

B1 (Official Form 1)(12/11)

<b>United States Bankruptcy Court Eastern District of Kentucky</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Asthma and Allergy Center, LLC</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>20-5893536</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>156 Island Creek Road Pikeville, KY</b> <div style="text-align: right;">ZIP Code <b>41501</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Pike</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
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) <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.)	<b>Nature of Business</b> (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	<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>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<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 household purpose." <input checked="" 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> 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 \$2,343,300 (amount subject to adjustment on 4/01/13 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).
<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.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input 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		
<b>Estimated Assets</b> <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		
<b>Estimated Liabilities</b> <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> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Asthma and Allergy Center, LLC</b>
---	---

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	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: <b>See Attachment</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <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.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
---	--

**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?

Yes, and Exhibit C is attached and made a part of this petition.  
 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.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

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)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

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)

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)

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

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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**Asthma and Allergy Center, LLC**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

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).  
  
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

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.

(Check only one box.)

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.

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.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

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.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
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.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

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:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*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.*

**Signature of Attorney\***

**X** /s/ Jamie L. Harris  
Signature of Attorney for Debtor(s)

Jamie L. Harris  
Printed Name of Attorney for Debtor(s)

DelCotto Law Group PLLC  
Firm Name

200 North Upper Street  
Lexington, KY 40507-1017

\_\_\_\_\_  
Address

(859) 231-5800 Fax: (859) 281-1179  
Telephone Number

May 31, 2012  
Date

\*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.

**Signature of Debtor (Corporation/Partnership)**

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.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Djien H. So  
Signature of Authorized Individual

Djien H. So  
Printed Name of Authorized Individual

Managing Member  
Title of Authorized Individual

May 31, 2012  
Date

In re Asthma and Allergy Center, LLC, Case No. \_\_\_\_\_  
Debtor

**FORM 1. VOLUNTARY PETITION**  
**Pending Bankruptcy Cases Filed Attachment**

<u>Name of Debtor / District</u>	<u>Case No. / Relationship</u>	<u>Date Filed / Judge</u>
<b>Aaron K. Jonan Memorial Clinic, Inc. Eastern District of Kentucky</b>	<b>related entity</b>	<b>06/01/12</b>
<b>Pediatric Associates of Hazard, LLC Eastern District of Kentucky</b>	<b>related entity</b>	<b>06/01/12</b>
<b>Pediatric Associates of Pikeville, LLC Eastern District of Kentucky</b>	<b>related entity</b>	<b>06/01/12</b>
<b>Red River Healthcare, LLC Eastern District of Kentucky</b>	<b>12-51486 related entity</b>	<b>06/01/12</b>

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
Eastern District of Kentucky**

In re Asthma and Allergy Center, LLC

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) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Aaron's Prod. Inc. 1041 Eighth Avenue Huntington, WV 25701	Aaron's Prod. Inc. 1041 Eighth Avenue Huntington, WV 25701	Trade debt		1,305.00
Accredo Health Grp, Inc. Attn: Wholesale Dept. 13408 Collections Center Drive Chicago, IL 60693	Accredo Health Grp, Inc. Attn: Wholesale Dept. 13408 Collections Center Drive Chicago, IL 60693	Trade debt		72,355.48
AT&T PO Box 105503 Atlanta, GA 30348	AT&T PO Box 105503 Atlanta, GA 30348	Advertising - yellow pages		26,786.08
AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197-6463	AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197-6463	Utility service		250.64
Berry PO Box 790250 St.Louis, MO 63179-0250	Berry PO Box 790250 St.Louis, MO 63179-0250	Advertising		756.04
Big Sandy HVAC P.O. Box 330 29 KY Route 825 Hagerhill, KY 41222	Big Sandy HVAC P.O. Box 330 29 KY Route 825 Hagerhill, KY 41222	Trade debt		140.95
Cooley Accounting P.O. Box 3601 Pikeville, KY 41502	Cooley Accounting P.O. Box 3601 Pikeville, KY 41502	Accounting services		12,868.71
Cooley Medical Equip P O Box 231 Prestonsburg, KY 41653-5026	Cooley Medical Equip P O Box 231 Prestonsburg, KY 41653-5026	Medical supplies		761.80
Eastern Tele and Tech PO Box 2692 Pikeville, KY 41502	Eastern Tele and Tech PO Box 2692 Pikeville, KY 41502	Utility service		212.00
Eastern Telephone 106 Power Drive Pikeville, KY 41502	Eastern Telephone 106 Power Drive Pikeville, KY 41502	Utility service		670.30

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

In re **Asthma and Allergy Center, LLC**

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

Debtor(s) \_\_\_\_\_

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

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Estates of Homer &amp; Mary Short 7766 RT. 23 South Mayo Hagerhill, KY 41222</b>	<b>Estates of Homer &amp; Mary Short 7766 RT. 23 South Mayo Hagerhill, KY 41222</b>	<b>Rent under prior lease</b>		<b>31,500.00</b>
<b>Fowler, Measle &amp; Bell, PLLC 300 West Vine Street Suite 600 Lexington, KY 40507-1660</b>	<b>Fowler, Measle &amp; Bell, PLLC 300 West Vine Street Suite 600 Lexington, KY 40507-1660</b>	<b>Legal services</b>	<b>Disputed</b>	<b>2,622.36</b>
<b>Laboratory Corporation P.O. Box 12140 Burlington, NC 27216-2140</b>	<b>Laboratory Corporation P.O. Box 12140 Burlington, NC 27216-2140</b>	<b>Trade debt</b>		<b>1,200.00</b>
<b>LightYear P.O. Box 740882 Cincinnati, OH 45274-0882</b>	<b>LightYear P.O. Box 740882 Cincinnati, OH 45274-0882</b>	<b>Utility service</b>		<b>940.82</b>
<b>Physician Sales &amp; Service 1950 Ruffin Mill Road Colonial Heights, VA 23834</b>	<b>Physician Sales &amp; Service 1950 Ruffin Mill Road Colonial Heights, VA 23834</b>	<b>Trade debt</b>		<b>1,000.00</b>
<b>Pitney Bowes Inc P.O. Box 856390 Louisville, KY 40285-6390</b>	<b>Pitney Bowes Inc P.O. Box 856390 Louisville, KY 40285-6390</b>	<b>Trade debt</b>		<b>9,076.86</b>
<b>Reed Wicker PLLC 1120 Waterfront Plaza 321 West Main Street/Ste2100 Louisville, KY 40202</b>	<b>Reed Wicker PLLC 1120 Waterfront Plaza 321 West Main Street/Ste2100 Louisville, KY 40202</b>	<b>Legal services</b>		<b>1,500.00</b>
<b>Roger's Self-Service P O Box 181 Pikeville, KY 41502</b>	<b>Roger's Self-Service P O Box 181 Pikeville, KY 41502</b>	<b>Trade debt</b>		<b>9,359.68</b>
<b>Siemens Healthcare Diagnostics P.O. Box 121102 Dallas, TX 75312-1102</b>	<b>Siemens Healthcare Diagnostics P.O. Box 121102 Dallas, TX 75312-1102</b>	<b>Trade debt</b>		<b>7,887.13</b>
<b>Solutions 1001 Brickell Bay Drive-9th Floor Miami, FL 33131</b>	<b>Solutions 1001 Brickell Bay Drive-9th Floor Miami, FL 33131</b>	<b>Trade debt</b>		<b>2,960.00</b>

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

In re Asthma and Allergy Center, LLC  
Debtor(s)

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

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

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

I, the Managing Member 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 May 31, 2012

Signature /s/ Djien H. So  
**Djien H. So**  
**Managing Member**

*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  
Eastern District of Kentucky**

In re **Asthma and Allergy Center, LLC**

Debtor(s)

Case No.

Chapter **11**

**VERIFICATION OF MAILING LIST MATRIX**

I, the Managing Member of the corporation named as the petitioner(s) in the above-styled bankruptcy action, declare under penalty of perjury that the attached mailing list matrix of creditors and other parties in interest consisting of 4 page(s) is true and correct and complete, to the best of my (our) knowledge.

Date: **May 31, 2012**

**/s/ Djien H. So**

**Djien H. So/Managing Member**

Signer/Title

I, **Jamie L. Harris**, counsel for the petitioner(s) in the above-styled bankruptcy action, declare that the attached Master Address List consisting of 4 page(s) has been verified by comparison to Schedules D through H to be complete, to the best of my knowledge. I further declare that the attached Master Address List can be relied upon by the Clerk of Court to provide notice to all creditors and parties in interest as related to me by the debtor(s) in the above-styled bankruptcy action until such time as any amendments may be made.

Date: **May 31, 2012**

**/s/ Jamie L. Harris**

Signature of Attorney

**Jamie L. Harris**

**DeICotto Law Group PLLC**

**200 North Upper Street**

**Lexington, KY 40507-1017**

**(859) 231-5800 Fax: (859) 281-1179**



Aaron's Prod. Inc.  
1041 Eighth Avenue  
Huntington WV 25701

Accredo Health Grp, Inc.  
Attn: Wholesale Dept.  
13408 Collections Center Drive  
Chicago IL 60693

AT&T  
PO Box 105503  
Atlanta GA 30348

AT&T Mobility  
P.O. Box 6463  
Carol Stream IL 60197-6463

Berry  
PO Box 790250  
St.Louis MO 63179-0250

Big Sandy HVAC  
P.O. Box 330  
29 KY Route 825  
Hagerhill KY 41222

Centers for Medicare & Medicaid Svc  
US Dept Health & Human Svcs  
Office of the Regional Administrator  
61 Forsyth Street, SW, Suite 4T20  
Atlanta GA 30303-8909

Charles Keese (Sheriff)  
P O Box 839  
Pikeville KY 41502

City of Pikeville  
118 College Street  
Pikeville KY 41501

Columbia Gas  
P.O. Box 14241  
Lexington KY 40512-4241

Cooley Accounting  
P.O. Box 3601  
Pikeville KY 41502

Cooley Medical Equip  
P O Box 231  
Prestonsburg KY 41653-5026

Djien So  
P O Box 2229  
Pikeville KY 41502

Eastern Tele and Tech  
PO Box 2692  
Pikeville KY 41502

Eastern Telephone  
106 Power Drive  
Pikeville KY 41502

Estates of Homer & Mary Short  
7766 RT. 23 South Mayo  
Hagerhill KY 41222

Fowler, Measle & Bell, PLLC  
300 West Vine Street Suite 600  
Lexington KY 40507-1660

Hoover Dawahare Estate  
3210 Maria Drive  
Lexington KY 40516

Internal Revenue Service  
P.O. Box 7346  
Philadelphia PA 19101-7346

Karnes Properties  
411 Central Avenue, Ste 14  
South Williamson KY 41503

Kentucky Dept. of Revenue  
Legal Branch - Bankruptcy Section  
P. O. Box 5222  
Frankfort KY 40602

Kentucky Medicaid  
Cabinet for Health and Family Services  
Office of the Secretary  
275 East Main St.  
Frankfort KY 40621

KY Div Unemp  
P O Box 948  
Frankfort KY 40602-0948

Laboratory Corporation  
P.O. Box 12140  
Burlington NC 27216-2140

LightYear  
P.O. Box 740882  
Cincinnati OH 45274-0882

M.D. Clinics, Inc.  
156 Island Creek Road  
Pikeville KY 41501

Physician Sales & Service  
1950 Ruffin Mill Road  
Colonial Heights VA 23834

Pike County Judge Executive  
Courthouse  
146 Main St  
Pikeville KY 41501

Pikeville Independent Schools  
148 Second Street  
Pikeville KY 41501

Pinnacle Publishing  
4030 Technology Drive NW  
Bemidji MN 56601

Pitney Bowes Inc  
P.O. Box 856390  
Louisville KY 40285-6390

Reed Wicker PLLC  
1120 Waterfront Plaza  
321 West Main Street/Ste2100  
Louisville KY 40202

Roger's Self-Service  
P O Box 181  
Pikeville KY 41502

Siemens Healthcare Diagnostics  
P.O. Box 121102  
Dallas TX 75312-1102

Solutions  
1001 Brickell Bay Drive-9th Floor  
Miami FL 33131