, LLC  
Attn: Denise Ching  
1600 Kapiolani Blvd., #1006  
Honolulu, HI 96814

Porter Tom Quitiquit Chee & Watts  
841 Bishop St., #2125  
Honolulu, HI 96813

Tatsuno, Lance, CPA  
1164 Bishop St., #1410  
Honolulu, HI 96813

Hawaiian Telcom Yellow Pages  
P.O. Box 6000  
Dayton, OH 4541-6000

Yellow Book  
P.O. Box 3162  
Cedar Rapids, IA 54206



Business Consulting Resources  
116 S. Hotel St., #204  
Honolulu, HI 96813-3103

IKON Financial Services  
P.O. Box 9115  
Macon, GA 31208-9115

Technolas US LLC  
3365 Tree Court Industrial Blvd.  
St. Louis, MO 63122

Ty's Tropicals, Inc.  
99-970 Kaulainaahee Pl.  
Aiea, HI 96701

Henry Schein  
135 Duryea Rd.  
Melville, NY 11747

Cardinal Health  
7000 Cardinal Pl., Metro 3  
Dublin, OH 43017-1091

Hawaii Bio Waste Systems  
1084 Puuwai St.  
Honolulu, HI 96819

Federal Express  
P.O. Box 332  
Memphis, TN 38194

Chris K. Yamamoto, O.D.  
2024 N. King Street, Suite 105  
Honolulu, HI 96819

Name, Address, Phone, Fax, Email of Filer:

Jerrold K. Guben  
O'Connor Playdon & Guben LLP  
733 Bishop Street, 24th Floor  
Honolulu, Hawaii 96813  
Phone: (808) 524-8350  
Fax: (808) 531-8628  
E-Mail: jkg@opglaw.com



Debtor: Laser Eye Center of Hawaii LLC

Case No.:

Joint  
Debtor:

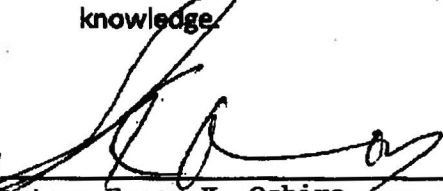
Chapter **11**

### VERIFICATION OF CREDITOR MATRIX

The undersigned Debtor hereby certifies that:

1. All entities included on Schedules D, E, F, G, and H have been listed in the attached creditor matrix; and
2. The names and addresses of the entities listed in the matrix are true and correct to the best of my knowledge.

/s/

  
Debtor Ernest K. Oshiro  
Manager/Interim Responsible Person

/s/

Joint Debtor

Dated: November 18, 2010

Dated: \_\_\_\_\_