

B1 (Official Form 1)(04/13)

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Easycare Inc.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): DBA Corner Homecare	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 27-3610291	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 4847 E. Virginia Street Evansville, IN <div style="text-align: right; margin-top: 5px;"> ZIP Code 47715 </div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>
County of Residence or of the Principal Place of Business: Vanderburgh	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): 108 E. Washington Street Princeton, KY <div style="text-align: right; margin-top: 5px;"> ZIP Code 42445 </div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

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

(Name of landlord that obtained judgment)			

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

<p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Easycare Inc.</p>
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ Wendy D. Brewer</u> Signature of Attorney for Debtor(s)</p> <p><u>Wendy D. Brewer 22669-49</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Jefferson & Brewer, LLC</u> Firm Name</p> <p><u>P.O. Box 6277</u> <u>11781 Belle Plaine Blvd., Suite 200</u> <u>Fishers, IN 46037</u> Address</p> <p style="text-align: right;">Email: wbrewer@jeffersonbrewer.com</p> <p><u>317-215-6220 Fax: 317-215-6220</u> Telephone Number</p> <p><u>July 3, 2014</u> Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.</i></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ James Knauff</u> Signature of Authorized Individual</p> <p><u>James Knauff</u> Printed Name of Authorized Individual</p> <p><u>President</u> Title of Authorized Individual</p> <p><u>July 3, 2014</u> Date</p>	

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Southern District of Indiana

In re EasyCare Inc.

Debtor(s)

Case No.

Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
<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>
Analycis, LLC PO Box 5342 Evansville, IN 47716-5342	Analycis, LLC PO Box 5342 Evansville, IN 47716-5342	IT Services	Disputed	174,147.84
Anda Inc. PO Box 930219 Atlanta, GA 31193-0219	Anda Inc. PO Box 930219 Atlanta, GA 31193-0219			16,890.67
AT&T	AT&T		Subject to Setoff	61,424.79
Baxter PO Box 70564 Chicago, IL 60673	Baxter PO Box 70564 Chicago, IL 60673		Unliquidated Disputed	17,109.82
Benesch/Dann Pecar 200 Public Square Suite 2300 Cleveland, OH 44114	Benesch/Dann Pecar 200 Public Square Suite 2300 Cleveland, OH 44114			19,829.76
Caldwell County Sheriff, Stan Hudson Room 25, Courthouse Princeton, KY 42445	Caldwell County Sheriff, Stan Hudson Room 25, Courthouse Princeton, KY 42445	Property Taxes		7,958.76
Healthlink Inc. PO Box 66971-N Saint Louis, MO 63166	Healthlink Inc. PO Box 66971-N Saint Louis, MO 63166			6,750.42
Infusystem PO Box 204471 Dallas, TX 75320-4471	Infusystem PO Box 204471 Dallas, TX 75320-4471			6,601.80
Masimo Americas, Inc. PO Box 51210 Los Angeles, CA 90051	Masimo Americas, Inc. PO Box 51210 Los Angeles, CA 90051			12,740.92
Masters Pharmaceutical PO Box 713769 Cincinnati, OH 45271	Masters Pharmaceutical PO Box 713769 Cincinnati, OH 45271			8,450.30
Medical Specialties Distributors, LLC Dept.1729 PO Box 11407 Birmingham, AL 35246-1729	Medical Specialties Distributors, LLC Dept.1729 PO Box 11407 Birmingham, AL 35246-1729	Good sold		92,725.25

B4 (Official Form 4) (12/07) - Cont.

In re **EasyCare Inc.**

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(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>
Medical Specialties Distributors, LLC Dept. 1729 PO Box 11407 Birmingham, AL 35246-1729	Medical Specialties Distributors, LLC Dept. 1729 PO Box 11407 Birmingham, AL 35246-1729	Goods sold		63,383.54
Mediware Information Systems Inc. PO Box 204176 Dallas, TX 75320-4176	Mediware Information Systems Inc. PO Box 204176 Dallas, TX 75320-4176			33,663.74
Medline Industries Dept. CH14400 Palatine, IL 60055-4400	Medline Industries Dept. CH14400 Palatine, IL 60055-4400	Goods sold.		7,313.25
Nationwide Trust Company Retirement Plan Resources, LLC 943 S. First Street Louisville, KY 40203	Nationwide Trust Company Retirement Plan Resources, LLC 943 S. First Street Louisville, KY 40203			14,561.69
Resmed PO Box 534593 Atlanta, GA 30353-4593	Resmed PO Box 534593 Atlanta, GA 30353-4593	Goods sold.		7,864.35
Respironics, Inc. PO Box 405740 Atlanta, GA 30384-5740	Respironics, Inc. PO Box 405740 Atlanta, GA 30384-5740			32,032.76
Shell Fleet PO Box 183019 Columbus, OH 43218	Shell Fleet PO Box 183019 Columbus, OH 43218			10,871.30
Technology Integration Group 5480 Victory Drive Suite 100 Indianapolis, IN 46209	Technology Integration Group 5480 Victory Drive Suite 100 Indianapolis, IN 46209			10,211.50
Wellcare Health Plans Attn: Claims Refunds PO Box 8500-7296 Philadelphia, PA 19178	Wellcare Health Plans Attn: Claims Refunds PO Box 8500-7296 Philadelphia, PA 19178			11,502.47

B4 (Official Form 4) (12/07) - Cont.

In re EasyCare Inc.

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A 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 and that it is true and correct to the best of my information and belief.

Date July 3, 2014

Signature /s/ James Knauff
James Knauff
President

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.

B6D (Official Form 6D) (12/07)

In re **Easycare Inc.**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	Value \$					
Account No. B. Braun Medical Inc. 824 Twelfth Avenue Bethlehem, PA 18018	-	June 2013 Financing Statement/Lease Medical equipment and accessories leased from Braun, and proceeds of same.	Unknown				7,341.11	Unknown
Account No. Farmers Bank and Trust 111 W. Washington St. Princeton, KY 42445	-	Mortgage 108 & 110 E. Washington Street Princeton, KY 42445	150,000.00				205,000.00	0.00
Account No. Farmers Bank and Trust 111 W. Washington St. Princeton, KY 42445	-	Mortgage 5010 Back Square Drive Owensboro, KY 42301	365,000.00				205,000.00	0.00
Account No. Farmers Bank and Trust 111 W. Washington St. Princeton, KY 42445	-	Mortgage 321 N. Second Street Vincennes, IN 47591	170,000.00				205,000.00	0.00
Subtotal							622,341.11	0.00
(Total of this page)								

2 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re EasyCare Inc.
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R H W J C	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN						
Account No.	-	Various						
H.D. Smith 6001 Global Distribution Way Suite 102 Louisville, KY 40228		Financing Statement/Security Interest Claimed in all personal property of the debtor.						
		Value \$	Unknown				11,701.16	Unknown
Account No.	-	Various - Note 3/18/14						
H.D. Smith Wholesale Drug Co. 6001 Global Distribution Way Suite 102 Louisville, KY 40228		Financing Statement/Security Interest Claimed in all personal property of the debtor						
		Value \$	Unknown				200,123.61	Unknown
Account No.	-	Various since October						
Internal Revenue Service Centralized Insolvency Operation P. O. Box 7346 Philadelphia, PA 19101-7346		Tax Levy Various accounts and receivables.						
		Value \$	Unknown				Unknown	Unknown
Account No.	-	Security Interest						
John D. Englebrecht 101 S.E. Third Street Unit 3E Evansville, IN 47708		Life Insurance Policy on Owner of Predecessor Company - New York Life Insurance Policy No. 62864083						
		Value \$	Unknown				677,517.00	Unknown
Account No.	-	Various						
Medela, Inc. 1101 Corporate Drive McHenry, IL 60050		Financing Statement/Lease Consumer goods, equipment or inventory leased, loaned or to be leased in the future to lessee bearing the Medela trademark.						
		Value \$	Unknown				1,480.92	Unknown
Subtotal							890,822.69	0.00
(Total of this page)								

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

B6D (Official Form 6D) (12/07) - Cont.

In re EasyCare Inc.
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.							
Pride Mobility Products Corporation 182 Susquehanna Avenue Pittston, PA 18643		Varous Financing Statement/Security Interest Claimed in all personal property of the debtor.				0.00	Unknown
		Value \$ Unknown					
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Subtotal (Total of this page)						0.00	0.00
Total (Report on Summary of Schedules)						1,513,163.80	0.00

Sheet 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

United States Bankruptcy Court
Southern District of Indiana

In re Easycare 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 Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor 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>5,000.00</u>
Prior to the filing of this statement I have received.....	\$	<u>4,000.00</u>
Balance Due.....	\$	<u>1,000.00</u>

2. \$ 0.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:
 Debtor Other (specify):

4. The source of compensation to be paid to me is:
 Debtor Other (specify):

5. 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.

6. 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. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
e. [Other provisions as needed]

Debtor paid a \$5,000 pre-petition retainer to be applied against pre-petition fees incurred in the preparation of the emergency bankruptcy filing and payment of the Chapter 11 filing fee. Additional fees incurred will be billed on an hourly basis together with costs incurred pursuant to the terms of the engagement letter dated July 2, 2014, and payment of same will be subject to court approval.

7. 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.

Dated: July 3, 2014

/s/ Wendy D. Brewer
Wendy D. Brewer 22669-49
Jefferson & Brewer, LLC
P.O. Box 6277
11781 Belle Plaine Blvd., Suite 200
Fishers, IN 46037
317-215-6220 Fax: 317-215-6220
wbrewer@jeffersonbrewer.com

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

In re **Easycare Inc.**
Debtor

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
James Knauff		100%	Shareholder

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 **July 3, 2014**

Signature **/s/ James Knauff**
James Knauff
President

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.

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

In re **Easycare Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President 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: **July 3, 2014**

/s/ James Knauff

James Knauff/President

Signer/Title

AARON AUD
3739 STEELE DRIVE
OWENSBORO, KY 42303

ABBOTT NUTRITION
75 REMITTANCE DRIVE
SUITE 1310
CHICAGO, IL 60675

ABBY GREENE
1226 SOUTH 6TH STREET
PADUCAH, KY 42003

ACCENT INSURANCE RECOVERY SOLUTIONS
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SAINT LOUIS, MO 63195

ACTION BAG COMPANY
1001 ENTRY DRIVE
BENSENVILLE, IL 60106

AETNA
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LEXINGTON, KY 40512-4079

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2038 BROAD STREET
PADUCAH, KY 42003

ALISON STYERS
3245 ESTES LANE
PADUCAH, KY 42003

ALLAN PARKER
2401 FRIENDSHIP DRIVE
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ALLIANCE COAL
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DAWSON SPRINGS, KY 42408

ALMA SEATON
4950 BRADFORD ROAD
WEST PADUCAH, KY 42086

AMANDA HELTON
140 WEST 5TH STREET
CALHOUN, KY 42327

AMBER JOINER
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CALVERT CITY, KY 42029

AMY C. BRIAN
4718 EXALL LANE
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PO BOX 5342
EVANSVILLE, IN 47716-5342

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ATLANTA, GA 31193-0219

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1295 LITTLE BEAR HIGHWAY
GILBERTSVILLE, KY 42044

ANN CARAWAY
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OWENSBORO, KY 42301

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LOMBARD, IL 60148

ANTHEM LIFE INS. CO.
DEPARTMENT L-8111
COLUMBUS, OH 43268-8111

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ASHLEY BODELL
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ASHLEY BROWNING
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AT&T

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CALDWELL COUNTY OCCUPATIONAL
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CALDWELL COUNTY SHERIFF, STAN HUDSON
ROOM 25, COURTHOUSE
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MARION, KY 42064

CHARLES HUTCHINSON
12 RIVER ROAD
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CHRISTOPHER BOMBARDIER
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CHRISTOPHER MCINTOSH
50 BARRINGTON CIRCLE
PADUCAH, KY 42003

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PO BOX 2625
DEL MAR, CA 92014-2625

CIGNA HEALTHCARE
ATTN: COR UNIT
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SCRANTON, PA 18505

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CITY OF PADUCAH
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CONNOR HULSEY
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PADUCAH, KY 42003

CRYSTAL MCDANEL
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330 FREDERICA STREET
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UTICA, KY 42376

DANNY WATSON
220 KIRBY LANE
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BENTON, KY 42025

DAVID P'POOL
4000 DRIPPING SPRINGS ROAD
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GEORGE KLOSS
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H.D. SMITH WHOLESALE DRUG CO.
6001 GLOBAL DISTRIBUTION WAY
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HEALTHLINK INC.
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SAINT LOUIS, MO 63166

HIPP BUILDING PARTNERSHIP
PO BOX 2500
PADUCAH, KY 42002-2500

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HOMES PLUMBING SUPPLY, INC.
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HOSPIRA WORLDWIDE, INC.
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HRI
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PHILADELPHIA, PA 19101-7346

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IPFS CORPORATION
24722 NETWORK PLACE
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LOUISE GROVE
522 CADIZ STREET
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MARY TUCKER
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MAX MICHAEL REED
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MCCRACKEN COUNTY SHERIFF
JON HAYDEN
MCCRACKEN COUNTY COURTHOUSE
PADUCAH, KY 42003

MEDELA, INC.
1101 CORPORATE DRIVE
MCHENRY, IL 60050

MEDI-QUIP INC.
111 N. COLUMBIA AVENUE
LAWRENCEBURG, TN 38464

MEDICAL CENTER HOME CARE PROGRAM
1953 SCOTTSVILLE ROAD
SUITE 200
BOWLING GREEN, KY 42104

MEDICAL SPECIALTIES DISTRIBUTORS, LLC
DEPT.1729
PO BOX 11407
BIRMINGHAM, AL 35246-1729

MEDICAL SPECIALTIES DISTRIBUTORS, LLC
DEPT. 1729
PO BOX 11407
BIRMINGHAM, AL 35246-1729

MEDIWARE INFORMATION SYSTEMS INC.
PO BOX 204176
DALLAS, TX 75320-4176

MEDLINE INDUSTRIES
DEPT. CH14400
PALATINE, IL 60055-4400

MEGAN GREENWELL
132 HOLMES DRIVE
PADUCAH, KY 42003

MELISSA KIMBRO
959 SUGAR CREEK ROAD
GRAND RIVERS, KY 42045

MICHAEL BOWEN
117 SUMMER LANE
KEVIL, KY 42053

MICHAEL HARTIGAN
5245 CRAIGS CREEK DRIVE
LOUISVILLE, KY 40241

MICHAEL LENEAVE
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MICHAEL S. HAYDEN
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OWENSBORO, KY 42301

MICHAEL STEWART
847 OLD MAYFIELD ROAD
PADUCAH, KY 42003

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4712 US HIGHWAY 68 WEST
BENTON, KY 42025

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506 CENTER STREET CENTRAL
CENTRAL CITY, KY 42330

MIKE TRAYLOR
774 MASHBURN ROAD
PRINCETON, KY 42445

MILDRED DACUS
91 SEXTON LANE
GILBERTSVILLE, KY 42044

MISCAL LOVELL
825 MAPLE STREET
PRINCETON, KY 42445

MOBILE MEDICAL MAINTENANCE COMPANY
4684 NORTH RIDGE ROAD
PERRY, OH 44081

MOLLY KAYTE FALWELL
4815 NEW PROVIDENCE ROAD
HAZEL, KY 42049

MYRTLE I. RAGSDEL
83 BENT TREE
BENTON, KY 42025

NAOMI COPELAND
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NATIONAL GUARDIAN LIFE
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DALLAS, TX 75267-8086

NATIONALWIDE RETIREMENT PLAN RESOURCES
943 SOUTH FIRST STREET
LOUISVILLE, KY 40203

NATIONWIDE TRUST COMPANY
RETIREMENT PLAN RESOURCES, LLC
943 S. FIRST STREET
LOUISVILLE, KY 40203

NATURS DESIGN INC.
ACCOUNTS RECEIVABLE
100 WEST WASHINGTON AVE., STE. 1
JACKSON, MI 49201

NESTLE USA
PO BOX 277817
ATLANTA, GA 30384-7817

NICHOLAS SULLIVAN
8104 STATE ROUTE 945
MELBER, KY 42069

NICK'S PEST MANAGEMENT, INC.
80 CURTIS MINE ROAD
MADISONVILLE, KY 42431

NICKIE SHEVER
210 LES LEE DRIVE
PADUCAH, KY 42001

NOAH ANTHONY
1402 JEFFERSON STREET
PADUCAH, KY 42002

NONIN MEDICAL INC.
PO BOX 1150
MINNEAPOLIS, MN 55480-1150

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HOPKINSVILLE, KY 42240

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LEDBETTER, KY 42058

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OWENSBORO, KY 42302-9008

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1224 SKYLINE DRIVE
PRINCETON, KY 42445

OWENSBORO MUNICIPAL UTILITIES
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PATRICIA KANACHKI
321 BANBERRY BEND
PADUCAH, KY 42003

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PAULA ALDRIDGE
PO BOX 783
EDDYVILLE, KY 42038

PFS LLC
1411 WEST 7TH STREET
HOPKINSVILLE, KY 42240

PGBA, LLC TRICARE REFUNDS
ATTN: TRICARE NORTH REGION
PO BOX 870513
MYRTLE BEACH, SC 29587

PHILIPS HEALTHCARE
PO BOX 100355
ATLANTA, GA 30384

PHILLIP BENNETT
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PHYSICIANS ENGINEERED PRODUCTS
103 SMITH STREET
FRYEBURG, ME 04037

POSTMASTER

PREMIER FIRE PROTECTION, INC.
PO BOX 1037
PADUCAH, KY 42002-1037

PRIDE MOBILITY PRODUCTS CORPORATION
182 SUSQUEHANNA AVENUE
PITTSTON, PA 18643

PROFESSIONAL BENEFIT ADMINISTRATORS
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HINSDALE, IL 60522-4687

PROTECTIVE LIFE INS. CO.
PO BOX 2224
BIRMINGHAM, AL 35246-0030

QSI DATA SYSTEMS
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3402 BUCKNER LANE
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RAY'S FIRE & SAFETY, INC.
1203 OLD WHEATLAND ROAD
VINCENNES, IN 47591

RAYMOND WAYNE JONES
893 PEACH ORCHARD ROAD
MURRAY, KY 42071

RC SPECIALTIES INC.
20020 TYLER STREET NW
ELK RIVER, MN 55330

REGINA H. TAYLOR
549 EAST 4TH STREET
LA CENTER, KY 42056

REID INDUSTRIES D/B/A PIKSTIK
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RELAY FOR LIFE
AMERICAN CANCER SOCIETY

REMIT DATA
80 MONROE AVENUE
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MEMPHIS, TN 38103

RENAISSANCE MEDICAL, LLC
PO BOX 2728
LONDON, KY 40743

REPUBLIC SERVICES #686
PO BOX 9001099
LOUISVILLE, KY 40290-1099

RESMED
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RESPIRONICS, INC.
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RETIREMENT PLAN RESOURCES, LLC
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DEXTER, KY 42036

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206 CRESTMONT DRIVE
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RITA CAIN
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PADUCAH, KY 42001

ROBERT HINSHAW
8048 AYER DRIVE
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ROBERT MILES OWEN
9620 OLD HINKLEVILLE ROAD
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ROBERT VASS
10465 JEFFERSON DAVIS HIGHWAY
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RONNIE D. LADD
213 WEST SANDRA DRIVE
PRINCETON, KY 42445

ROSA HARRIS
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DAWSON SPRINGS, KY 42408

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SHIRLEY ISOM
323 PELLVILLE ROAD
HAWESVILLE, KY 42348

SHIRLEY SUE MERRICK
571 BRIARFIELD ROAD
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SIMPLY THICK, LLC
200 SOUTH HANLEY ROAD, SUITE 102
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PHILPOT, KY 42366

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UNUM LIFE INSURANCE CO OF AMERICA
PO BOX 403748
ATLANTA, GA 30384-3748

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OWENSBORO, KY 42303

VECTREN ENERGY DELIVERY
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SAN FRANCISCO, CA 94145-0516

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WANDA COOKE

WEBSTER WALLACE
314 HILLVIEW COURT
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ATTN: CLAIMS REFUNDS
PO BOX 8500-7296
PHILADELPHIA, PA 19178

WELLCARE HEALTH PLANS
PO BOX 31584
TAMPA, FL 33631-3584

WESLEY ANDERSON
75 FEHRENBACKER LANE
GRAND CHAIN, IL 62941

WESLEY RYAN BELT
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WILLIAM ANDERS JOHNSON
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WILLIAM SMITH
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OWENSBORO, KY 42301

WYATT OVERSTREET
1397 BATTS ROAD
WICKLIFFE, KY 42087

YUNG DUONG
560 LOVELACEVILLE-FLORENCE STATE ROUTE
PADUCAH, KY 42001

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

In re **Easycare 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 **Easycare 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*]

July 3, 2014

Date

/s/ Wendy D. Brewer

Wendy D. Brewer 22669-49

Signature of Attorney or Litigant
Counsel for **Easycare Inc.**

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