

B4 (Official Form 4) (12/07)

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

In re ABC Dentistry Holdings, P.C., Case No. _____
Debtor Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Bank of America P.O. Box 809155 Chicago, IL 60680-9121				\$265,206.69
				SECURED VALUE: \$29,000.00
Advance Me, Inc. 2015 Vaughn Road, Bldg. 500 Suite 500 Kennsaw, GA 30114				\$65,528.19
Citi Bank P.O. Box 689059 Des Moines, IA 50368				\$57,244.71
Wells Fargo P.O. Box 6600 Hagerstown, MD 21740				\$50,000.00
First Bankcard P.O. Box 2818 Omaha, NE 68103-2818				\$15,371.26
Aurum Dental Laboratorie, LLP 1320 N. Howard Spokane, WA 99201-2412				\$14,860.41

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WFFT-IFFT P.O. Box 470 Rockford, IL 61105				\$12,000.00
Dental Ceramics 3404 Brecksville Road Richfoeld, OH 44286				\$6,994.00
Carestream Dental, LLC 1765 The Exchange Atlanta, GA 30339				\$641.04
Wells Fargo P.O. Box 6600 Hagerstown, MD 21740				\$600.00

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

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

Date: 3-29-13 Signature: 

Robert C. Scheele ,President

 (Print Name and Title)

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