

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Eastern District of Kentucky		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Resources in Healthcare Management, LLC		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)/Complete EIN (if more than one, state all) 42-1608345		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): 1055 Wellington Way #275 Lexington, KY		Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 40513		ZIP Code
County of Residence or of the Principal Place of Business: Fayette		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):
ZIP Code		ZIP Code
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 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 checked="" 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 type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input 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).
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 checked="" 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 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): Resources in Healthcare Management, LLC	
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)).			

Voluntary Petition

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

Name of Debtor(s):
Resources in Healthcare Management, 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 Attorney*

X /s/ Dean A. Langdon
Signature of Attorney for Debtor(s)

Dean A. Langdon KY Bar No. 40104
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

September 3, 2013
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 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 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/ Lu Anne Wallace
Signature of Authorized Individual

Lu Anne Wallace
Printed Name of Authorized Individual

Member
Title of Authorized Individual

September 3, 2013
Date

In re Resources in Healthcare Management, LLC

Case No. _____

Debtor

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 the 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 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.)

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 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 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 \$12,475* 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).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* 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 \$2,775* for 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, RTC, 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).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Caldwell, Crystal F 120 E Lynn St Georgetown, KY 40324							1,200.00	0.00
		-					1,200.00	1,200.00
Account No. Cecil, Heather A 2208 Savannah Lane Lexington, KY 40513							774.00	0.00
		-					774.00	774.00
Account No. Curtsinger, Tara L 2652 Old Rosebud Road Lexington, KY 40509							2,807.69	0.00
		-					2,807.69	2,807.69
Account No. Dabney, Gina M 4065 Port Royal Drive Richmond, KY 40475							2,768.00	0.00
		-					2,768.00	2,768.00
Account No. Dabney, James R 4065 Port Royal Drive Richmond, KY 40475							1,380.93	0.00
		-					1,380.93	1,380.93
Subtotal							8,930.62	0.00
(Total of this page)							8,930.62	8,930.62

Sheet 1 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Dellay, Debra 875 Robin Road Lexington, KY 40502		-					472.90	0.00
							472.90	472.90
Account No. Dively, Kathleen 2783 Mt Eden Road Shelbyville, KY 40065		-					4,964.49	349.11
							4,964.49	4,615.38
Account No. Edwards, Sharon W 205 Southbrook Drive Nicholasville, KY 40356		-					8,464.02	5,726.52
							8,464.02	2,737.50
Account No. Giles, Ann S. P O Box 24207 Lexington, KY 40524		-					42,901.98	42,859.98
							42,901.98	42.00
Account No. Gorham, Barry W 355 Merino Street Lexington, KY 40508		-					8,703.03	0.00
							8,703.03	8,703.03
Subtotal							65,506.42	48,935.61
(Total of this page)							65,506.42	16,570.81

Sheet 2 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Gorham, Cecilia L 924 Tearose Drive Lexington, KY 40504		-					2,307.69	0.00
								2,307.69
Account No.								
Gorham, Tammy L 355 Merino Street Lexington, KY 40508		-					957.00	0.00
								957.00
Account No.								
Hagans, Antoinette S 2096 Polk Lane Lexington, KY 40511		-					365.00	0.00
								365.00
Account No.								
Hubbs, Raenetta M 3412 Stillwater Road Lexington, KY 40503		-					1,360.00	0.00
								1,360.00
Account No.								
Isaac, Kathleen S 995 Delaney Ferry Rd. Versailles, KY 40383		-					900.00	0.00
								900.00
Subtotal								0.00
(Total of this page)							5,889.69	5,889.69

Sheet **3** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Jones, Maria 503 Peachtree Nicholasville, KY 40356							8,528.02	0.00
Account No. Justus, Saralyn R 3073 Caddis Lane Lexington, KY 40511							90.00	90.00
Account No. KY Labor Cabinet 1047 U.S. Highway 127 South, Suite 4 Frankfort, KY 40601			2013 Civil penalty for unpaid wages				9,000.00	0.00
Account No. Mann, James J 3824 Grassy Creek Drive Lexington, KY 40514							5,575.26	5,575.26
Account No. Mann, Jamie M 3824 Grassy Creek Drive Lexington, KY 40514							2,000.00	2,000.00
Subtotal							25,193.28	17,528.02
(Total of this page)							25,193.28	7,665.26

Sheet 4 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Mann, Jamie M 3824 Grassy Creek Drive Lexington, KY 40514		-					5,718.76	0.00
							5,718.76	5,718.76
Account No.								
Mayabb, Carol J 2431 Shun Pike Nicholasville, KY 40356		-					6,644.04	6,644.04
							6,644.04	0.00
Account No.								
McKinkley, Tamar 2217 Acorn Court Lexington, KY 40516		-					4,599.06	4,599.06
							4,599.06	0.00
Account No.								
Mitzie Wood-Orouke 727 Psadena Drive Lexington, KY 40503		-	unemployment claim 8/30/2013				1,346.15	0.00
							1,346.15	1,346.15
Account No.								
Ockerman Jr., E Foster 835 Glendover Road Lexington, KY 40502		-					15,668.50	0.00
							15,668.50	15,668.50
Subtotal							33,976.51	11,243.10
(Total of this page)							33,976.51	22,733.41

Sheet 5 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Osumenya, Brenetta G 2147 Deauville Drive Lexington, KY 40504		-					5,207.64	0.00
							5,207.64	5,207.64
Account No.								
Owens, Edna L 2300 McCauley Road Wilmore, KY 40390		-					726.00	0.00
							726.00	726.00
Account No.								
Price-Kagan, Jean A 785 Wellington Way Lexington, KY 40503		-					3,250.00	0.00
							3,250.00	3,250.00
Account No.								
Rosales, Tonile N 743 Whitney Woods Place Lexington, KY 40504		-					391.50	0.00
							391.50	391.50
Account No.								
Royse, Dana A 4341 Calevares Drive Lexington, KY 40514		-					135.00	0.00
							135.00	135.00
Subtotal								0.00
(Total of this page)							9,710.14	9,710.14

Sheet 6 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Scott, Patricia L 1201 Crown Circle Lexington, KY 40517		-					1,720.05	0.00
							1,720.05	1,720.05
Account No.								
Serafini, Linda W 102 Woodlawn Drive Versailles, KY 40383		-					8,181.15	0.00
							8,181.15	8,181.15
Account No.								
Simo, Marcel 152 Locust Ridge Road Frankfort, KY 40601		-					6,263.99	0.00
							6,263.99	6,263.99
Account No.								
Smith, Elaine L 312 Tulane Drive Lexington, KY 40517		-					1,096.11	0.00
							1,096.11	1,096.11
Account No.								
Sonderman, Charlet H. 371-2220 Nicholasville Road #110 Lexington, KY 40503		-					3,194.93	0.00
							3,194.93	3,194.93
Subtotal								0.00
(Total of this page)							20,456.23	20,456.23

Sheet 7 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Sonderman, Charlet H. 371-2220 Nicholasville Road #110 Lexington, KY 40503		-					6,155.99	0.00
								6,155.99
Account No.								
Sonderman, Frank J. 371-2220 Nicholasville Rd #110 Lexington, KY 40503		-					6,542.32	6,542.32
							6,542.32	0.00
Account No.								
Sonderman, Frank J. 371-2220 Nicholasville Rd #110 Lexington, KY 40503		-					11,595.29	0.00
							11,595.29	11,595.29
Account No.								
Southworth, Tracy 100 B Potomac Court Georgetown, KY 40324		-					126.75	0.00
							126.75	126.75
Account No.								
Thompson, Brian D 221 David Drive Lexington, KY 40503		-					3,544.16	0.00
							3,544.16	3,544.16
Subtotal								6,542.32
(Total of this page)							27,964.51	21,422.19

Sheet **8** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Tuggle, Luzia P O Box 28 Bryantsville, KY 40410							3,962.50	0.00
		-					3,962.50	3,962.50
Account No. Venis, Jane E 108 Windsor Way Nicholasville, KY 40356							4,730.34	0.00
		-					4,730.34	4,730.34
Account No. Wallace, Lu Anne P O Box 24636 Lexington, KY 40524							39,622.56	0.00
		-					39,622.56	39,622.56
Account No. Warriner, Della R P O Box 402 Jamestown, KY 42629							2,751.57	0.00
		-					2,751.57	2,751.57
Account No. Wesley, Donna J 205 Southbrook Nicholasville, KY 40356							4,512.01	0.00
		-					4,512.01	4,512.01
Subtotal							55,578.98	0.00
(Total of this page)							55,578.98	55,578.98

Sheet 9 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC,
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.									
Wilson, Kay G. 2075 Von List Way Lexington, KY 40502		-							0.00
							4,867.05		4,867.05
Account No.									
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									0.00
(Total of this page)								4,867.05	4,867.05

Sheet **10** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Contributions to employee benefit plans

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Anne M. Morley 2228 Love Ridge Rd Chaplin, KY 40012			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Carrie N. Begley PO Box 606 Beattyville, KY 41311			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Catherine S. Mathes 1587 Fairview Rd Lawrenceburg, KY 40342			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Cheryl A. Thompson 231 Walker Parke Rd Richmond, KY 40475			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Dana L. Cissell 1353 Monick Branch Road Loretto, KY 40037			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Subtotal							0.00	0.00
(Total of this page)							0.00	0.00

Sheet **11** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re Resources in Healthcare Management, LLC

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Contributions to employee benefit plans

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Dana Wells 1112 Latern Creek Court Lexington, KY 40517			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Donna Sebastian 1011 Park Place Drive Richmond, KY 40475			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Elizabeth J. Clark 124 Locust Ridge Rd Frankfort, KY 40601			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Jeanne Strunk Sheckels 4390 Clearwater Way #202 Lexington, KY 40515								0.00
							2,490.00	2,490.00
Account No. Jessica C. Dedman 1034 Tyrone Bishop Street Lawrenceburg, KY 40342			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Subtotal								0.00
(Total of this page)							2,490.00	2,490.00

Sheet 12 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Contributions to employee benefit plans

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. John A. Sohremley 621 S Cleveland Rd Lexington, KY 40515			2012-13 unpaid benefits				Unknown	Unknown
		-					Unknown	0.00
Account No. Ketessa Hamilton 215 Rissell Avenue Versailles, KY 40383			2012-13 unpaid benefits				Unknown	Unknown
		-					Unknown	0.00
Account No. Kimberly H. Lowery 4390 Clearwater Way #510 Lexington, KY 40515			2012-13 Unpaid benefits				Unknown	Unknown
		-		X			Unknown	Unknown
Account No. Lissa Murphy 2160 Ft. Harrods Drive #27 Lexington, KY 40514			2012-13 unpaid benefits				Unknown	Unknown
		-					Unknown	0.00
Account No. Marina Yarbro 3051 Paris Pike Lexington, KY 40511			2012-13 unpaid benefits				Unknown	Unknown
		-					Unknown	0.00
Subtotal								0.00
(Total of this page)							0.00	0.00

Sheet **13** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Contributions to employee benefit plans

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Mary A. Smith 1030 Macland Drive Lawrenceburg, KY 40342			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Oneida S. Helton-Peck 130 Hazlett Hollow Rd Stanford, KY 40484			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Rhonda M. Hatter 490 Margie Drive Liberty, KY 42539			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Sharon Boyd 649 Elm St Crab Orchard, KY 40419			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Account No. Stephanie Travis 522 Hollow Creek Road #37 Lexington, KY 40511			2012-13 unpaid benefits				Unknown	Unknown
							Unknown	0.00
Subtotal								0.00
(Total of this page)							0.00	0.00

Sheet 14 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re Resources in Healthcare Management, LLC
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Contributions to employee benefit plans

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No. Tammy Belz 168 Bridgestone Drive Berea, KY 40403				2012-13 unpaid benefits				Unknown	Unknown
								Unknown	0.00
Account No. Tammy M. Gross 797 Boone Trail Rd Richmond, KY 40475				2012-13 unpaid benefits				Unknown	Unknown
								Unknown	0.00
Account No. The Hartford P O Box 1583 Hartford, CT 06144-1583				Insurance premiums				151,934.61	151,934.61
								151,934.61	0.00
Account No. Yavarance Young 22 Westmont Ct Frankfort, KY 40601				2012-13 unpaid benefits				Unknown	Unknown
								Unknown	0.00
Account No.									
Subtotal								151,934.61	151,934.61
(Total of this page)								151,934.61	0.00

Sheet **15** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

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

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Berea Tax Office 212 Chestnut St Berea, KY 40403							1,606.92	0.00
		-					1,606.92	1,606.92
Account No. City of Frankfort Municiple Building PO Box 697 Frankfort, KY 40602							18,326.78	18,326.78
		-					18,326.78	0.00
Account No. City of Nicholasville 517 N Main St Nicholasville, KY 40356							9,762.09	9,762.09
		-					9,762.09	0.00
Account No. City of Richmond PO Box 1268 Richmond, KY 40475							7,890.73	7,890.73
		-					7,890.73	0.00
Account No. City of Versailles PO Box 635 Versailles, KY 40383							4,131.07	4,131.07
		-					4,131.07	0.00
Subtotal							41,717.59	40,110.67
(Total of this page)							41,717.59	1,606.92

Sheet 16 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

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

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. City of Winchester PO Box 4135 Winchester, KY 40392							40.81	0.00
Account No. Fayette Co Pub Sch Tax Office 701 East Main Street, Room 219 Lexington, KY 40502							32,144.82	0.00
Account No. Georgetown-Scott County Revenue Comm PO Box 800 Georgetown, KY 40324							7,300.62	0.00
Account No. xxxxx8345 Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346			2008-2013 Federal Taxes				Unknown	Unknown
Account No. Jessamine County Tax Admin 105 Court Row Nicholasville, KY 40356							0.00	0.00
Subtotal							47,620.10	39,486.25
(Total of this page)							47,620.10	8,133.85

Sheet 17 of 19 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

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

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Jessamine County Tax Administrator 105 Court Row Nicholasville, KY 40356		-					Unknown	Unknown
Account No. Kentucky State Treasurer 1050 US Highway 127 South Suite 100 Frankfort, KY 40601		-					Unknown	0.00
Account No. KY Dept. of Revenue Legal Branch - Bankruptcy Section P. O. Box 5222 Frankfort, KY 40602		-	2008-2013 State Withholding Taxes				Unknown	0.00
Account No. John E. Swain, Jr., Attorney Finance and Administration Cabinet Division of Collections PO Box 5222 Frankfort, KY 40602		-	Representing: KY Dept. of Revenue				Notice Only	
Account No. LFUCG Department of Law 200 E. Main St. Lexington, KY 40507		-	Fayette Co. License Fee/Net Profits Tax					0.00
Subtotal							192,337.57	0.00
(Total of this page)							192,337.57	192,337.57

Sheet **18** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re Resources in Healthcare Management, LLC, Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

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

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Lincoln County Occupational Tax 201 E. Main Street, Ste. 5 Stanford, KY 40484							986.81	0.00
		-					986.81	986.81
Account No. Treasurer, Franklin County P O Box 594 Frankfort, KY 40602							2,161.16	0.00
		-					2,161.16	2,161.16
Account No. Woodford County Tax Administrator 103 S Main Versailles, KY 40383							3,887.47	3,887.47
		-					3,887.47	0.00
Account No.								
Account No.								

Sheet **19** of **19** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

7,035.44 **3,147.97**

Total
(Report on Summary of Schedules)

701,208.74 **381,540.69**

B6F (Official Form 6F) (12/07)

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

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 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.)

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, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Agee, Timothy T 1612 Highview Circle Frankfort, KY 40601		-				0.00
Account No. Andrews Law Firm P O Box 55567 Lexington, KY 40565-5567		-				1,359.15
Account No. Ayers, Elizabeth L 417 Dabney Drive Lexington, KY 40509		-				0.00
Account No. Barr, Amber M 2265 Valencia Drive Lexington, KY 40513		-				0.00
Subtotal (Total of this page)						1,359.15

45 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No. Beirise, Timothy A 2904 Jason Court Lexington, KY 40503	-						0.00	
Account No. Belz, Tammy 168 Bridgestone Drive Berea, KY 40403	-						0.00	
Account No. Bentley, Cheryl K 112 Ocusa Court Georgetown, KY 40324	-						0.00	
Account No. Blakeman, Jessica D 708 Wabarto Way Nicholasville, KY 40356	-						0.00	
Account No. Bluegrass Primary Care 1055 Wellington Way Lexington, KY 40513	-						1,293.00	
Sheet no. <u>1</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,293.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No. BMS Financial, LLC 784 Wall St., #110 P O Box 1506 O Fallon, IL 62269		-					11,686.56	
Account No. Boyd, Sharon 649 Elm Street Crab Orchard, KY 40419		-					0.00	
Account No. Bradford, Charity L 258 Mandalay Road Lexington, KY 40504		-					0.00	
Account No. Brugh, Kaylee R 120 E Lynn St Georgetown, KY 40324		-					0.00	
Account No. Bumpase, Melissa K 1725 Benwood Drive Lexington, KY 40505		-					0.00	
Sheet no. <u>2</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	11,686.56

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
Burchett, Heather T 3848 Grassy Creek Drive Lexington, KY 40514	-					0.00
Account No.						
Burdette, Crystal C 1329 Grayhawk Rd #8 Lexington, KY 40502	-					0.00
Account No.						
Caldwell, Crystal F 120 E Lynn St Georgetown, KY 40324	-					0.00
Account No.						
Catron, Reba L 2904 Jason Court Lexington, KY 40503	-					0.00
Account No.						
Caulder, Deshaunda R 3160A High Ridge Dr Lexington, KY 40517	-					0.00
Sheet no. <u>3</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	0.00

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	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
		H W J C				
Account No. Centralized Collection Unit P O Box 14059 Lexington, KY 40512-4059	-					780.90
Account No. Christensen, Brydon E 461 Wheat School Road Salvisa, KY 40372	-					0.00
Account No. Clayborn, Tisha M 2423 Harrods Pointe Trace Lexington, KY 40514	-					0.00
Account No. Clem, Lori A 104 Vera Court Nicholasville, KY 40356	-					0.00
Account No. xxxx7116 CNA Surety P O Box 5077 Sioux Falls, SD 57117-5077	-	Fiduciary bond for 401(k) plan		X		Unknown
Sheet no. 4 of 45 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	780.90

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	A M O U N T O F C L A I M
		H W J C			
Account No. Complete Payment Recovery Svcs P O Box 30184 Tampa, FL 33630	-				11,346.86
Account No. Conkwright, Cheryl 240 Applegate Drive Nicholasville, KY 40356	-				0.00
Account No. Cooper, Armond L 1851 Marietta Drive Lexington, KY 40505	-				0.00
Account No. Cornelius, Kimberly A 2372 Walcot Way Lexington, KY 40511	-				0.00
Account No. Cosby, Anastasia L 614 Ohio Street Lexington, KY 40508	-				0.00
Sheet no. <u>5</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page) 11,346.86

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M
		H W J C					
Account No.							
Cunningham, Kailey M 3051 Kirklevington Dr Apt 34 Lexington, KY 40517	-						0.00
Account No.							
Cutshaw, Pamela F 308 Laval Heights #18 Versailles, KY 40383	-						0.00
Account No.							
Dabney, Gina M 4065 Port Royal Drive Richmond, KY 40475	-						0.00
Account No.							
Dabney, James R 4065 Port Royal Drive Richmond, KY 40475	-						0.00
Account No.							
Damron, Sharon E 3832 Foleys Trail Lexington, KY 40514	-						0.00
Sheet no. <u>6</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Darnaby, Kamryn A 408 Paisley Court Winchster, KY 40391	-					0.00
Account No. David F. Pratt, Esq. 155 E. Main St., Ste. 215 Lexington, KY 40507	-					401.22
Account No. Davis, Jacqueline C 419 Marsailles Road Versailles, KY 40383	-					0.00
Account No. Davis, Julie 128 Rucker Avenue Georgetown, KY 40324	-					0.00
Account No. Davis, William 9 French Avenue Winchester, KY 40391	-					0.00
Subtotal (Total of this page)						401.22

Sheet no. 7 of 45 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
DeHart, Megan J 285 Goodlett Road Salvisa, KY 40372	-					0.00
Account No.						
Delarosa, Amanda L 218 Strawberry Court Nicholasville, KY 40356	-					0.00
Account No.						
Dellay, Debra 875 Robin Road Lexington, KY 40502	-					0.00
Account No.						
Department of Labor P O Box 55567 Lexington, KY 40565-5567	-					0.00
Account No.						
Dillon, Diane C 2331 Harrodsburg Road Apt 3 Lexington, KY 40504	-					0.00
Sheet no. <u>8</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						0.00
Subtotal (Total of this page)						0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
Diop, Pocahontas 142 Rosemary Avenue Lexington, KY 40505	-					0.00
Account No.						
Dray, Shelly L 702 Della Drive Lexington, KY 40504	-					0.00
Account No.						
Dryden, Kellie R 3869 Hidden Springs Drive Lexington, KY 40514	-					0.00
Account No.						
Dunn, Ashley N 304 Kennedy Lane Richmond, KY 40475	-					0.00
Account No.						
Edge, Leslie M 104 Jackson Street Winchester, KY 40391	-					0.00
Sheet no. <u>9</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No. Edwards, Lavona D 2993 Tuscaloosa Lane Lexington, KY 40515	-						0.00	
Account No. Edwina Sargent 55 2nd Street Versailles, KY 40383	-		unemployment claim 8/30/2013				0.00	
Account No. Elliott, Terra N 2117 Cornerstone Drive Lexington, KY 40509	-						0.00	
Account No. Ewing, Victoria L 501 Williams Road Nicholasville, KY 40356	-						0.00	
Account No. Fee, Tina I 2761 Ashbrooke Dr Lexington, KY 40513	-						0.00	
Sheet no. <u>10</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D I S P U T E D	U N L I Q U I D A T E D	C O N T I N G E N T	AMOUNT OF CLAIM
		H W J C				
Account No. Fletcher, Misty G 204 Ash Court Lawrenceburg, KY 40342	-					0.00
Account No. Foster Ockerman, Jr., Attorney 1055 Wellington Way #210 Lexington, KY 40513	-	For notice purposes only				0.00
Account No. Fruauff, Jessica L 120 Roark Court Lawrenceburg, KY 40342	-					0.00
Account No. Fruauff, Jessica L 120 Roark Court Lawrenceburg, KY 40342	-					0.00
Account No. Gagnon, David 269 Combs Ferry Rd Richmond, KY 40475	-					0.00
Sheet no. <u>11</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	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
		H W J C				
Account No. Garrett, Jamie C 509 Canter Lane Nicholasville, KY 40356	-					0.00
Account No. GATEWAY 212 CHESTNUT ST BEREA, KY 40403	-					0.00
Account No. Gateway Dept CH 16897 Palatine, IL 60095-6897	-					23,243.65
Account No. Gibson, Lisa D 228 East Tiverton Way Lexington, KY 40517	-					0.00
Account No. Gill, Karen M 1113 Centurian Rd Lexington, KY 40517	-					0.00
Subtotal (Total of this page)						23,243.65

Sheet no. 12 of 45 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
Gorham, Cecilia L 924 Tearose Drive Lexington, KY 40504	-					0.00
Account No.						
Gorham, Tammy L 355 Merino Street Lexington, KY 40508	-					0.00
Account No.						
Graves, Emily O 4454 Tangle Hurst Lane Lexington, KY 40515	-					0.00
Account No.						
Graves, Sallie D 109 Wilderness Cove Lane Georgetown, KY 40324	-					0.00
Account No.						
Graves, Terri L 109 Wilderness Cove Lane Georgetown, KY 40324	-					0.00
Sheet no. <u>13</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						0.00
Subtotal (Total of this page)						0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No. Green, Shawna L 1028 Spring Run Road Lexington, KY 40514	-						0.00	
Account No. Greene & Cooper 1055 Wellington Way Lexington, KY 40513	-						0.00	
Account No. Greene & Cooper 2210 Greene way P O Box 20067 Louisville, KY 40250-0067	-		Subject to setoff.				322.13	
Account No. Griffin, Jennifer P 509 Courchelle Dr Nicholasville, KY 40356	-						0.00	
Account No. Hagans, Antoinette S 2096 Polk Lane Lexington, KY 40511	-						0.00	
Sheet no. <u>14</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	322.13

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Hamilton Medical Center Inc - NGRCA 224 N. Hamilton St P O Box 1949 Dalton, GA 30722	-					1,700.00
Account No. Hamilton, Ketessa 215 Russell Ave Versailles, KY 40383	-	2013				Unknown
Account No. Hardin, Catherine D 3240 Buckhorn Drive Lexington, KY 40515	-					0.00
Account No. Hardy, Angela L P O Box 3606 Midway, KY 40347	-					0.00
Account No. Hash, Chrystal 157 Ransom Trace Georgetown, KY 40324	-					0.00
Sheet no. <u>15</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	1,700.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Hatter, Rhonda 490 Maple Dr Liberty, KY 42539	-					0.00
Account No. Hawkins, Martha D 2236 Mt. Hebron Road Lancaster, KY 40444	-					0.00
Account No. Helton-Peck, Oneida 130 Hazlett Hollow Rd Stanford, KY 40484	-					0.00
Account No. Henderson, Chad R 750 Shaker Drive Lexington, KY 40504	-					0.00
Account No. Hillstrand, Brenda 5354 Muddy Ford Road Georgetown, KY 40324	-					0.00
Sheet no. <u>16</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						0.00
Subtotal (Total of this page)						0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No.								
Holtzclaw, Sarah E 4513 Copper Knoll Circlie Lexington, KY 40514		-					0.00	
Account No.								
Hoover, Cheryl 124 Bass Pond Glen Drive Nicholasville, KY 40356		-					0.00	
Account No.								
Hopper, Shelli S 4013 Weber Way Lexington, KY 40514		-					0.00	
Account No.								
Hubbs, Raenetta M 3412 Stillwater Road Lexington, KY 40503		-					0.00	
Account No.								
Hudson, Vicki L 127 Rosemary Ave Lexington, KY 40504		-					0.00	
Sheet no. <u>17</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	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
		H W J C				
Account No.						
Humana P O Box 879643 Kansas City, MO 64187-9643	-		estimate			65,000.00
Account No.						
Hundley, Rebecca L 300 Southbrook Nicholasville, KY 40356	-					0.00
Account No.						
Hurst, Lisa K 493 Marblerock Way Lexington, KY 40503	-					0.00
Account No.						
Isaac, Kathleen S 995 Delaney Ferry Rd. Versailles, KY 40383	-					0.00
Account No.						
Jackson, Amy L 1121 Choctaw Trail Georgetown, KY 40324	-					0.00
Sheet no. <u>18</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						65,000.00
Subtotal (Total of this page)						65,000.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. James T Hart, 92054 525 Vine St., Ste.800 Cincinnati, OH 45202	-					1,421.00
Account No. Jenkins-Dawson, Valerie L 3437 Gatewood Ct Lexington, KY 40517	-					0.00
Account No. Johnson, Sherry L. 194A Bell Court Georgetown, KY 40324	-					0.00
Account No. Johnson, Tracy L 398 Church Street Versailles, KY 40383	-					0.00
Account No. Johnston, Shelby A 8000 John Davis Dr Frankfort, KY 40601	-					0.00
Subtotal (Total of this page)						1,421.00

Sheet no. 19 of 45 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Jones, Amber C 3864 Trout Court Lexington, KY 40517	-					0.00
Account No. Justin Zielke 2220 Nicholasville Rd., Ste. 101 Lexington, KY 40503	-					11,888.00
Account No. Katzman, Lida J 204 Southside Way Nicholasville, KY 40356	-					0.00
Account No. Katzman, Sarah N 204 Southside Way Nicholasville, KY 40356	-					0.00
Account No. Keith, Linda R 68 Bailey Way Nicholasville, KY 40356	-					0.00
Sheet no. <u>20</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 11,888.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. KEMI 250 W Main St., Ste. 900 Lexington, KY 40507	-					7,500.00
Account No. xxx9366 Kentucky Farm Bureau 2401 Merchant Street P O Box 11889 Lexington, KY 40578-1889	-	August, 2013 Defense of federal district court suit		X		Unknown
Account No. KHEAA P O Box 789 Frankfort, KY 40602-0789	-					2,574.14
Account No. Knight, Katrina A 3824 Margo Ct Lexington, KY 40510	-					0.00
Account No. Kovacs, Judy G 812 Wheatcroft Ct Lexington, KY 40505	-					0.00
Subtotal (Total of this page)						10,074.14

Sheet no. 21 of 45 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No. Kroger Check Recovery Center P O Box 30650 Salt Lake City, UT 84130		-					1,475.55	
Account No. Lantz, Dawn P 4318 Chas Circle Lexington, KY 40515		-					0.00	
Account No. Laurie Lichaa 14400 N. Chalk Creek Dr Tucson, AZ 85755		-					2,000.00	
Account No. LAW OFFICE OF BRIAN S KATZ P O Box 2903 Paducah, KY 42002		-					514.48	
Account No. Lawrence, Audrianna F 241 Prescott Lane Winchester, KY 40391		-					0.00	
Sheet no. <u>22</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	3,990.03

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M
		H W J C					
Account No.							
Lawrence, Dawn M 595 Halifax Drive Lexington, KY 40503	-						0.00
Account No.							
Lawrence, Patrick A 102 Castle Blvd Paris, KY 40361	-						0.00
Account No.							
Lee, Dorothy J 210 Wilton Avenue Lexington, KY 40508	-						0.00
Account No.							
Lee, Teresa C 914 Thompson Road Lancaster, KY 40444	-						0.00
Account No.							
Lewis, Jacqueline 2116 Eastway Dr Lexington, KY 40503	-						0.00
Sheet no. <u>23</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
Lightsey, Leatha K 1803 Barksdale Drive Lexington, KY 40511	-					0.00
Account No.						
Lippert, Janine T 4885 Firebrook Blvd. Lexington, KY 40513	-					0.00
Account No.						
Lofland, Cara L 1135 Nevins Station Rd Lawrenceburg, KY 40342	-					0.00
Account No.						
Logan-Langfod, Angela D 2108 Cheraw Ct Lexington, KY 40516	-					0.00
Account No.						
Lowery, Kim 4390 Clearwater Way #510 Lexington, KY 40515	-					0.00
Sheet no. <u>24</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M
		H W J C					
Account No.							
Luttrell, Deborah J 74 Third St #7 Junction City, KY 40440	-						0.00
Account No.							
Mangold, Anna M 1718 Harrogate Road Lexington, KY 40505	-						0.00
Account No.							
Marie Simpson 1705 Rosecrans Dr Lexington, KY 40504	-						3,400.00
Account No.							
Marina Yarbro 3050 Paris Pike Lexington, KY 40511	-						0.00
Account No.							
Martin, Rebecca 391 Clearwood Court Lexington, KY 40509	-						0.00
Sheet no. <u>25</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	3,400.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M
		H W J C					
Account No.							
Massey, Lisa L 4161 Victoria Way Apt 18208 Lexington, KY 40515	-						0.00
Account No.							
Mayabb, Carol J 2431 Shun Pike Nicholasville, KY 40356	-						0.00
Account No.							
McCray, Melissa N 4390 Clearwater Way Apt 2402 Lexington, KY 40515	-						0.00
Account No.							
McCuiston, Teresa A 300 Bernie Trail Nicholasville, KY 40356	-						0.00
Account No.							
McIntyre, Diana 1261 Ashby Road Lawrenceburg, KY 40342	-						0.00
Sheet no. <u>26</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No.								
McKenzie, Debra 2808 HWY 62 Cynthiana, KY 41031	-						0.00	
Account No.								
Montgomery, Beverly D 3720 Temple Drive Lexington, KY 40517	-						0.00	
Account No.								
Morgan & Pottinger 2401 Stanley Gault Pkwy Louisville, KY 40223	-						476.00	
Account No.								
Morris, Kim S 3226 B Aqueduct Drive Lexington, KY 40517	-						0.00	
Account No.								
Morris, Kristina M 1814 Courtland Drive Lexington, KY 40505	-						0.00	
Sheet no. <u>27</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	476.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Mounts, Amanda M 346 Furlong View Court Lexington, KY 40511	-					0.00
Account No. Murphy, Lissa 2160 Ft Harrods Dr #27 Lexington, KY 40514	-					0.00
Account No. Murray, Nicole B 115 Walnut Street Versailles, KY 40383	-					0.00
Account No. Nduwimana, Brigitte 408 Bainbridge Court #2 Lexington, KY 40509	-					0.00
Account No. Nexsys, Inc. P O Box 501466 Indianapolis, IN 46250	-					2,000.00
Sheet no. <u>28</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	2,000.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M
		H W J C					
Account No.							
Noble, Jamie L 2070 Garden Springs Dr Apt 156 Lexington, KY 40504		-					0.00
Account No.							
Nochta, Gene 4736 Ironbridge Drive Lexington, KY 40515		-					0.00
Account No.							
Ockerman Jr., E Foste 835 Glendover Road Lexington, KY 40502		-					0.00
Account No.							
Overbee, Terri C 511 Cave Spring Drive Nicholasville, KY 40356		-					0.00
Account No.							
Owens, Edna L 2300 McCauley Road Wilmore, KY 40390		-					0.00
Sheet no. <u>29</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	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	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Pappas, John 220 Kings Way Lexington, KY 40502	-					0.00	
Account No. Perkins, Franchelle R 3217 Tiburon Way Lexington, KY 40511	-					0.00	
Account No. Petitfrere, Rosberlyne 534 Hollow Creek Rd Apt 39 Lexington, KY 40511	-					0.00	
Account No. PGS Laboratory Services, LLC 1055 Wellington Way #170 Lexington, KY 40513	-					3,320.00	
Account No. Pitney Bowes Global Financial Services L P O Box 371887 Pittsburgh, PA 15250-7887	-					393.20	
Sheet no. <u>30</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	3,713.20

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Pitney Bowes Purchase Power P O Box 371874 Pittsburgh, PA 15250-7874	-					279.88
Account No. PNC Bank P O Box 856177 Louisville, KY 40285	-					2,307.28
Account No. Powell, Vickie L 110 Frederick Drive Nicholasville, KY 40356	-					0.00
Account No. Price-Kagan, Jean A 785 Wellington Way Lexington, KY 40503	-					0.00
Account No. Puckett, June C 3049 Majestic View Walk Lexington, KY 40511	-					0.00
Sheet no. <u>31</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,587.16

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
Quinn, Rachel L 1815 Bypass South Lawrenceburg, KY 40342	-					0.00
Account No.						
Ragland, Ruth A 2020 Armstrong Mill Road #622 Lexington, KY 40515	-					0.00
Account No.						
Ratliff, Lincoln R 420 Redding Road #1225 Lexington, KY 40517	-					0.00
Account No.						
Rawlings, Cathy G 1817 A Hisle Way Lexington, KY 40505	-					0.00
Account No.						
Ray, Tammie L 100 1/2 Whitney Drive Lawrenceburg, KY 40342	-					0.00
Sheet no. <u>32</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
Richardson, Jocelyn B 1705 Abbington Hill Lexington, KY 40514	-					0.00
Account No.						
Ricky D. Allen, CPA, PSC 207 Dudley Ct. Richmond, KY 40475	-					28,621.25
Account No.						
Rogers, Jackie L 275 Pilot Road Stanton, KY 40380	-					0.00
Account No.						
Rosales, Tonile N 743 Whitney Woods Place Lexington, KY 40504	-					0.00
Account No.						
Royse, Dana A 4341 Calevares Drive Lexington, KY 40514	-					0.00
Subtotal (Total of this page)						28,621.25

Sheet no. 33 of 45 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No. Sanford, Angela 328 Robertson Street Lexington, KY 40508	-						0.00	
Account No. Sargent, Edwina D 55 Second Street Versailles, KY 40383	-						0.00	
Account No. Schwartz Insurance Group P O Box 20229 Louisville, KY 40250	-						6,356.39	
Account No. Scott, Karen S 228 Castle Drive Georgetown, KY 40324	-						0.00	
Account No. Serafini, Linda W 102 Woodlawn Drive Versailles, KY 40383	-						0.00	
Sheet no. <u>34</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	6,356.39

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Shellhammer, Linda D 927 Ridgeway Drive Harrodsburg, KY 40330		-				0.00
Account No. Shipp, Narda M 164 Sherman Avenue Lexington, KY 40502		-				0.00
Account No. Shockey, Margaret L 644 Cindy Blair Way Lexington, KY 40503		-				0.00
Account No. Simmons, Emily R 1004 Vero Court Lexington, KY 40509		-				0.00
Account No. Slaughter, Lindsay G 3339 Coldstream Drive Lexington, KY 40517		-				0.00
Sheet no. <u>35</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						0.00
Subtotal (Total of this page)						0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
Smith, Elaine L 312 Tulane Drive Lexington, KY 40517	-					0.00
Account No.						
Sohremley, John 621 S Cleveland Rd Lexington, KY 40515	-					0.00
Account No.						
Southworth, Tracy 100 B Potomac Court Georgetown, KY 40324	-					0.00
Account No.						
Sparks, Angela C 118 Hiltonia Park Lexington, KY 40503	-					0.00
Account No.						
Sprinkles, Rosa L 760 Rossllys Dale Drive Lexington, KY 40514	-					0.00
Sheet no. <u>36</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Stallons, John R 3463 Castleton Hill Lexington, KY 40517	-					0.00
Account No. Staples Dept DET 83689 Chicago, IL 60696	-					14,027.50
Account No. Stinnett, Debi F P O Box 1414 Versailles, KY 40383	-					0.00
Account No. Stollings, Angela C 404 Southbrook Dr Nicholasville, KY 40356	-					0.00
Account No. Strode, Angela D 193 Pedro Way Winchester, KY 40391	-					0.00
Sheet no. <u>37</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						14,027.50
Subtotal (Total of this page)						14,027.50

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	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
		H W J C				
Account No. Swanson, Kristi D 3832 Foleys Trail Lexington, KY 40514	-					0.00
Account No. T-Mobile P O Box 742596 Cincinnati, OH 45274	-					9,000.00
Account No. Taylor, Rachel N 283 Kimberly Heights Nicholasville, KY 40356	-					0.00
Account No. Taylor, Rebecca 3527 Milano Road Lexington, KY 40517	-					0.00
Account No. Thomas, Brittney L 3441 Laredo Dr #47 Lexington, KY 40517	-					0.00
Sheet no. <u>38</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						9,000.00
Subtotal (Total of this page)						9,000.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Cook & Logothetis, LLC David Cook Jeannie G. Arnold 22 West 9th Street Cincinnati, OH 45202						Notice Only
Account No. E. Douglas Richards, PSC E. Douglas Richards 619 Cooper Drive Lexington, KY 40502						Notice Only
Account No. Thomas, Michael P 3345 Drayson Place Lexington, KY 40503		-				0.00
Account No. Thompson, Cheryl A 231 Walker Parke Road Richmond, KY 40475		-				0.00
Account No. TLE dba National Payday Loan P O Box 332 Talmage, CA 95481		-				438.85
Sheet no. <u>39</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	438.85

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No. Travis, Stephanie 522 Hollow Creek Road #37 Lexington, KY 40511		-				0.00
Account No. Traylor, Ashlee E 1387 Indian Creek Road Sadieville, KY 40370		-				0.00
Account No. Trimble, Erica B 4120 Sperling Drive Lexington, KY 40509		-				0.00
Account No. Tuggle, Luzia P O Box 28 Bryantsville, KY 40410		-				0.00
Account No. Turner, Breanna G 3820 Nicholasville Rd Apt 307 Lexington, KY 40503		-				0.00
Sheet no. <u>40</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						0.00
Subtotal (Total of this page)						0.00

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No. Turner, Breanna G 3820 Nicholasville Rd Apt 307 Lexington, KY 40503		-					0.00	
Account No. US Dept of Education P O Box 105081 Atlanta, GA 30348		-					2,221.65	
Account No. Venis, Jane E 108 Windsor Way Nicholasville, KY 40356		-					0.00	
Account No. Warren, Teresa S 2160 Winterberry Dr #B Lexington, KY 40504		-					0.00	
Account No. Warriner, Della R P O Box 402 Jamestown, KY 42629		-					0.00	
Sheet no. <u>41</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,221.65

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
Watkins, Cherise R 1447 Glass Pike Stamping Ground, KY 40379	-					0.00
Account No.						
Watkins, Elyse 4725 Matthew Court Lexington, KY 40514	-					0.00
Account No.						
Watson, Chelsia 3860 Grassy Creek Dr Lexington, KY 40513	-					0.00
Account No.						
Weaver, Candice L 3716 Hacker Ct. #1 Lexington, KY 40517	-					0.00
Account No.						
Weiner, Joy C 112 Augusta Way Paris, KY 40361	-					0.00
Subtotal (Total of this page)						0.00

Sheet no. 42 of 45 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M
		H W J C					
Account No.							
Wilma F Lynch, Clerk Fayette District Court Small Claims 150 N. Limestone St. Lexington, KY 40507	-						122.86
Account No.							
Wilp, Theresa A 461 Wheat School Road Salvisa, KY 40372	-						0.00
Account No.							
Wilson, Amanda W 2504 Larkin Road Apt 3 Lexington, KY 40503	-						0.00
Account No.							
Wilson, Deborah G 122 Cottage Street Nicholasville, KY 40356	-						0.00
Account No.							
Wilson, Erin 198 N Ashland Ave Lexington, KY 40502	-						0.00
Sheet no. <u>43</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	122.86

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	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
		H W J C				
Account No.						
Wilson, Robin L 25 Buck Run Road Versailles, KY 40383	-					0.00
Account No.						
Wood-O'Rourke, Mitzie 727 Pasadena Drive Lexington, KY 40503	-					0.00
Account No.						
Woodrum, Olivia P 149 Old Towne Walk #4308 Lexington, KY 40511	-					0.00
Account No.						
Woods, Delores A 1101 Centre Parkway #B39 Lexington, KY 40517	-					0.00
Account No.						
Wright, Matthew A 149 Bittersweet Way Lexington, KY 40515	-					0.00
Sheet no. <u>44</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						0.00
Subtotal (Total of this page)						0.00

B6F (Official Form 6F) (12/07) - Cont.

In re Resources in Healthcare Management, LLC, Debtor Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
		H W J C						
Account No. Young, Yavarance 22 Westmont Court KY 40501		-					0.00	
Account No.								
Account No.								
Account No.								
Account No.								
Sheet no. <u>45</u> of <u>45</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	0.00
							Total (Report on Summary of Schedules)	217,471.50

B4 (Official Form 4) (12/07)

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

In re Resources in Healthcare Management, 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)	(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>
BMS Financial, LLC 784 Wall St., #110 P O Box 1506 O Fallon, IL 62269	BMS Financial, LLC 784 Wall St., #110 P O Box 1506 O Fallon, IL 62269			11,686.56
City of Frankfort Municiple Building PO Box 697 Frankfort, KY 40602	City of Frankfort Municiple Building PO Box 697 Frankfort, KY 40602			18,326.78
City of Nicholasville 517 N Main St Nicholasville, KY 40356	City of Nicholasville 517 N Main St Nicholasville, KY 40356			9,762.09
Complete Payment Recovery Svcs P O Box 30184 Tampa, FL 33630	Complete Payment Recovery Svcs P O Box 30184 Tampa, FL 33630			11,346.86
Fayette Co Pub Sch Tax Office 701 East Main Street, Room 219 Lexington, KY 40502	Fayette Co Pub Sch Tax Office 701 East Main Street, Room 219 Lexington, KY 40502			32,144.82
Gateway Dept CH 16897 Palatine, IL 60095-6897	Gateway Dept CH 16897 Palatine, IL 60095-6897			23,243.65
Giles, Ann S. P O Box 24207 Lexington, KY 40524	Giles, Ann S. P O Box 24207 Lexington, KY 40524			42,901.98
Gorham, Barry W 355 Merino Street Lexington, KY 40508	Gorham, Barry W 355 Merino Street Lexington, KY 40508			8,703.03
Humana P O Box 879643 Kansas City, MO 64187-9643	Humana P O Box 879643 Kansas City, MO 64187-9643	estimate		65,000.00

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

In re Resources in Healthcare Management, LLC
Debtor(s)

Case No. _____

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>
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	All assets. Fayette County Clerk Enc. Book 433/187; 445/605; 453/374; 496/468; 570/243; 576/356; 596/108		3,915,000.00 (0.00 secured)
Justin Zielke 2220 Nicholasville Rd., Ste. 101 Lexington, KY 40503	Justin Zielke 2220 Nicholasville Rd., Ste. 101 Lexington, KY 40503			11,888.00
KY Labor Cabinet 1047 U.S. Highway 127 South, Suite 4 Frankfort, KY 40601	KY Labor Cabinet 1047 U.S. Highway 127 South, Suite 4 Frankfort, KY 40601	Civil penalty for unpaid wages		9,000.00
LFUCG Department of Law 200 E. Main St. Lexington, KY 40507	LFUCG Department of Law 200 E. Main St. Lexington, KY 40507	Fayette Co. License Fee/Net Profits Tax		192,337.57
Ockerman Jr., E Foster 835 Glendover Road Lexington, KY 40502	Ockerman Jr., E Foster 835 Glendover Road Lexington, KY 40502			15,668.50
Ricky D. Allen, CPA, PSC 207 Dudley Ct. Richmond, KY 40475	Ricky D. Allen, CPA, PSC 207 Dudley Ct. Richmond, KY 40475			28,621.25
Sonderman, Frank J. 371-2220 Nicholasville Rd #110 Lexington, KY 40503	Sonderman, Frank J. 371-2220 Nicholasville Rd #110 Lexington, KY 40503			11,595.29
Staples Dept DET 83689 Chicago, IL 60696	Staples Dept DET 83689 Chicago, IL 60696			14,027.50
T-Mobile P O Box 742596 Cincinnati, OH 45274	T-Mobile P O Box 742596 Cincinnati, OH 45274			9,000.00
The Hartford P O Box 1583 Hartford, CT 06144-1583	The Hartford P O Box 1583 Hartford, CT 06144-1583	Insurance premiums		151,934.61
Wallace, Lu Anne P O Box 24636 Lexington, KY 40524	Wallace, Lu Anne P O Box 24636 Lexington, KY 40524			39,622.56

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

In re Resources in Healthcare Management, 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 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 September 3, 2013

Signature /s/ Lu Anne Wallace
Lu Anne Wallace
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.

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Yavarance Young
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Young, Yavarance
22 Westmont Court
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**United States Bankruptcy Court
Eastern District of Kentucky**

In re Resources in Healthcare Management, LLC

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 Resources in Healthcare Management, LLC 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*]

September 3, 2013

Date

/s/ Dean A. Langdon

Dean A. Langdon

Signature of Attorney or Litigant

Counsel for Resources in Healthcare Management, LLC

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