

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): Nurses' Registry and Home Health Corporation	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) 61-1051992	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): 1420 North Broadway Lexington, KY ZIP Code 40505	Street Address of Joint Debtor (No. and Street, City, and State): 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): 101 Venture Court, Suite 1A Lexington, KY ZIP Code 40511	Mailing Address of Joint Debtor (if different from street address): 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 checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input 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"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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Estimated Assets

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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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
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THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Nurses' Registry and Home Health Corporation	
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		Exhibit B	
(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.		(To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). <input checked="" type="checkbox"/> _____ 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):
Nurses' Registry and Home Health Corporation

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/ Laura Day DelCotto
Signature of Attorney for Debtor(s)

Laura Day DelCotto
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

June 26, 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 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/ Vicki S. House
Signature of Authorized Individual

Vicki S. House
Printed Name of Authorized Individual

President
Title of Authorized Individual

June 26, 2015
Date

B4 (Official Form 4) (12/07)

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

In re Nurses' Registry and Home Health Corporation

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>
BRIDGEFIELD CASUALTY INSURANCE COMPANY - PO BOX 32034 LAKELAND, FL 33802		workers comp insurance		30,501.36
CAREVOYANT INC 1933 N. MEACHAM ROAD SUITE 310 SCHAUMBURG, IL 60173		computer software and maintenance		30,031.25
CHASE LEGAL IMAGING 300 WEST VINE STREET SUITE 800 LEXINGTON, KY 40507		hosting legal information		22,672.85
CHILD DEVELOPMENT CENTER OF BLUEGRASS 290 ALUMNI DRIVE LEXINGTON, KY 40503		independent contractor for patient care		25,410.00
FAMILY CHOICE HOME CARE 2150 LEXINGTON RD STE G RICHMOND, KY 40475		independent contractor for patient care		25,666.50
FEDERAL EXPRESS CORPORATION P O BOX 371461 Pittsburgh, PA 15250-7461		shipping supplies		9,833.87
FIRST CHOICE MEDICAL SUPPLY PO BOX 3608 JACKSON, MS 39207		trade debt		101,821.64
HI-ACRES SHOPPING CENTER 101 VENTURE COURT STE 1-A Lexington, KY 40511		rent		20,330.30
HORN, RICHARDSON & ASSOCIATES 2412 GREATSTONE POINT Lexington, KY 40504-3274		independent contractor for patient care		89,436.00

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

In re Nurses' Registry and Home Health Corporation

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
HOUSE ENERGIES 101 VENTURE COURT, SUITE 1-A Lexington, KY 40511		rent		30,164.18
HOUSE ENERGIES 101 VENTURE COURT, SUITE 1-A LEXINGTON, KY 40511		loan repayment for traditional bank money loaned to company		12,429.99
INSIGHT P.O. BOX 731069 DALLAS, TX 75373-1069		trade debt/computer		12,309.14
JOHN RICHARD 989 GOVERNORS LANE STE 220 LEXINGTON, KY 40513		medical director		11,650.00
MCKESSON MEDICAL-SURGICAL MINNESOTA SUPP P O BOX 630693 Cincinnati, OH 45274-0693		trade debt		19,762.71
MEDLINE INDUSTRIES, INC DEPT CH 14400 Palatine, IL 60055-4400		trade debt		23,036.92
NURSE STAT 672 KENNEDY BRIDGE RD HARRODSBURG, KY 40330		independent contractor for patient care		30,679.20
ON THE MOVE PEDIATRIC THERAPY 2520 REGENCY RD STE 150 LEXINGTON, KY 40503		independent contractor for patient care		16,328.00
REIDY MEDICAL SUPPLY, INC. P.O. BOX 713079 CINCINNATI, OH 45271-3079		trade debt		11,736.79
VICLEN DBA NR RESPIRATORY &HME 101 VENTURE COURT STE 1-A LEXINGTON, KY 40511		enteral supplies purchased from viclen for patients		9,469.38
WEST IP COMMUNICATIONS DEPARTMENT 1413 Denver, CO 80256		telephone		10,827.27

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

In re Nurses' Registry and Home Health Corporation
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 June 26, 2015

Signature /s/ Vicki S. House
Vicki S. House
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 Nurses' Registry and Home Health Corporation,
Debtor

Case No. _____
Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Estate of Lennie G. House David Porter, Esq. Stites & Harbison 250 West Main Street, Suite 2300 Lexington, KY 40507	common stock		100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date June 26, 2015

Signature /s/ Vicki S. House
Vicki S. House
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 **Nurses' Registry and Home Health Corporation** Case No. _____
Debtor(s) 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 16 page(s) is true and correct and complete, to the best of my (our) knowledge.

Date: **June 26, 2015** **/s/ Vicki S. House**
Vicki S. House/President
Signer/Title

I, **Laura Day DelCotto**, counsel for the petitioner(s) in the above-styled bankruptcy action, declare that the attached Master Address List consisting of 16 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: **June 26, 2015** **/s/ Laura Day DelCotto**
Signature of Attorney
Laura Day DelCotto
DelCotto Law Group PLLC
200 North Upper Street
Lexington, KY 40507-1017
(859) 231-5800 Fax: (859) 281-1179

ACCONTEMPS
12400 COLLECTIONS CENTER DRIVE
Chicago IL 60693

AdvanceMed Corporation
Attn: President
11730 Plaza America Drive
Reston VA 20190

ADVANTAGE LEARNING CENTER
2673 ASHBROOKE DR
Lexington KY 40513

AIR CONTROL
997 FLOYD DRIVE SUITE #100
LEXINGTON KY 40505

AMERICAN EXPRESS
P.O. BOX 360001
FT. LAUDERDALE FL 33336-0001

ANN DERRINGER
585 GOGGINS LN
DANVILLE KY 40422

ANSWER ONE, INC.
3321 WINCHESTER ROAD
Lexington KY 40509

API HEALTHCARE
16801 ADDISON ROAD STE 240
ADDISON TX 75001

AROUND THE CLOCK
1204 AUSTIN CT
Lexington KY 40517

AT&T - Paris
P.O. BOX 105262
Atlanta GA 30348-5262

AT&T - Richmond
P.O. BOX 105262
ATLANTA GA 30348-5262

AT&T- Winchester
P.O. BOX 105262
Atlanta GA 30348-5262

ATHENS PAPER
P.O. BOX 932811
Atlanta GA 31193-2811

ATMOS ENERGY
P.O. BOX 790311
SAINT LOUIS MO 63179-0311

BAPTIST COMMUNITY HEALTH SERVICES
PO BOX 950166
LOUISVILLE KY 40295-0166

BERRY
100 EXECUTIVE PARKWAY
HUDSON OH 44236-1630

BLUEGRASS BIOMEDICAL, INC
363 SOUTH FOURTH ST PO BOX 296
DANVILLE KY 40422

Bourbon County Fiscal Court
Bourbon County Treasurer
301 Main Street
Paris KY 40361

Bourbon County Sheriff
Mark L. Matthews
301 Main Street, Room 104
Paris KY 40361

BRIDGEFIELD CASUALTY INSURANCE COMPANY -
PO BOX 32034
LAKELAND FL 33802

BUSY BEE OCCUPATIONAL THERAPY
102 MAGNOLIA DR
RICHMOND KY 40475

CANON FINANCIAL SERVICES, INC
PO BOX 5008
MOUNT LAUREL NJ 08054-5008

CANON SOLUTIONS AMERICA
15004 COLLECTIONS CENTERE DR
CHICAGO IL 60693

CAREERBUILDER LLC
13047 COLLECTION CENTER DRIVE
CHICAGO IL 60693-0130

CAREVOYANT INC
1933 N. MEACHAM ROAD SUITE 310
SCHAUMBURG IL 60173

CAROL CLAYTON RALEY
143 SOUTH HILL ROAD
Versailles KY 40383

CDW GOVERNMENT, INC
75 REMITTANCE DRIVE SUITE 1515
Chicago IL 60675-1515

Centers for Medicare & Medicaid Services
Attn: Andy Slavitt, Acting Admin.
7500 Security Blvd.
Baltimore MD 21244

CENTRAL BANK & TRUST CO.
PO BOX 1750
Lexington KY 40588-1750

CENTRAL BUSINESS SYSTEMS, INC.
PO BOX 4450
Lexington KY 40544-4450

CENTRAL FORMS SOLUTIONS, INC
PO BOX 410
NICHOLASVILLE KY 40340

CHASE LEGAL IMAGING
300 WEST VINE STREET SUITE 800
LEXINGTON KY 40507

CHILD DEVELOPMENT CENTER OF BLUEGRASS
290 ALUMNI DRIVE
LEXINGTON KY 40503

CIT TECHNOLOGY FIN SERV, INC
21146 NETWORK PLACE
Chicago IL 60673-1211

City of Georgetown
Attn: City Clerk's Office
100 Court Street
Georgetown KY 40324

City of Paris
525 High Street
Paris KY 40361

CITY OF PARIS COMBINED UTILITIES
525 HIGH STREET
PARIS KY 40361

City of Richmond
PO Box 1268
Richmond KY 40475

City of Winchester
PO Box 4135
Winchester KY 40392

Clark County Sheriff Dept.
17 Cleveland Ave.
Winchester KY 40391

Clark County Treasurer
34 S. Main Street #103
Winchester KY 40391

CLARK IMMEDIATE CARE CENTER
1934 BYPASS ROAD
WINCHESTER KY 40391

COLUMBIA GAS
P.O. BOX 742523
Cincinnati OH 45274

Commonwealth of Kentucky
Cabinet for Health and Family Services
c/o Matthew Kleinert, Esq.
275 E. Main St. □□
Frankfort KY 40621

COMMONWEALTH TECHNOLOGY
PO BOX 706326 STE #110
CINCINNATI OH 45270-3626

CORE4 THERAPY GROUP
120 KENTUCKY AVENUE SUITE 120
LEXINGTON KY 40502

DANVILLE BOTTLE WATER
PO BOX 755
Danville KY 40423

David Guarnieri, Esq.
McBrayer, McGinnis, Leslie & Kirkland
201 East Main Street, Suite 900
Lexington KY 40507

David Porter, Esq.
Stites & Harbison
250 West Main Street, Suite 2300
Lexington KY 40507

DE LAGE LANDEN FINANCIAL SERVICES
PO BOX 41602
Philadelphia PA 19101-1602

DENISE L. SCHLAAK
2728 Woodlawn Way
Lexington KY 40511

DENISE WEISS-SALINES
422 Letcher Avenue
RICHMOND KY 40475

DURKIN REPORTING
77 WEST WASHINGTON ST STE 718
CHICAGO IL 60602

EASTERN TELEPHONE & TECHNOLOGIES INC
PO BOX 2898
PIKEVILLE KY 41502

ELECTRONIC BUSINESS MACHINES
1408 VERSAILLES ROAD
LEXINGTON KY 40504

ELINK DESIGN, INC
400 EAST VINE STREET STE 301
LEXINGTON KY 40507

ELMER WITT LAWN MASTERS
973 ROCKBRIDGE ROAD
LEXINGTON KY 40515

ENVIRONMENTAL WASTE SYSTEM LLC
PO 964
SOMERSET KY 42502

ESOLUTIONS
WS# 165 PO BOX 414378
KANSAS CITY MO 64141

Estate of Lennie G. House
811 Corporate Drive, Suite 303
Lexington KY 40503

FAMILY CHOICE HOME CARE
2150 LEXINGTON RD STE G
RICHMOND KY 40475

FAST BREAK DOUGHNUTS#1 LLC DBA DUNKIN' D
1999 RICHMOND ROAD SUITE 300
LEXINGTON KY 40502

Fayette County Clerk
162 East Main Street
Lexington KY 40507

Fayette County Public Schools
Tax Collection Office
P.O. Box 55570
Lexington KY 40555

Fayette County Sheriff
150 North Limestone St, Ste 265
Lexington KY 40507

FEDERAL EXPRESS CORPORATION
P O BOX 371461
Pittsburgh PA 15250-7461

FIRST CHOICE MEDICAL SUPPLY
PO BOX 3608
JACKSON MS 39207

G. NEIL
P O BOX 451179
SUNRISE FL 33345-1179

Garrard County Fiscal Court
Tax Administrator
P.O. Box 595
Lancaster KY 40444

Georgetown-Scott County Revenue Comm
PO Box 800
Georgetown KY 40324

GROTT LOCKSMITH CENTER INC
1112 WINCHESTER ROAD
LEXINGTON KY 40505

HI-ACRES
101 VENTURE COURT STE 1-A
Lexington KY 40511

HI-ACRES SHOPPING CENTER
101 VENTURE COURT STE 1-A
Lexington KY 40511

HIGHBRIDGE SPRING WATER
PO BOX 100
Wilmore KY 40390

HOLDTIME.NET
P.O. BOX 910751
Lexington KY 40591

HORN, RICHARDSON & ASSOCIATES
2412 GREATSTONE POINT
Lexington KY 40504-3274

HOUSE CHILDREN
c/o Richard Getty, Esq.
The Getty Law Group PLLC
250 West Main Street, Suite 1900
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LENNIE AND VICKI HOUSE
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LENNIE HOUSE
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NR INC
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NR INC C/O RESPITE SERVICES
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CAROL STREAM IL 60197-5010

ZIRMED, INC
1311 SOLUTIONS CENTER
CHICAGO IL 60677-1311

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

In re **Nurses' Registry and Home Health Corporation**
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 **Nurses' Registry and Home Health Corporation** 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*]

June 26, 2015
Date

/s/ Laura Day DelCotto
Laura Day DelCotto
Signature of Attorney or Litigant
Counsel for **Nurses' Registry and Home Health Corporation**
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