

**United States Bankruptcy Court
Central District of Illinois**

In re **PAL Health Technologies, Inc.**

Debtor(s)

Case No.

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Schoenfeld Living Marital Trust 2769 Tiburon Blvd. E Unit 302 Naples, FL 34109	Stock	100%	Common Stock

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date **November 29, 2017**

Signature **/s/ Kimberly S. Chaney
Kimberly S. Chaney**

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

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

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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 PAL Health Technologies, Inc.

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) 37-1013230

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

1805 Riverway Drive Pekin, IL 61554

Number, Street, City, State & ZIP Code

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

Tazewell

County

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

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://www.palhealthtech.com

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify:

Debtor PAL Health Technologies, Inc. Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

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

3391

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 PAL Health Technologies, Inc. Case number (if known) _____
 Name

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

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

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

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

No

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

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

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

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

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

Other _____

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

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

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

Funds will be available for distribution to unsecured creditors.

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

14. Estimated number of creditors

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

16. Estimated liabilities

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

Debtor PAL Health Technologies, Inc. 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 November 29, 2017
MM / DD / YYYY

/s/ Kimberly S. Chaney
Signature of authorized representative of debtor
Title General Manager

Kimberly S. Chaney
Printed name

18. Signature of attorney

/s/ Sumner A. Bourne
Signature of attorney for debtor

Date November 29, 2017
MM / DD / YYYY

Sumner A. Bourne
Printed name

Rafool, Bourne & Shelby, P.C.
Firm name

411 Hamilton, Suite 1600
Peoria, IL 61602
Number, Street, City, State & ZIP Code

Contact phone _____ Email address _____

Bar number and State

Fill in this information to identify the case:

Debtor name PAL Health Technologies, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF ILLINOIS

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 **List of Equity Security Holders, Schedule of Salary**

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

Executed on **November 29, 2017**

X /s/ Kimberly S. Chaney

Signature of individual signing on behalf of debtor

Kimberly S. Chaney

Printed name

General Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **PAL Health Technologies, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF ILLINOIS**

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Solutions 8479 Solution Center Chicago, IL 60677-8004	kgutstein@americanbus.com 800-862-3690					\$5,180.47
Baycomp 1150 Calle Suerte Camarillo, CA 93012-8051	c.vandermeulen@tencate.com 905-332-0991					\$32,759.93
Central States Media 2006 W. Altorfer Drive, Suite 1A Peoria, IL 61615	info@centralstatesmedia.com 309-693-2345					\$8,425.81
DLT Corporation 27735 Diehl Road Warrenville, IL 60555	orders@dlcorporation.com 708-499-2040					\$5,913.75
Griswold, LLC P.O. Box 638 Moosup, CT 06354	sales@griswoldllc.com 800-472-8788					\$5,967.70
Johnson Rolan Co. 718 S.W. Adams Street Peoria, IL 61602	billbarr@rolanjohnsonco.com 309-674-9671					\$10,843.70
Laborers Interional Union of North America Pension Fund 905 16th Street N.W. Washington, DC 20006	bhlavin@baumsignman.com 312-236-4316	Plan Withdrawal Liability	Unliquidated			\$1,386,441.00
Martin One Source 808 N. Country Fair Drive Champaign, IL 61821-2484	webinfo@martingraphics.com 217-398-5000					\$4,055.89

Debtor **PAL Health Technologies, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MatPlus, Inc. 76 Burton Street Painesville, OH 44077	info@matplusinc.com 877-628-7587					\$33,489.12
New York OMC 1118 Longwood Avenue, 2nd Floor Bronx, NY 10474	info@newyorkomc.com 718-618-7292					\$49,293.00
Orthofeet 152A Veterans Drive Northvale, NJ 07647-2302	contact-us@orthofeet.com 201-767-6224					\$4,052.20
Royal Adhesives P.O. Box 711886 Cincinnati, OH 45271-1886	customerservice@ascp.com 574-246-5000					\$24,917.50
S&D Cleaning 1441 Valle Vista Blvd., Suite D Pekin, IL 61554	cathy@sdcleaning.net 309-347-8632					\$5,295.49
Safe Step Bin 88602 Milwaukee, WI 53288-0602	bandihenke@gmail.com 866-712-7837					\$7,545.49
State Auto Insurance Company P.O. Box 182738 Columbus, OH 43218-2738	contactus@stateauto.com 800-723-3288					\$14,433.00
The Insight P.O. Box 731069 Dallas, TX 75373-1069	ach@insight.com 800-846-2303					\$32,341.16
Total Funds by Hasler P.O. Box 30193 Tampa, FL 33630-3193	documentationonly@neopost.com 800-446-6027					\$8,894.76
Total Plastics P.O. Box 645490 Pittsburgh, PA 15264-5252	tpi_pit@totalplastics.com 847-593-5000					\$7,459.32
UPS Lockbox 577 Carol Stream, IL 60132-0577	bankruptcy@ups.com 630-628-7675					\$103,566.13
Ward & Kennedy Co. P.O. Box 240045 Milwaukee, WI 53224-9002	jason.billeb@ward-kennedy.com 800-521-8584					\$4,500.33

United States Bankruptcy Court
Central District of Illinois

In re PAL Health Technologies, Inc.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept (\$ 30,000.00), Prior to the filing of this statement I have received (\$ 30,000.00), Balance Due (\$ 0.00).

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

- Debtor (checked)
Other (specify):

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

- Debtor
Other (specify): Compensation to be hourly, pursuant to terms of filed application to employ. Disclosed amount is retainer paid before filing for costs and anticipated time.

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. [Other provisions as needed]

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

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.

November 29, 2017

Date

/s/ Sumner A. Bourne

Sumner A. Bourne

Signature of Attorney

Rafool, Bourne & Shelby, P.C.

411 Hamilton, Suite 1600

Peoria, IL 61602

Name of law firm

**United States Bankruptcy Court
Central District of Illinois**

In re **PAL Health Technologies, Inc.** Debtor(s) Case No. _____
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

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

Date: **November 29, 2017**

/s/ Kimberly S. Chaney
Kimberly S. Chaney/General Manager
Signer/Title

**United States Bankruptcy Court
Central District of Illinois**

In re **PAL Health Technologies, Inc.** Debtor(s) Case No. _____ Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

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

None [*Check if applicable*]

November 29, 2017
Date

/s/ Sumner A. Bourne
Sumner A. Bourne
Signature of Attorney or Litigant
Counsel for **PAL Health Technologies, Inc.**
Rafool, Bourne & Shelby, P.C.
411 Hamilton, Suite 1600
Peoria, IL 61602