

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN 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

4/19

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 Libertyville Imaging Associates, 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) 22-3348014

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

333 Peterson Road
Suite 230
Libertyville, IL 60048

Number, Street, City, State & ZIP Code

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

Lake
County

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

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) http://www.libertyvilleimaging.com/

6. Type of debtor

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

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Libertyville Imaging Associates, Inc
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 \$2,725,625 (amount subject to adjustment on 4/01/22 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	<u>Barkath Properties, LLC</u>	Relationship	<u>_____</u>	Affiliate	<u>_____</u>
District	<u>Northern District Illinois</u>	When	<u>8/21/19</u>	Case number, if known	<u>19-23544</u>

Debtor **Libertyville Imaging Associates, Inc**
Name

Case number (if known)

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

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Libertyville Imaging Associates, Inc**
Name

Case number (if known)

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 **August 28, 2019**
MM / DD / YYYY

X /s/ Shoukath Ahmed

Signature of authorized representative of debtor

Shoukath Ahmed

Printed name

Title **President**

18. Signature of attorney

X /s/ Chester H. Foster, Jr.

Signature of attorney for debtor

Date **August 28, 2019**

MM / DD / YYYY

Chester H. Foster, Jr. 3122632

Printed name

Foster Legal Services, PLLC

Firm name

**16311 Byron Drive
Orland Park, IL**

Number, Street, City, State & ZIP Code

Contact phone **708-403-3800**

Email address **chf@fosterlegalservices.com**

3122632 IL

Bar number and State

Fill in this information to identify the case:

Debtor name Libertyville Imaging Associates, Inc

United States Bankruptcy Court for the: NORTHERN 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 _____

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

Executed on August 28, 2019

X /s/ Shoukath Ahmed

Signature of individual signing on behalf of debtor

Shoukath Ahmed

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Libertyville Imaging Associates, Inc**
 United States Bankruptcy Court for the: **NORTHERN 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 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
Accel Capital 65 West 36th Street Suite 12 New York, NY 10018		Purchase of certain accounts receivables. This creditor is listed as unsecured because Byline's superior lien on all of the Debtor's accounts receivab	Disputed			\$34,070.00
Accel Capital-TV 65 West 36th Street Suite 12 New York, NY 10018		Purchase of certain accounts receivables. This creditor is listed as unsecured because Byline's superior lien on all of the Debtor's accounts receivab	Disputed			\$17,250.00
Alan H. Shiffrin & Attorney 3315 Algonquin Road Suite # 202 Rolling Meadows, IL 60008		Attorney's fees.				\$29,539.81
Amjad & Fauzia Safvi 7804 W. College Drive Suite 3N Palos Heights, IL 60463		Investment Loan				\$90,000.00
Bayer HealthCare PO BOX 360172 Pittsburgh, PA 15251-6172		Trade debt				\$376.13

Debtor **Libertyville Imaging Associates, 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 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
Bracco Diagnostics, Inc. PO BOX 978952 Dallas, TX 75397-8952		Trade debt				\$1,994.66
Byline Bank c/o Chuhak & Tecson, PC Kara Allen 30 S. Wacker Dr., Ste. 2600 Chicago, IL 60606-7512		Lien on all Assets of Debtor		\$4,420,773.16	\$1,223,881.78	\$3,196,891.38
Catlana Caboor, CPA 101 West 22nd Street Suite #207 Lombard, IL 60148		Accounting fees.				\$14,264.00
Henry Shein c/o Frontline Asset Strategies 2700 Snelling Ave. N, Ste 250 Saint Paul, MN 55113		Trade debt	Disputed			\$7,160.05
McKesson Medical-Surgical 9954 Maryland Drive Suite 4000 Richmond, VA 23223		Trade debt.				\$3,257.01
Medline Industries, Inc. Dept CH 14400 Palatine, IL 60055-4400		Trade debt				\$3,726.04
MRI of Libertyville, LLC 333 Peterson Road Suite 230 Libertyville, IL 60048		Sub-contractor payments.				\$738,115.07
MRlequip.com 6248 Bittersweet Lane Nisswa, MN 56468		Trade debt				\$1,394.34
Pitney Bowes PO BOX 371874 Pittsburgh, PA 15250-7874		Trade debt				\$897.95

Debtor **Libertyville Imaging Associates, 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 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
Radiology Reports Online LLC 7804 W College Drive Ste 3N Palos Heights, IL 60463		Reading charges.				\$91,755.00
Rocky Mountain Chiropractic... 7500 Wadsworth Blvd. Arvada, CO 80003		Trade debt				\$390.00
Stericycle, Inc. 4010 Commercial Ave. Northbrook, IL 60062		Trade debt				\$390.67
TDS PO BOX 94510 Palatine, IL 60094-4510		Telephone services.				\$1,051.47
Wise Medical Services 16308 S 107th Street Suite #10 Orland Park, IL 60467		Installation of MRI Machine.				\$34,641.55
Zetta Medical Technologies 1313 Ensell Road Lake Zurich, IL 60047		CT/MRI Service Contracts.				\$82,533.28

Fill in this information to identify the case:

Debtor name Libertyville Imaging Associates, Inc

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

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

12/15

Part 1: Summary of Assets

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

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 1,223,892.52
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 1,223,892.52

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 4,420,773.16
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,153,133.04
4. Total liabilities Lines 2 + 3a + 3b	\$ 5,573,906.20

Fill in this information to identify the case:Debtor name Libertyville Imaging Associates, IncUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

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

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

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

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

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

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Chase BankChecking3052\$4.473.2. Huntington BankChecking8082\$3.603.3. Chase BankChecking - General3060\$2.67**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$10.74**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

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

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

Debtor Libertyville Imaging Associates, Inc Case number (If known) _____
Name

☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 2,130,202.23 - 1,384,631.45 =.... \$745,570.78
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

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

\$745,570.78

Part 4: Investments

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

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

Part 5: Inventory, excluding agriculture assets

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

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

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

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

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

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

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

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

Part 8: Machinery, equipment, and vehicles

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

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

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

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

49. **Aircraft and accessories**

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

Debtor Libertyville Imaging Associates, Inc Case number (If known) _____
Name

2007 Siemens 1.57 TIM AVANTO MRI

NOTE: Value based upon value in Paragraph 97 on BYLINE BANK Replevin Compliant.

Unknown Appraisal \$478,311.00

51. Total of Part 8.

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

\$478,311.00

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

- ☒ No
☐ Yes

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

- ☒ No
☐ Yes

Part 9: Real property

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

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

Part 10: Intangibles and intellectual property

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

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

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

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

Debtor Libertyville Imaging Associates, Inc Case number (If known) _____
Name

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$10.74	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$745,570.78	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$478,311.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,223,892.52	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,223,892.52

Case number (if known) _____

Best Case Bankruptcy

Debtor **Libertyville Imaging Associates, Inc**
Name

Case number (if know)

US Small Business Administration
801 Tom Martin Drive
Suite 120
Birmingham, AL 35211

Line **2.1**

Fill in this information to identify the case:

Debtor name Libertyville Imaging Associates, Inc

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

3.1 Nonpriority creditor's name and mailing address

Accel Capital
65 West 36th Street
Suite 12
New York, NY 10018

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Purchase of certain accounts receivables. This creditor is listed as unsecured because Byline's superior lien on all of the Debtor's accounts receivable will consume all accounts receivable and, as such, this creditor holds no security.

Is the claim subject to offset? ☒ No ☐ Yes

Amount of claim

\$34,070.00

3.2 Nonpriority creditor's name and mailing address

Accel Capital-TV
65 West 36th Street
Suite 12
New York, NY 10018

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Purchase of certain accounts receivables. This creditor is listed as unsecured because Byline's superior lien on all of the Debtor's accounts receivable will consume all accounts receivable and, as such, this creditor holds no security.

Is the claim subject to offset? ☒ No ☐ Yes

\$17,250.00

3.3 Nonpriority creditor's name and mailing address

Alan H. Shiffrin & Attorney
3315 Algonquin Road
Suite # 202
Rolling Meadows, IL 60008

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Attorney's fees.

Is the claim subject to offset? ☒ No ☐ Yes

\$29,539.81

Debtor **Libertyville Imaging Associates, Inc**
Name

Case number (if known)

3.4	<p>Nonpriority creditor's name and mailing address Amjad & Fauzia Safvi 7804 W. College Drive Suite 3N Palos Heights, IL 60463</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Investment Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$90,000.00
3.5	<p>Nonpriority creditor's name and mailing address Bayer HealthCare PO BOX 360172 Pittsburgh, PA 15251-6172</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>1875</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$376.13
3.6	<p>Nonpriority creditor's name and mailing address Bracco Diagnostics, Inc. PO BOX 978952 Dallas, TX 75397-8952</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>0575</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,994.66
3.7	<p>Nonpriority creditor's name and mailing address Catlana Caboor, CPA 101 West 22nd Street Suite #207 Lombard, IL 60148</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Accounting fees.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$14,264.00
3.8	<p>Nonpriority creditor's name and mailing address First Choice Coffee Service c/o Richard T Avis, Attorney & Ass. PO BOX 31579 Chicago, IL 60631</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Coffee service.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$326.01
3.9	<p>Nonpriority creditor's name and mailing address Henry Shein c/o Frontline Asset Strategies 2700 Snelling Ave. N, Ste 250 Saint Paul, MN 55113</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$7,160.05
3.10	<p>Nonpriority creditor's name and mailing address McKesson Medical- Surgical 9954 Maryland Drive Suite 4000 Richmond, VA 23223</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,257.01

Debtor **Libertyville Imaging Associates, Inc**
Name

Case number (if known)

3.11	Nonpriority creditor's name and mailing address Medline Industries, Inc. Dept CH 14400 Palatine, IL 60055-4400 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,726.04
3.12	Nonpriority creditor's name and mailing address MRI of Libertyville, LLC 333 Peterson Road Suite 230 Libertyville, IL 60048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Sub-contractor payments.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$738,115.07
3.13	Nonpriority creditor's name and mailing address MRlequip.com 6248 Bittersweet Lane Nisswa, MN 56468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,394.34
3.14	Nonpriority creditor's name and mailing address PenRad 114 Commerce Circle Buffalo, MN 55313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>License Fees (Mammography Tracking Program)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.15	Nonpriority creditor's name and mailing address Pitney Bowes PO BOX 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred ____ Last 4 digits of account number <u>6858</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$897.95
3.16	Nonpriority creditor's name and mailing address Radiology Reports Online LLC 7804 W College Drive Ste 3N Palos Heights, IL 60463 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Reading charges.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91,755.00
3.17	Nonpriority creditor's name and mailing address Rocky Mountain Chiropractic... 7500 Wadsworth Blvd. Arvada, CO 80003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$390.00

Debtor **Libertyville Imaging Associates, Inc**
Name

Case number (if known)

3.18 Nonpriority creditor's name and mailing address
Spark Funding
95 ROUTE 17 S
Paramus, NJ 07652
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: **Certain purchased accounts receivables. This creditor is listed as unsecured because Byline's superior lien on all of the Debtor's accounts receivable will consume all accounts receivable and, as such, this creditor holds no security.**

Is the claim subject to offset? ☒ No ☐ Yes

3.19 Nonpriority creditor's name and mailing address
Spark Funding
95 ROUTE 17 S
Paramus, NJ 07652
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: **Certain purchased accounts receivables. This creditor is listed as unsecured because Byline's superior lien on all of the Debtor's accounts receivable will consume all accounts receivable and, as such, this creditor holds no security.**

Is the claim subject to offset? ☒ No ☐ Yes

3.20 Nonpriority creditor's name and mailing address
Stericycle, Inc.
4010 Commercial Ave.
Northbrook, IL 60062
Date(s) debt was incurred ____
Last 4 digits of account number **9658**

As of the petition filing date, the claim is: *Check all that apply.*

\$390.67

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Trade debt**

Is the claim subject to offset? ☒ No ☐ Yes

3.21 Nonpriority creditor's name and mailing address
TDS
PO BOX 94510
Palatine, IL 60094-4510
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$1,051.47

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Telephone services.**

Is the claim subject to offset? ☒ No ☐ Yes

3.22 Nonpriority creditor's name and mailing address
Wise Medical Services
16308 S 107th Street
Suite #10
Orland Park, IL 60467
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$34,641.55

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Installation of MRI Machine.**

Is the claim subject to offset? ☒ No ☐ Yes

3.23 Nonpriority creditor's name and mailing address
Zetta Medical Technologies
1313 Ensell Road
Lake Zurich, IL 60047
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$82,533.28

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **CT/MRI Service Contracts.**

Is the claim subject to offset? ☒ No ☐ Yes

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.

Debtor **Libertyville Imaging Associates, Inc**

Case number (if known) _____

	Name		On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
	Name and mailing address			
4.1	Accel Capital, Inc. c/o Tara N. Pomparelli, Esq. 30 Wall Street; 8th Floor New York, NY 10005		Line 3.1 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Accel Capital-TVT, Inc. c/o Tara N. Pomparelli, Esq. 30 Wall Street; 8th Floor New York, NY 10005		Line 3.2 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Lichtman Eisen Partners, Ltd. 134 N. LaSalle Street Suite 750 Chicago, IL 60602		Line 3.16 <input type="checkbox"/> Not listed. Explain _____	3069
4.4	MRlequip.com c/o Thrive Collection Services 9300 NE Vancouver Mall Dr. Ste. 204 Vancouver, WA 98662		Line 3.13 <input type="checkbox"/> Not listed. Explain _____	—
4.5	Spark Funding c/o RTR Recovery,LLC. 122 East 42nd Street, Suite 2112 New York, NY 10168		Line 3.19 <input type="checkbox"/> Not listed. Explain _____	—
4.6	SPARK FUNDING LLC c/o RTR Recovery,LLC. 122 East 42nd Street, Suite 2112 New York, NY 10168		Line 3.18 <input type="checkbox"/> Not listed. Explain _____	—

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

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 1,153,133.04
5c.	\$ 1,153,133.04

NOTE REGARDING SCHEDULE F CREDITORS

MRI of Libertyville, LLC ("MRI") is an affiliate of this Debtor, Libertyville Imaging, Inc. ("LIA"). MRI is the Chapter 11 Debtor in case number 19- _____ now pending in the US Bankruptcy Court for the Northern District of Illinois, Eastern Division. MRI is in the business of performing CT and MRI imaging services as a subcontractor for LIA. In the course of performing such imaging services, MRI takes co-payment amounts from the patients on whom MRI performs the CT and MRI imaging services. In many instances, the insurance companies covering such patients reimburse the co-payment amounts so received. LIA believes that, to the extent that such reimbursements have been paid by the insurance companies and not remitted to the patients (the "Co-Pay Reimbursement Patients"), such patients hold claims against MRI. MRI is listing the Co-Pay Reimbursement Patients as creditors in MRI's bankruptcy schedules. MRI's bankruptcy schedules reference the LIA bankruptcy. LIA does not believe that the Co-Pay Reimbursement Patients hold claims against LIA and, as such, LIA is not listing the Co-Pay Reimbursement Patients as creditors of LIA in LIA's bankruptcy schedules.

Fill in this information to identify the case:

Debtor name Libertyville Imaging Associates, Inc

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

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

2. List all contracts and unexpired leases

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

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

State the term remaining **Month to Month**

List the contract number of any government contract _____

**First Choice Coffee Service
c/o Richard T Avis, Attorney & Ass.
PO BOX 31579
Chicago, IL 60631**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Perform CT and MRI imaging services upon third-party Doctors' patients as a subcontractor for Debtor.**

State the term remaining **At Will**

List the contract number of any government contract _____

**MRI of Libertyville, LLC
333 Peterson Road
Suite 230
Libertyville, IL 60048**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Debtor's reading of this contract for the provision of mammography tracking software is that it was entered November 20, 2014 and renews annually unless terminated pursuant to the contract.**

State the term remaining **To November 19, 2019**

List the contract number of any government contract _____

**Penrad Technologies, Inc.
114 Commerce Circle
Buffalo, MN 55313**

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

**Pitney Bowes
PO BOX 371874
Pittsburgh, PA 15250-7874**

Debtor 1 **Libertyville Imaging Associates, Inc**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

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

State the term remaining

List the contract number of any government contract _____

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

Agreement for professional services dated 12/1/2016 (provide off site diagnostic services).

State the term remaining

List the contract number of any government contract _____

**Radiology Reports Online LLC
7804 W College Drive
Ste 3N
Palos Heights, IL 60463**

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

Medical Waste Disposal Service Agreement

State the term remaining

List the contract number of any government contract _____

Mont to Month

**Stericycle, Inc.
4010 Commercial Ave.
Northbrook, IL 60062**

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

CT/MRI Service Contract. SVC-0734-112210-1915-A dated 11/22/2010. 12/14/2023

State the term remaining

List the contract number of any government contract _____

**Zetta Medical Technologies
1313 Ensell Road
Lake Zurich, IL 60047**

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

CT/MRI Service Contract. SVC-0734-073012-3000-A dated 7/30/2015. 12/14/2023

State the term remaining

List the contract number of any government contract _____

**Zetta Medical Technologies
1313 Ensell Road
Lake Zurich, IL 60047**

Fill in this information to identify the case:

Debtor name Libertyville Imaging Associates, Inc

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

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 | Barkath Management Services, Inc. | 333 PETERSON RD
Libertyville, IL 60048-1085 | Accel Capital | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.1</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.2 | Barkath Management Services, Inc. | 333 PETERSON RD
Libertyville, IL 60048-1085 | Accel Capital-TVT | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.2</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.3 | Barkath Properties, LLC | 333 PETERSON RD
Libertyville, IL 60048-1085 | Byline Bank c/o
Chuhak & Tecson,
PC | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.4 | Barkath Properties, LLC | 333 PETERSON RD
Libertyville, IL 60048-1085 | Accel Capital | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.1</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.5 | Barkath Properties, LLC | 333 PETERSON RD
Libertyville, IL 60048-1085 | Accel Capital-TVT | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.2</u>
<input type="checkbox"/> G _____ |

Debtor **Libertyville Imaging Associates, Inc**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	MRI of Libertyville, LLC	333 PETERSON RD Libertyville, IL 60048-1085	Byline Bank c/o Chuhak & Tecson, PC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	MRI of Libertyville, LLC	333 PETERSON RD Libertyville, IL 60048-1085	Accel Capital	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
2.8	MRI of Libertyville, LLC	333 PETERSON RD Libertyville, IL 60048-1085	Accel Capital-TVT	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____
2.9	SHOUKATH S. AHMED	251 BALMORAL CT Glendale Heights, IL 60139-1306	Spark Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.18</u> <input type="checkbox"/> G _____
2.10	SHOUKATH S. AHMED	251 BALMORAL CT Glendale Heights, IL 60139-1306	Spark Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
2.11	SHOUKATH S. AHMED	251 BALMORAL CT Glendale Heights, IL 60139-1306	Byline Bank c/o Chuhak & Tecson, PC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Libertyville Imaging Associates, Inc

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

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

Part 1: Income

1. Gross revenue from business

☐ None.

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

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2019** to **Filing Date**

☒ Operating a business
☐ Other _____

\$845,349.42

For prior year:
From **1/01/2018** to **12/31/2018**

☒ Operating a business
☐ Other _____

\$1,203,821.61

For year before that:
From **1/01/2017** to **12/31/2017**

☒ Operating a business
☐ Other _____

\$1,243,790.00

2. Non-business revenue

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

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Libertyville Imaging Associates, Inc**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. MRI of Libertyville, LLC 333 Peterson Road Suite 230 Libertyville, IL 60048	MAY 27, 2019 TO AUGUST 26, 2019. The specific dollar amounts are being determined and will be listed in an amended filing.	Unknown	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payment in the ordinary course of business for subcontractor imaging services.</u>

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 \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. MRI of Libertyville, LLC 333 Peterson Road Suite 230 Libertyville, IL 60048	AUGUST 27, 2018 TO AUGUST 26, 2019. The specific dollar amounts are being determined and will be listed in an amended filing.	Unknown	Payment in the ordinary course of business for subcontractor imaging services.

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.

Debtor **Libertyville Imaging Associates, Inc**

Case number (if known)

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	BYLINE BANK, as successor in interest to Ridgestone Bank v. Barkath Properties LLC, Mark Khayat, Lia Khayat, MRI of Libertyville, Imaging Associates, Inc. D/B/A Libertyville Imaging Center et. al 2018 CH 1265	Foreclosure/Replevin	Circuit Court 19th Judicial Circuit 18 N County Street Waukegan, IL 60085	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	ACCEL CAPITAL FUNDING, LLC Plaintiff v. MRI OF LIBERTYVILLE, LLC d/b/a MRI OF LIBERTYVILLE; LIBERTYVILLE IMAGING ASSOCIATES, INC. d/b/a LIBERTYVILLE IMAGING CENTER; BARKATH MANAGEMENT SERVICES, INC.; BARKATH PROPERTIES, LLC; SHOUKATH S SHMED Defendants. 2019AR000997	Registration of Foreign Judgment.	CIRCUIT COURT OF DUPAGE COUNTY, ILLINOIS	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Radiology Reports Online v. Libertyville Imaging Associates, Inc. d/b/a/ Libertyville Imaging Center 2019-L013069	Contract	Circuit Court Cook County 50 W. Washington Chicago, IL 60602	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input 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
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Debtor **Libertyville Imaging Associates, Inc**

Case number (if known) _____

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss**Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

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

☐ None.**Who was paid or who received the transfer?
Address****If not money, describe any property transferred****Dates****Total amount or value**

11.1.

**Foster Legal Services, PLLC
16311 Byron Drive
Orland Park, IL****Attorney Fees****April
2019-\$6,000
May 2019 -
\$5,000
August
2019 -
\$4,000****\$15,000.00****Email or website address
chf@fosterlegalservices.com****Who made the payment, if not debtor?****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**

Debtor **Libertyville Imaging Associates, Inc**

Case number (if known) _____

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, 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
18.1.	Huntington Bank Attn: GW1N140 5555 Cleveland Ave Columbus, OH 43231	XXXX-8079	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	January 16, 2019	\$0.00
18.2.	Libertyville Bank & Trust	XXXX-8044	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	December 28, 2018	\$0.00
18.3.	Huntington Bank Attn: GW1N140 5555 Cleveland Ave Columbus, OH 43231	XXXX-0866	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	October 26, 2018	\$0.00

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.

Debtor **Libertyville Imaging Associates, Inc**

Case number (if known) _____

☐ None

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

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

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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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
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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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
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Part 13: Details About the Debtor's Business or Connections to Any Business

Debtor **Libertyville Imaging Associates, Inc**

Case number (if known) _____

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**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

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

☐ None

Name and address**Date of service
From-To**

26a.1. **Catlana Caboor, CPA**
101 West 22nd Street
Suite #207
Lombard, IL 60148

**December 2016 to
present.**

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

☐ None

Name and address**Date of service
From-To**

26b.1. **Jacob Fine**

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

☐ None

Name and address**If any books of account and records are
unavailable, explain why**

26c.1. **Catlana Caboor, CPA**
101 West 22nd Street
Suite #207
Lombard, IL 60148

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

26d.1. **Byline Bank**
3639 N. Broadway
Chicago, IL 60613

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**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 7

Debtor Libertyville Imaging Associates, Inc

Case number (if known) _____

in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Shoukath Ahmed	251 Balmoral Court Glendale Heights, IL 60139	Sole Shareholder, President, Secretary, and Sole Director	100

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

- ☒ No
☐ Yes. Identify below.

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

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

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer identification number of the parent corporation
--------------------------------	--

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

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	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 August 28, 2019

/s/ Shoukath Ahmed
Signature of individual signing on behalf of the debtor

Shoukath Ahmed
Printed name

Position or relationship to debtor President

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

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Illinois

In re Libertyville Imaging Associates, 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:

For legal services, I have agreed to accept	\$	<u>15,000.00</u>
Prior to the filing of this statement I have received	\$	<u>15,000.00</u>
Balance Due	\$	<u>0.00</u>

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

☒ Debtor ☐ Other (specify):

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

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

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

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

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

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

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

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

CERTIFICATION

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

August 28, 2019

Date

/s/ Chester H. Foster, Jr.

Chester H. Foster, Jr. 3122632

Signature of Attorney

Foster Legal Services, PLLC

16311 Byron Drive

Orland Park, IL

708-403-3800 Fax: 708-403-4095

chf@fosterlegalservices.com

Name of law firm

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

In re **Libertyville Imaging Associates, Inc**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

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

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

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date **August 28, 2019**

Signature **/s/ Shoukath Ahmed**
Shoukath Ahmed

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

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

In re **Libertyville Imaging Associates, Inc**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: **36**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **August 28, 2019**

/s/ Shoukath Ahmed

Shoukath Ahmed/President

Signer/Title

Accel Capital
65 West 36th Street
Suite 12
New York, NY 10018

Accel Capital, Inc.
c/o Tara N. Pomparellli, Esq.
30 Wall Street; 8th Floor
New York, NY 10005

Accel Capital-TVT
65 West 36th Street
Suite 12
New York, NY 10018

Accel Capital-TVT, Inc.
c/o Tara N. Pomparellli, Esq.
30 Wall Street; 8th Floor
New York, NY 10005

Alan H. Shiffrin & Attorney
3315 Algonquin Road
Suite # 202
Rolling Meadows, IL 60008

Amjad & Fauzia Safvi
7804 W. College Drive
Suite 3N
Palos Heights, IL 60463

Barkath Management Services, Inc.
333 PETERSON RD
Libertyville, IL 60048-1085

Barkath Properties, LLC
333 PETERSON RD
Libertyville, IL 60048-1085

Bayer HealthCare
PO BOX 360172
Pittsburgh, PA 15251-6172

Bracco Diagnostics, Inc.
PO BOX 978952
Dallas, TX 75397-8952

Byline Bank c/o Chuhak & Tecson, PC
Kara Allen
30 S. Wacker Dr., Ste. 2600
Chicago, IL 60606-7512

Catlana Caboor, CPA
101 West 22nd Street
Suite #207
Lombard, IL 60148

First Choice Coffee Service
c/o Richard T Avis, Attorney & Ass.
PO BOX 31579
Chicago, IL 60631

Henry Shein
c/o Frontline Asset Strategies
2700 Snelling Ave. N, Ste 250
Saint Paul, MN 55113

Lichtman Eisen Partners, Ltd.
134 N. LaSalle Street
Suite 750
Chicago, IL 60602

McKesson Medical- Surgical
9954 Maryland Drive
Suite 4000
Richmond, VA 23223

Medline Industries, Inc.
Dept CH 14400
Palatine, IL 60055-4400

MRI of Libertyville, LLC
333 Peterson Road
Suite 230
Libertyville, IL 60048

MRI of Libertyville, LLC
333 PETERSON RD
Libertyville, IL 60048-1085

MRIEquip.com
6248 Bittersweet Lane
Nisswa, MN 56468

MRiequip.com
c/o Thrive Collection Services
9300 NE Vancouver Mall Dr. Ste. 204
Vancouver, WA 98662

PenRad
114 Commerce Circle
Buffalo, MN 55313

Penrad Technologies, Inc.
114 Commerce Circle
Buffalo, MN 55313

Pitney Bowes
PO BOX 371874
Pittsburgh, PA 15250-7874

Radiology Reports Online LLC
7804 W College Drive
Ste 3N
Palos Heights, IL 60463

Rocky Mountain Chiropractic...
7500 Wadsworth Blvd.
Arvada, CO 80003

SHOUKATH S. AHMED
251 BALMORAL CT
Glendale Heights, IL 60139-1306

Spark Funding
95 ROUTE 17 S
Paramus, NJ 07652

Spark Funding
c/o RTR Recovery, LLC.
122 East 42nd Street, Suite 2112
New York, NY 10168

SPARK FUNDING LLC
c/o RTR Recovery, LLC.
122 East 42nd Street, Suite 2112
New York, NY 10168

Stericycle, Inc.
4010 Commercial Ave.
Northbrook, IL 60062

TDS
PO BOX 94510
Palatine, IL 60094-4510

US Small Business Administration
801 R Street
Suite 101
Fresno, CA 93721

US Small Business Administration
801 Tom Martin Drive
Suite 120
Birmingham, AL 35211

Wise Medical Services
16308 S 107th Street
Suite #10
Orland Park, IL 60467

Zetta Medical Technologies
1313 Ensell Road
Lake Zurich, IL 60047

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

In re **Libertyville Imaging Associates, 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 **Libertyville Imaging Associates, 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*]

August 28, 2019

Date

/s/ Chester H. Foster, Jr.

Chester H. Foster, Jr. 3122632

Signature of Attorney or Litigant

Counsel for **Libertyville Imaging Associates, Inc**

Foster Legal Services, PLLC

16311 Byron Drive

Orland Park, IL

708-403-3800 Fax: 708-403-4095

chf@fosterlegalservices.com