

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): <b>New Horizons Health Systems, Inc.</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>DBA New Horizons Medical Center; DBA New Horizons Family Practice</b>	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) <b>61-1370196</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>330 Roland Avenue Owenton, KY</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>40359</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Owen</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

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

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

<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input 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).
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**Statistical/Administrative Information**

Debtor estimates that funds will be available for distribution to unsecured creditors.  
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

**Estimated Number of Creditors**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000

**Estimated Assets**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

**Estimated Liabilities**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

THIS SPACE IS FOR COURT USE ONLY

<p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): <b>New Horizons Health Systems, Inc.</b></p>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

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

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

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

If this is a joint petition:

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

**Information Regarding the Debtor - Venue**

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

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

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included 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.

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):

**New Horizons Health Systems, Inc.**

**Signatures**

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

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

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

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

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

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

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

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

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

\_\_\_\_\_  
Date

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

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

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

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

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

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

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

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

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Attorney\***

**X** /s/ Ellen Arvin Kennedy  
Signature of Attorney for Debtor(s)

Ellen Arvin Kennedy  
Printed Name of Attorney for Debtor(s)

Dinsmore & Shohi LLP  
Firm Name

250 West Main Street  
Suite 1400  
Lexington, KY 40507

\_\_\_\_\_  
Address

(859) 425-1000  
Telephone Number

May 29, 2015  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

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

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

**X** /s/ Bernard T. Poe  
Signature of Authorized Individual

Bernard T. Poe  
Printed Name of Authorized Individual

President  
Title of Authorized Individual

May 29, 2015  
Date

B4 (Official Form 4) (12/07)

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

In re New Horizons Health Systems, Inc.

Debtor(s)

Case No.

Chapter 11

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

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>3M Company P.O. Box 371227 Pittsburgh, PA 15250-7227</b>	<b>3M Company P.O. Box 371227 Pittsburgh, PA 15250-7227</b>	<b>Software for Coding</b>		<b>14,043.93</b>
<b>Acute Care, Inc. 1609 North Ankeny Blvd. Suite 200 Ankeny, IA 50023</b>	<b>Acute Care, Inc. 1609 North Ankeny Blvd. Suite 200 Ankeny, IA 50023</b>	<b>Litigation</b>	<b>Disputed</b>	<b>900,000.00</b>
<b>Baxter Healthcare P.O. Box 856169 Louisville, KY 40285-6169</b>	<b>Baxter Healthcare P.O. Box 856169 Louisville, KY 40285-6169</b>	<b>IV Solutions, Lease on IV Pumps</b>		<b>6,711.46</b>
<b>Beckman Coulter Dept. CH 10164 Palatine, IL 60055-0164</b>	<b>Beckman Coulter Dept. CH 10164 Palatine, IL 60055-0164</b>	<b>Laboratory Supplies</b>		<b>5,867.96</b>
<b>Coast to Coast P.O. Box 56346 Atlanta, GA 30343</b>	<b>Coast to Coast P.O. Box 56346 Atlanta, GA 30343</b>	<b>ER/Hospitalist Pro Fees</b>		<b>54,000.00</b>
<b>Deepak Mittal, M.D. 105 Ridge Pointe Road Cold Spring, KY 41076</b>	<b>Deepak Mittal, M.D. 105 Ridge Pointe Road Cold Spring, KY 41076</b>	<b>Manor Pro Fees</b>		<b>17,860.32</b>
<b>Golden Scepter P.O. Box 294 Owenton, KY 40359</b>	<b>Golden Scepter P.O. Box 294 Owenton, KY 40359</b>	<b>Rent on Family Practice</b>		<b>94,102.04</b>
<b>Healthcare Services Group 3220 Tillman Drive Suite 300 Bensalem, PA 19020</b>	<b>Healthcare Services Group 3220 Tillman Drive Suite 300 Bensalem, PA 19020</b>	<b>Dietary Outside Services</b>		<b>64,006.99</b>
<b>Healthland, Inc. P.O. Box 856554 Minneapolis, MN 55485-6554</b>	<b>Healthland, Inc. P.O. Box 856554 Minneapolis, MN 55485-6554</b>	<b>Computer Equipment</b>		<b>182,159.79</b>
<b>Kentucky Hospital Association 2501 Nelson Mill Parkway P.O. Box 436629 Louisville, KY 40253-6629</b>	<b>Kentucky Hospital Association 2501 Nelson Mill Parkway P.O. Box 436629 Louisville, KY 40253-6629</b>	<b>Association Dues</b>		<b>9,652.44</b>

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

In re **New Horizons Health Systems, Inc.**

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

Debtor(s)

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

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Kentucky REC 2355 Huguenard Drive Suite 10 Lexington, KY 40503	Kentucky REC 2355 Huguenard Drive Suite 10 Lexington, KY 40503	Professional Services		35,000.00
Kentucky State Treasurer Department of Revenue Station 62 P.O. Box 491 Frankfort, KY 40601	Kentucky State Treasurer Department of Revenue Station 62 Frankfort, KY 40601	Taxes		14,132.32
Logan's Textile Rental P.O. Box 643958 Cincinnati, OH 45264-3958	Logan's Textile Rental P.O. Box 643958 Cincinnati, OH 45264-3958	Linens		9,278.51
Marshall Estate c/o Stephen M. O'Brien III, PLLC 271 West Short Street Suite 200 Lexington, KY 40507	Marshall Estate c/o Stephen M. O'Brien III, PLLC 271 West Short Street Lexington, KY 40507	Litigation	Disputed	5,000,000.00
McKesson Medical Surgical P.O. Box 634404 Cincinnati, OH 45263-4404	McKesson Medical Surgical P.O. Box 634404 Cincinnati, OH 45263-4404	Drugs		13,692.88
New Horizons Medical Foundation 1160 Stewart Lane Sparta, KY 41086	New Horizons Medical Foundation 1160 Stewart Lane Sparta, KY 41086	Loans		273,863.00
Physicians Sales and Service 62046 Collections Drive Chicago, IL 60693-0620	Physicians Sales and Service 62046 Collections Drive Chicago, IL 60693-0620	Medical Supplies		35,167.85
Russell Kuchta, RHP 6565 Sauterne Drive Macungie, PA 18062	Russell Kuchta, RHP 6565 Sauterne Drive Macungie, PA 18062	Professional Services		16,805.75
Siemens Healthcare Diagnositc P.O. Box 121102 Dallas, TX 75312-1102	Siemens Healthcare Diagnostc P.O. Box 121102 Dallas, TX 75312-1102	Laboratory Supplies		14,807.40
VonLehman & Co. 250 Grandview Drive Suite 300 Fort Mitchell, KY 41017	VonLehman & Co. 250 Grandview Drive Suite 300 Fort Mitchell, KY 41017	Professional Services		22,559.12

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

In re New Horizons Health Systems, Inc.  
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 President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date May 29, 2015

Signature /s/ Bernard T. Poe  
**Bernard T. Poe**  
**President**

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

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

In re **New Horizons Health Systems, Inc.**

Debtor(s)

Case No.

Chapter **11**

**VERIFICATION OF MAILING LIST MATRIX**

I, the President of the corporation named as the petitioner(s) in the above-styled bankruptcy action, declare under penalty of perjury that the attached mailing list matrix of creditors and other parties in interest consisting of 11 page(s) is true and correct and complete, to the best of my (our) knowledge.

Date: **May 29, 2015**

**/s/ Bernard T. Poe**

**Bernard T. Poe/President**

Signer/Title

I, **Ellen Arvin Kennedy**, counsel for the petitioner(s) in the above-styled bankruptcy action, declare that the attached Master Address List consisting of 11 page(s) has been verified by comparison to Schedules D through H to be complete, to the best of my knowledge. I further declare that the attached Master Address List can be relied upon by the Clerk of Court to provide notice to all creditors and parties in interest as related to me by the debtor(s) in the above-styled bankruptcy action until such time as any amendments may be made.

Date: **May 29, 2015**

**/s/ Ellen Arvin Kennedy**

Signature of Attorney  
**Ellen Arvin Kennedy**  
**Dinsmore & Shohl LLP**  
**250 West Main Street**  
**Suite 1400**  
**Lexington, KY 40507**  
**(859) 425-1000**

21st Century Oncology of Kentucky, LLC  
P.O. Box 951975  
Dallas TX 75395

3M Company  
P.O. Box 371227  
Pittsburgh PA 15250-7227

Acure Care, Inc.  
1609 North Ankeny Blvd.  
Suite 200  
Ankeny IA 50023

ADP, Inc.  
P.O. Box 842875  
Boston MA 02284-2875

Advanced Roofing  
1924 North Elm Street  
Muncie IN 47304

Airgas Mid-America  
P.O. Box 532609  
Atlanta GA 30353

Alert Services Corporation  
P.O. Box 920215  
Norcross GA 30010

Alimed  
P.O. Box 9135  
Dedham MA 02027-9135

AT&T Capital Services  
13160 Collections Center Drive  
Chicago IL 60693

Baxter Healthcare  
P.O. Box 70564  
Chicago IL 60673

Beckman Coulter, Inc.  
Dept. CH 10164  
Palatine IL 60055-0164



Bernard T. Poe  
P.O. Box 446  
Owenton KY 40359

Bio-Rad Laboratories, Inc.  
P.O. Box 849740  
Clinical Diagnostic Division  
Los Angeles CA 90084-9740

Briggs Corp.  
P.O. Box 1355  
Des Moines IA 50305

Bruce Communications, LLC  
P.O. Box 771  
Mount Sterling KY 40353

Cantol USA, Inc.  
199 Steelcase Road West  
Markham, Ontario L3R 2M2  
Canada

Cardinal Health  
P.O. Box 905867  
Medical Products  
Charlotte NC 28290-5867

Cardinal Health  
P.O. Box 402574  
Pharmaceutical Dist.  
Atlanta GA 30384-2574

Cardinal Health 110, Inc.  
P.O. Box 402574  
Atlanta GA 30384

Carefusion Solutions, LLC  
25082 Network Place  
Chicago IL 60673

Carroll County Hospital  
309 11th Street  
Carrollton KY 41008

Carrollton Utilities  
P.O. Box 269  
225 6th Street  
Carrollton KY 41008

Chapman Printing Company, Inc.  
P.O. Box 2908  
Huntington WV 25728

Chemsearch  
23261 Network Place  
Chicago IL 60673-1232

Cintas Location #935  
P.O. Box 630803  
Cincinnati OH 45263

Coast to Coast  
P.O. Box 56346  
Atlanta GA 30343

CPA Lab  
P.O. Box 538373  
Atlanta GA 30353-8373

Cull Family  
965 Hwy 127 North  
Owenton KY 40359

DBL Law  
Accounts Receivable  
207 Thomas More Parkway  
Crestview Hills KY 41017

De Lage Landen  
P.O. Box 41602  
Philadelphia PA 19101

Deepak Mittal, M.D.  
105 Ridge Pointe Road  
Cold Springs KY 41076

Derby Pressure Wash  
901 Ulrich Avenue  
Louisville KY 40219

Dish Network  
P.O. Box 94063  
Palatine IL 60094

Ecolab, Inc.  
P.O. Box 70343  
Chicago IL 60673

eSolutions Electronic Commerce  
WS#165  
P.O. Box 414378  
Kansas City MO 64141

First Farmers Bank  
127 North Thomas Street  
P.O. Box 188  
Owenton KY 40359

Frankfort Pest Control, LLC  
P.O. Box 1587  
Shelbyville KY 40065

Gallatin County News  
P.O. Box 435  
Warsaw KY 41095-0435

GE Capital  
P.O. Box 644479  
Pittsburgh PA 15264-4479

GE Healthcare  
P.O. Box 96483  
Chicago IL 60693

GE Healthcare Financial Services  
P.O. Box 641419  
Pittsburgh PA 15264

Golden Scepter, LLC  
P.O. Box 294  
Owenton KY 40359

Gordon Food Service  
P.O. Box 88029  
Chicago IL 60680-1029

GW Orthopedics  
6975 Goldengate Drive  
Cincinnati OH 45244

Hammond Law Group  
441 Vine Street  
Suite 3200  
Cincinnati OH 45202

Health Care Logistics, Inc.  
P.O. Box 400  
Circleville OH 43113-0400

Healthcare Services Group, Inc.  
3220 Tillman Drive  
Suite 300  
Bensalem PA 19020

Healthland, Inc.  
P.O. Box 856554  
Minneapolis MN 55485-6554

Inside Connect Cable  
4890 Knob Creek Road  
Brooks KY 40109

Instrumentation Laboratory  
Werfen USA, LLC  
P.O. Box 347934  
Pittsburgh PA 15251

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

Kentucky American Water  
P.O. Box 371880  
Pittsburgh PA 15250

Kentucky Blood Center  
3121 Beaumont Centre Circle  
Lexington KY 40513

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

Kentucky Hospital Association  
2501 Nelson Mill Parkway  
P.O. Box 436629  
Louisville KY 40253-6629

Kentucky REC  
2355 Hugenard Drive  
Suite 10  
Lexington KY 40503

Kentucky State Treasurer  
Department of Revenue  
Frankfort KY 40621

KU  
P.O. Box 9001954  
Louisville KY 40290-1954

Laboratory Supply Company  
1951 Bishop Lane  
Suite 300  
Louisville KY 40218

Logan's Textile Rental  
P.O. Box 643958  
Cincinnati OH 45264

Lowe's Business Account/GE Credit  
P.O. Box 530970  
Atlanta GA 30353-0970

Market Lab, Inc.  
3027 Momentum Place  
Chicago IL 60689-5330

Marshall Estate  
c/o Stephen M. O'Brien III, PLLC  
271 West Short Street  
Suite 200  
Lexington KY 40507

McGregor & Associates, Inc.  
997 Governors Lane  
Suite 175  
Lexington KY 40513

McKesson Health Solutions  
22423 Network Place  
Chicago IL 60673-1219

McKesson Medical-Surgical Inc.  
P.O. Box 634404  
Cincinnati OH 45263-4404

Meadowview Shopwise  
1070 Highway 127 North  
Owenton KY 40359

Medical Recovery Systems  
2055 Reading Road  
Suite 500  
Cincinnati OH 45202

Medline Industries, Inc.  
Dept. CH 14400  
Palatine IL 60055-4400

Mercedes Medical, Inc.  
P.O. Box 850001  
Box #0123  
Orlando FL 32885-0123

Millipore Corporation  
290 Concord Road  
Billerica MA 01821

MTCI  
11260 Chester Road  
Suite 700  
Cincinnati OH 45246

National Rural Health Association  
4501 College Blvd.  
Suite 225  
Leawood KS 66211

New Horizons Medical Foundation  
1160 Stewart Lane  
Sparta KY 41086

News Democrat  
P.O. Box 1118  
Landmark Comm Newspapers  
Shelbyville KY 40066-1118

Olympus America Inc.  
P.O. Box 200183  
Pittsburgh PA 15251

Olympus America, Inc.  
P.O. Box 120600  
Dallas TX 75312-0600

Optum360, LLC  
3436 Momentum Place  
Chicago IL 60689-5334

Owen County Ambulance  
100 North Thomas Street  
Owenton KY 40359

Owen County Fiscal Court  
100 North Thomas Street  
Owenton KY 40359

PEM Filings  
Dept. 1920  
P.O. Box 4110  
Woburn MA 01888-4110

Peoples Bank & Trust Company  
101 North Main Street  
P.O. Box 8  
Owenton KY 40359

Pharmaceutical Credit  
P.O. Box 1684  
Brentwood TN 37024

Physicians Sales and Services  
62046 Collections Drive  
Chicago IL 60693-0620

Physio-Control, Inc.  
12100 Collections Drive  
Chicago IL 60693

Pitney-Bowes Purchase Power  
P.O. Box 371874  
Pittsburgh PA 15250-7874

Precision Dynamics Corp. Healthcare  
P.O. Box 71549  
Chicago IL 60694-1995

Quest Diagnostics  
12436 Collections Center Drive  
Chicago IL 60693

Quest Diagnostics  
P.O. Box 740709  
Atlanta GA 30374-0736

Record Indiana Automatic Door Systems  
P.O. Box 188  
Whiteland IN 46184-0188

River Times  
P.O. Box 435  
Warsaw KY 41095

Rumpke Consolidated Companies  
P.O. Box 538710  
Cincinnati OH 45253

Russell Kuchta, RPH  
6565 Sauterne Drive  
Macungie PA 18062

Shred-It USA LLC  
10115 Production Court  
Louisville KY 40299



Siemens Financial Services, Inc.  
P.O. Box 2083  
Carol Stream IL 60132

Siemens Healthcare Diagnostics Inc.  
P.O. Box 121102  
Dallas TX 75312

Simplex Grinnell  
Dept. CH 10320  
Palatine IL 60055

Specific Waste Industries, LLC  
P.O. Box 1091  
Prospect KY 40059

Spectra Corp.  
8131 LBJ Freeway  
Suite 360  
Dallas TX 75251

St. Elizabeth Healthcare Edgewood  
Attn: Inpatient Pharmacy  
1 Medical Village Drive  
Edgewood KY 41017

Staples Advantage  
Dept. DET  
P.O. Box 83689  
Chicago IL 60696-3689

Stryker Finance  
P.O. Box 41602  
Philadelphia PA 19101-1602

Summit Funding Group  
3062 Momentum Place  
Chicago IL 60689

Tri-State Coca-Cola  
2329 Paysphere Circle  
Chicago IL 60674-2329

U.S. Bank Equipment Finance  
P.O. Box 790448  
Saint Louis MO 63179-0448

USDA Rural Development  
771 Corporate Drive  
Suite 200  
Lexington KY 40503

Vascular Access, Inc.  
P.O. Box 444  
Georgetown IN 47122-0444

VonLehman & Company Inc.  
250 Grandview Drive  
Suite 300  
Fort Mitchell KY 41017

Windstream  
P.O. Box 9001950  
Louisville KY 40290

Wyatt, Tarrant, & Combs, LLP  
500 West Jefferson Street  
Suite 28  
Louisville KY 40202-2898

Xerox Capital  
P.O. Box 802555  
Chicago IL 60680-2555

YP  
P.O. Box 5010  
Carol Stream IL 60197