

United States Bankruptcy Court District of Kansas, Topeka Division							Voluntary Petition			
Name of Debtor (if individual, enter Last, First, Middle): <b>All-Pro Services, Inc.,</b>							Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names Used by the Debtor in the last 8 years (include married, maiden, and trade names):							All Other Names Used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>74-2839137</b>							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): <b>414 SW 6th Ave.</b>							Street Address of Joint Debtor (No. and Street, City, and State):			
<b>Topeka, KS</b> <span style="float: right;"><b>66603</b></span>										
County of Residence or of the Principal Place of Business: <b>Shaawnee</b>							County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address):							Mailing Address of Joint Debtor (if different from street address):			
Location of Principal Assets of Business Debtor (if different from street address above):										
<b>Type of Debtor</b> (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)			<b>Nature of Business</b> (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <b>Cleaning/Restoration Service</b>			<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (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				
			<b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			<b>Nature of Debts</b> (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose. <input type="checkbox"/> Debts are primarily business debts.				
<b>Filing Fee</b> (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.							<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input 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) <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owned to insiders or affiliates) are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input 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.									<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000										
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion										
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 checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion										

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): All-Pro Services, Inc.	
<b>All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet.)</b>			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)</b>			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;"><b>Exhibit A</b></p> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<p style="text-align: center;"><b>Exhibit B</b></p> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  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 _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Signature of Attorney</span> <span>Date</span> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="margin-left: 100px;">                 _____                  (Name of landlord that obtained judgment)             </div>  <div style="margin-left: 100px;">                 _____                  (Address of landlord)             </div>  <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 judgement for possession was entered, and  <input type="checkbox"/> Debtor has included in 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(1)).			

<p><b>Voluntary Petition</b> (This page must be completed and filed in every case)</p>	<p>Name of Debtor(s): All-Pro Services, Inc.</p>
<b>Signatures</b>	
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></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 § 342(b) of the Bankruptcy Code.</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;"><b>Signature of a Foreign Representative</b></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 § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to § 1511 of title 11, United States Code, 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;"><b>Signature of Attorney*</b></p> <p>X <u>/s/ Charles T. Engel - #12304</u> Signature of Attorney <u>Charles T. Engel</u> Printed Name of Attorney for Debtor(s) <u>Engel Law, P.A.</u> Firm Name <u>800 SW Jackson, Ste. 1000</u> Address <u>Topeka, KS 66612</u></p> <p><u>785-233-6700 / 785-233-6701 (fax)</u> Telephone Number <u>10/12/09</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;"><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></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 notice 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 19B 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>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.</p>
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></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><u>/s/ Rodney J. Eisenbarth</u> Signature of Authorized Individual <u>Rodney J. Eisenbarth</u> Printed Name of Authorized Individual <u>President</u> Title of Authorized Individual <u>10/12/09</u> Date</p>	<p>X _____ Date</p>

**UNITED STATES BANKRUPTCY COURT**  
**District of Kansas, Topeka Division**

In Re: All-Pro Services, Inc.  
**Debtor**

Case No. \_\_\_\_\_  
 (if known)

Chapter 11

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1			
B - Personal Property	No	0			
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		\$650,032.37	
E - Creditors Holding Unsecured Priority Claims	Yes	3		\$101,742.14	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	9		\$161,734.69	
G - Executory Contracts and Unexpired Leases	No	0			
H - Codebtors	No	0			
I - Current Income of Individual Debtor(s)	No	0			0.00
J - Current Expenditures of Individual Debtor(s)	No	0			0.00
TOTAL		14		\$913,509.20	



In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

**Debtor**

(if known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint or Community". If the debtor holds no interest in real property, write "None" under "Description and Location of Property".

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim".

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property Without Deducting Any Secured Claim or Exemption	Amount of Secured Claim
None				
Total			\$0.00	

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

**Debtor**

(if known)

### 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 the 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, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). 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 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 Without Deducting Value of Collateral" 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, if Any" 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	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred, Nature of Lien, and Description and Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account Number: 104074-103 Capital City Bank PO Box 1433 Topeka, KS 66601-1433		Business loan secured by assets, life insurance and real estate  VALUE \$				650,032.37	Unknown
Account Number: Law Office of Eldon L. Gay 2933 SW Woodside Dr. Topeka, KS 66614		Agent for Capital City Bank  VALUE \$				-0-	-0-
Account Number:   VALUE \$							
Subtotal (Total of this page)						\$650,032.37	\$0.00
Total (Use only on last page)						\$650,032.37	

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

0 continuation sheets attached

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

**Debtor**

(if known)

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of this petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

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. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

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 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.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).



In Re: All-Pro Services, Inc.  
**Debtor**

Case No. \_\_\_\_\_  
(if known)

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,425\* deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTR, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

**Debtor**

(if known)

Type of Priority

Creditor's Name and Mailing Address Including Zip Code	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred, and Consideration for Claim	Type of Priority			Total Amount of Claim	Amount Entitled to Priority	Amount Not Entitled to Priority, If Any
			Contingent	Unliquidated	Disputed			
Account Number: 74-2839137 IRS Odgen, UT 84201		941 deposits 2008				61,638.98	Unknown	Unknown
Account Number: 742839127 Kansas Department of Revenue 915 SW Harrison Topeka, KS 66625-2007		2008 Withholding				13,900.50	Unknown	Unknown
Account Number: 08084628 Shawnee County Treasurer 200 E 7th St., Rm 101 Topeka, KS 666503		2008 Property Tax				3,299.09	Unknown	Unknown
Account Number: 19234198 Missouri Department of Revenue PO Box 3390 Jefferson City, MO 65105-3390		2005, 2006 and 2007 Withholdings				22,903.57	Unknown	Unknown
Account Number: _____								
Account Number: _____								
Subtotal (Total of this page)						\$101,742.14	\$0.00	\$0.00
Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$101,742.14		
Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

**Debtor**

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the 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. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all 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 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.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account Number: 2100602547245 AT&T PO Box 650502 Dallas, TX 75265-0502		Services				834.84
Account Number: 2100733696588 AT&T PO Box 650502 Dallas, TX 75265-0502		Advertising				6,129.72
Account Number: 41788135664119 AT&T PO Box 650502 Dallas, TX 75265-0502		Services			X	18.66
Account Number: AT&T Yellow Pages PO Box 650502 Dallas, TX 75265-0502		Advertising - SWB				19,999.98

Subtotal **\$26,983.20**

8 continuation sheets attached

Total  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

Debtor		(if known)			Amount of Claim	
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated		Disputed
Account Number: xxxx xxxx xxxx 2662 Bank of America PO Box 15710 Wilmington, DE 19886-5710		Business purchases				1,047.15
Account Number: xxxx xxxx xxxx 5547 Bank of America PO Box 15710 Wilmington, DE 19886-5710		Business purchases				1,404.66
Account Number: xxxx xxxx xxxx 8403 Best Buy/HSBC PO Box 5238 Carol Stream, IL 60197-5238		Business purchases				1,552.00
Account Number: 11466-002 Butler & Associates, P.A. 3706 S. Topeka Blvd., Ste. 300 Topeka, KS 66609		Agent for Mohawk Factoring				-0-
Account Number: 114661002 Butler & Associates, P.A. 3706 S. Topeka Blvd., Ste. 300 Topeka, KS 66609		Agent for AT&T				-0-
Account Number: Butler & Associates, P.A. 3706 S. Topeka Blvd., Ste. 300 Topeka, KS 66609		Agent for AT&T Yellow Pages				-0-
Account Number: 007397372 CR Laurence Company 2503 E. Vernon Ave. Los Angeles, CA 90058		Supplies				50.00
Subtotal						\$4,053.81
Total						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 1 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

Debtor		(if known)				
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account Number: 09200241423 CT Corporation PO Box 4349 Carol Stream, IL 60197-4349		Registered agent services				296.00
Account Number: ALLPTOP CLA-MAR PO Box 1797 Topeka, KS 66607		Materials				335.88
Account Number: 0007068 CPI Qualified Plan Consultants, Inc. PO Box 1167 Great Bend, KS 67530-1167		Health Care Plan				284.00
Account Number: 301688159 Century Tell PO Box 4300 Carol Stream, IL 60197-4300		Services			X	9,228.00
Account Number: xxxx xxxx xxxx 5070 Case Card Services PO Box 94014 Palatine, IL 60094-4014		Business purchases				2,987.06
Account Number: 000048320 City of Lawrence PO Box 708 Lawrence, KS 66044-0708		Dumpster fees				1,990.46
Account Number: 800472 Commercial Fleet Repair LLC 5600C S. Topeka Blvd. Topeka, KS 66609		Services			X	583.88
Subtotal						\$15,705.28
Total						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 2 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

Debtor		(if known)				
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account Number: 123916 Commercial Investigations, Inc. 6311 VanNuys Blvd., Ste. 441 Van Nuys, CA 91401		Agent of Commercial Fleet Repair				-0-
Account Number: 87001 0402 Conoco Phillips PO Box 19107 Houston, TX 77224-9107		Fuel Costs				5,569.00
Account Number: 001 1021 060690002 Cox Communications PO Box 21380 Tulsa, OK 74121-1380		Phone, cable & internet services				1,003.65
Account Number: 734-736 W. Kathryn Edward J. Kenny Trust 657 Woodridge Ct. Nixa, MO 65714		Rent				2,700.00
Account Number: xxxx xxxx xxxx 4997 GE Capital Financial Inc. Sam's Club Discover PO Box 960016 Orlando, FL 32896-0016		Buriness purchases				5,283.86
Account Number: 854354867 Grainger PO Box 419267 Kansas City, MO 64141-6267		Products pruchases				33.94
Account Number: Gree & Finch Chtd, PO Box 643 Ottawa, KS 66067		Legal Services			X	75.00
Subtotal						\$14,665.45
Total						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 3 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

Debtor		(if known)			Amount of Claim	
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated		Disputed
Account Number: ALLPRO Ground On-Site Storage LLC 5990 SW 29th St., ste. B Topeka, KS 66614		Storage containers				3,920.42
Account Number: xxxx xxxx xxxx 1387 Home Depot Credit Services PO Box 6031 The Lakes, NV 88901-6031		Business purchases				2,382.17
Account Number: 800472 ICA Collections Systems, Inc. 7300 S. McNabb Rd., Ste. 117 Tamarac, FL 33321		Agent for Commercial Fleet Repair				-0-
Account Number: 2272247 Interlink of Kansas 2603 Merriam Ln. Kansas City, KD 66106		Equipment Rental				1,400.00
Account Number: 4142095 Joseph, Mann & Creed PO Box 22253 Beachwood, OH 44122-0253		Agent for Topeka Capital-Journal				-0-
Account Number: 9997 Martini, Hughes and Grossman 1040 S. Federal Hwy, Ste. 100 Delray Beach, FL 33483		Agent for Names and Numbers				-0-
Account Number: 174605 Mohawk Industries PO Box 87640 Dallas, TX 75283-7640		Products purchases				3,223.00
Subtotal						\$10,925.59
Total						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 4 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

Debtor		(if known)				
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Codebtor	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account Number: More Floods Inc. 14804 W. 114th Terr. Lenxa, KS 66215		Membership dues				2,700.00
Account Number: Conoco Morgan & Associates 2601 NE Expressway, Ste. 205E Oklahoma City, OK 73112		Agent for Conoco Phillips				-0-
Account Number: 212014 NUVOX PO Box 58041 Charlotte, NC 28258-0451		Phone services				1,520.21
Account Number: 228347 Names and Numbers PO Box 1479 Pittsburg, KS 66762		Advertising				21,224.93
Account Number: 385470 O'Reilly Auto Parts PO Box 790098 St. Louis, MO 63179-0098		Auto repair				659.19
Account Number: Overfield Corp. 1915 W 24th St. Lawrence, KS 66046		Services provided				263.40
Account Number: 248235 Phone Directories Co PO Box 2277 Orem UT 84059-2277		Advetising				1,700.00
Subtotal						\$28,067.73
Total						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 5 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims



In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

Debtor		(if known)				
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account Number: 7802482-001 Pitney Bowes Global Financial Serv. PO Box 856460 Louisville, KY 40285-6460		Lease on mailing system				262.18
Account Number: Print Solutions Plus 2650 Burlington North Kansas City, MO 64116		Marketing materials				7,532.20
Account Number: GEC1080682 Professional Bureau of Collections of Maryland, Inc. PO Box 628 Elk Grove, CA 95759-0629		Agent for Sam's Club Discover				-0-
Account Number: Rick's Concrete Sawing, Inc. PO Box 5634 Topeka, KS 66605		Services				132.35
Account Number: Roy's Electric 255 Bingham Rd. Branson, MO 65616		Services				166.03
Account Number: 545703311 SPRINT (Nextel) PO Box 8077 London, KY 40742		Cell phone service				498.21
Account Number: 25711527 Southwest Credit Systems LP 5910 W. Plano Pkwy, Ste. 100 Plano, TX 75093-4638		Agent for AT&T Yellow Pages				-0-
Subtotal						\$8,590.97
Total						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 6 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

Debtor		(if known)			Amount of Claim	
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor Husband, Wife, Joint, or Community	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated		Disputed
Account Number: 2272247-C7 Stuart Allan & Assoc. 5447 E. 5th St., Ste. 110 Tuscon, AZ 85711-2345		Agent for Interlink				-0-
Account Number: 0000551 The Topeka Capital-Journal PO Box 219246 Kansas City, MO 74121-9246		Advertising				69.00
Account Number: 76243 The Vogler Law Firm, P.C. PO Box 419037 St. Louis, MO 63141-9037		Legal services				2,280.00
Account Number: Unknown US Automotive Vehice Repiar 1840 N. Deffer Nixa, MO 65714		Repairs				480.64
Account Number: USA Mobility Wireless, Inc. PO Box 660770 Dallas, TX 75266-0770		Phone service				165.49
Account Number: 001-491199 WCA PO Box 553166 Detriot, MI 48255-3166		Dumpster fees				1,888.64
Account Number: 001491199 Waste Corporation of Missosuri, Inc. 2120 W. Bennet St. Springfield, MO 65807		Dumpster fees				2,434.44
Subtotal						\$7,318.21
Total						
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

Sheet no. 7 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

Debtor		(if known)				
Creditor's Name and Mailing Address Including Zip Code, and Account Number	Code Debtor	Date Claim was Incurred and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account Number: 127455 Xactware PO Box 30196 New York, NY 10087		Estimating software service				340.00
Account Number: 374336 Yellow Book PO Box 3162 Cedar Rapids, IA 52406-3162		Advertising Springfield/Branson				18,475.15
Account Number: A014M1 Yellow Book PO Box 3162 Cedar Rapids, IA 52406-3162		Advertising Northeast Kansas				12,324.68
Account Number: A01GZW Yellow Book PO Box 3162 Cedar Rapids, IA 52406-3162		Advertising Lawrence/Ottawa				14,284.62
Account Number:						
Account Number:						
Account Number:						
Subtotal						\$45,424.45
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$161,734.69

Sheet no. 8 of 8 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Debtor

(if known)

**UNITED STATES BANKRUPTCY COURT  
District of Kansas, Topeka Division**

**STATEMENT  
Pursuant to Rule 2016(b)**

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(s) and that the 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 this bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	215.00 per hour
Prior to the filing of this statement I have received	\$	4,338.50
Amount of filing fee in this case paid	\$	1,039.00
Balance Due	\$	unknown

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

- Debtor(s)
- Other (Specify: )

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

- Debtor(s)
- Other (Specify: )

4.  I have not agreed to share the above-disclosed compensation with a person or persons who are not members or 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 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:

- Analysis of the debtor(s) financial situation, and rendering advice to the debtor(s) in determining whether to file a petition in bankruptcy under title 11 of the United States Code.
- Preparation and filing of any petition, schedules, statements, and plan which may be required.
- Representation of the debtor(s) at the meeting of creditors.
- Negotiation of reaffirmation or surrender of secured collateral.
- 
- 

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

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.

10/12/09  
Date

X /s/ Charles T. Engel - #12304  
Signature of Attorney



**UNITED STATES BANKRUPTCY COURT****District of Kansas, Topeka Division**In Re: All-Pro Services, Inc.

Case No. \_\_\_\_\_

**Debtor**

(if known)

Chapter 11**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

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

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code of employee, agent, or department of creditor familiar with claim who may be contacted.	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff.	Amount of claim [if secured also state value of security]
1 IRS Odgen, UT 84201				61,638.98
2 Missouri Department of Revenue PO Box 3390 Jefferson City, MO 65105-3390				22,903.57
3 Names and Numbers PO Box 1479 Pittsburg, KS 66762			Disputed	21,224.93
4 AT&T Yellow Pages PO Box 650502 Dallas, TX 75265-0502			Disputed	19,999.98

**B4 (Official Form 4) (01/08)**

	(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code of employee, agent, or department of creditor familiar with claim who may be contacted.	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff.	(5) Amount of claim [if secured also state value of security]
5	Yellow Book PO Box 3162 Cedar Rapids, IA 52406-3162			Disputed	18,475.15
6	Yellow Book PO Box 3162 Cedar Rapids, IA 52406-3162			Disputed	14,284.62
7	Kansas Department of Revenue 915 SW Harrison Topeka, KS 66625-2007				13,900.50
8	Yellow Book PO Box 3162 Cedar Rapids, IA 52406-3162			Disputed	12,324.68
9	Century Tell PO Box 4300 Carol Stream, IL 60197-4300			Disputed	9,228.00
10	Print Solutions Plus 2650 Burlington North Kansas City, MO 64116			Disputed	7,532.20
11	AT&T PO Box 650502 Dallas, TX 75265-0502				6,129.72
12	Conoco Phillips PO Box 19107 Houston, TX 77224-9107			Disputed	5,569.00

## B4 (Official Form 4) (01/08)

	(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code of employee, agent, or department of creditor familiar with claim who may be contacted.	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff.	(5) Amount of claim [if secured also state value of security]
13	GE Capital Financial Inc. Sam's Club Discover PO Box 960016 Orlando, FL 32896-0016			Disputed	5,283.86
14	Ground On-Site Storage LLC 5990 SW 29th St., ste. B Topeka, KS 66614			Disputed	3,920.42
15	Shawnee County Treasurer 200 E 7th St., Rm 101 Topeka, KS 666503				3,299.09
16	Mohawk Industries PO Box 87640 Dallas, TX 75283-7640			Disputed	3,223.00
17	Case Card Services PO Box 94014 Palatine, IL 60094-4014			Disputed	2,987.06
18	Edward J. Kenny Trust 657 Woodridge Ct. Nixa, MO 65714			Disputed	2,700.00
19	More Floods Inc. 14804 W. 114th Terr. Lenxa, KS 66215			Disputed	2,700.00
20	Waste Corporation of Missouri, Inc. 2120 W. Bennet St. Springfield, MO 65807			Disputed	2,434.44



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

I, the undersigned authorized agent of the corporation named as the Debtor in this case, declare under penalty of perjury that I have read the foregoing "List of Creditors Holding 20 Largest Unsecured Claims" and that it is true and correct to the best of my knowledge, information and belief.

10/12/09  
Date

X /s/ Rodney J. Eisenbarth  
Signature of Authorized Individual  
Rodney J. Eisenbarth, President  
Printed Name and Title