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):	Name of Joint Debtor (Spouse) (Last, First, Middle):
Aaron K. Jonan Memorial Clinic, Inc.	
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) **61-1367871**	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): **832 Highway 15 North Jackson, KY** ZIP Code **41339**	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: **Breathitt**	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): **P. O. Box 2708 Pikeville, KY** ZIP Code **41502**	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)

- ☐ Individual (includes Joint Debtors) *See Exhibit D on page 2 of this form.*
- ■ Corporation (includes LLC and LLP)
- ☐ Partnership
- ☐ 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)

- ■ Health Care Business
- ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
- ☐ Railroad
- ☐ Stockbroker
- ☐ Commodity Broker
- ☐ Clearing Bank
- ☐ Other

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)

- ☐ Chapter 7
- ☐ Chapter 9
- ■ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- ☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding
- ☐ 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)

- ☐ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).

Nature of Debts
(Check one box)

- ☐ 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."
- ■ Debts are primarily business debts.

Filing Fee (Check one box)

- ■ Full Filing Fee attached
- ☐ 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.
- ☐ 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:

- ■ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
- ☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

- ■ 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:

- ☐ A plan is being filed with this petition.
- ☐ 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

- ■ 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.

THIS SPACE IS FOR COURT USE ONLY

Estimated Number of Creditors

■ 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

☐ $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

☐ $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

Voluntary Petition *(This page must be completed and filed in every case)*	Name of Debtor(s): **Aaron K. Jonan Memorial Clinic, Inc.**	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: **Eastern District of Kentucky**	Case Number: **12-51487**	Date Filed: **6/01/12**
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: **See Attachment**	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.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X_____
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?

☐ 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):
Aaron K. Jonan Memorial Clinic, 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 Attorney*

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

Jamie L. Harris KY Bar No. 91387
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

July 21, 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/ Djien H. So**
Signature of Authorized Individual

Djien H. So
Printed Name of Authorized Individual

President
Title of Authorized Individual

July 21, 2015
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 bankrutpcy 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.

In re **Aaron K. Jonan Memorial Clinic, Inc.**, Case No. _____
Debtor

FORM 1. VOLUNTARY PETITION

Pending Bankruptcy Cases Filed Attachment

Name of Debtor / District	Case No. / Relationship	Date Filed / Judge
Asthma and Allergy Center, LLC **Eastern District of Kentucky**	 **related entity**	**07/21/15**
Pediatric Associates of Pikeville, LLC **Eastern District of Kentucky**	 **related entity**	**07/21/15**
Red River Healthcare, LLC **Eastern District of Kentucky**	**15-51438** **related entity**	**07/21/15**

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Eastern District of Kentucky

In re **Aaron K. Jonan Memorial Clinic, 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) *Name of creditor and complete mailing address including zip code*	(2) *Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted*	(3) *Nature of claim (trade debt, bank loan, government contract, etc.)*	(4) *Indicate if claim is contingent, unliquidated, disputed, or subject to setoff*	(5) *Amount of claim [if secured, also state value of security]*
AT & T P.O. Box 105262 Atlanta, GA 30348-5262	**AT & T P.O. Box 105262 Atlanta, GA 30348-5262**	**Utility services**		**6,082.22**
Caleb Cooley Cooley Accounting & Tax Services, Inc. 11 Northwood Drive Pikeville, KY 41502	**Cooley Accounting P.O. Box 3601 Pikeville, KY 41502-3601**	**Accounting services**		**16,250.25**
ESP Staffing, Inc. 6220 Campbell Road Suite 402 Dallas, TX 75248	**ESP Staffing, Inc. 6220 Campbell Road Suite 402 Dallas, TX 75248**	**Trade debt**		**5,650.00**
Physician Sales & Service 5150 Interchange Way Louisville, KY 40229	**Physician Sales & Service 5150 Interchange Way Louisville, KY 40229**	**Trade debt**		**4,528.28**
Pitney Bowes, Inc. P.O. Box 856042 Louisville, KY 40285-6037	**Pitney Bowes, Inc. P.O. Box 856042 Louisville, KY 40285-6037**	**Trade debt**		**7,311.90**
Purchase Power PO Box 856042 Lousville, KY 40285-6042	**Purchase Power P.O. BOX 856042 Lousville, KY 40285-6042**	**Trade debt**		**741.00**
Sunshine Smoot, M.D. 729 Washington Ave. Jackson, KY 41339	**Sunshine Smoot, M.D. 729 Washington Ave. Jackson, KY 41339**	**Wages owed as of Oct 2010 (former employee)**		**4,500.00**

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

In re **Aaron K. Jonan Memorial Clinic, Inc.** Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) *Name of creditor and complete mailing address including zip code*	(2) *Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted*	(3) *Nature of claim (trade debt, bank loan, government contract, etc.)*	(4) *Indicate if claim is contingent, unliquidated, disputed, or subject to setoff*	(5) *Amount of claim [if secured, also state value of security]*

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 **July 21, 2015** Signature **/s/ Djien H. So**

Djien H. So

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.

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United States Bankruptcy Court
Eastern District of Kentucky

In re **Aaron K. Jonan Memorial Clinic, Inc.**, 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
Djien H. So **P. O. Box 2229** **Pikeville, KY 41502**		**50%**	
Leonor So **P.O. Box 2229** **Pikeville, KY 41502**		**50%**	

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 **July 21, 2015**

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

0 continuation sheets attached to List of Equity Security Holders

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United States Bankruptcy Court
Eastern District of Kentucky

In re **Aaron K. Jonan Memorial Clinic, 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 **5** page(s) is true and correct and complete, to the best of my (our) knowledge.

Date: **July 21, 2015**

/s/ Djien H. So
Djien H. So/President
Signer/Title

I, **Jamie L. Harris**, counsel for the petitioner(s) in the above-styled bankruptcy action, declare that the attached Master Address List consisting of **5** 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: **July 21, 2015**

/s/ Jamie L. Harris
Signature of Attorney
Jamie L. Harris
DelCotto Law Group PLLC
200 North Upper Street
Lexington, KY 40507-1017
(859) 231-5800 Fax: (859) 281-1179

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AARP United Healthcare
PO Box 740819
Atlanta GA 30374-0819

Anthem Blue Cross Blue shield
PO Box 105187
Atlanta GA 30348-5187

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

Breathitt County Fiscal Court
1137 Main St
Jackson KY 41339

Cahaba Government Benefit Admin
PO Box 11465
Birmingham AL 35202-1465

Caleb Cooley
Cooley Accounting & Tax Services, Inc.
11 Northwood Drive
Pikeville KY 41502

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

ChampVA
PO Box 469064
Denver CO 80246-9064

Cigna
PO Box 18223
Chattanooga TN 37422

Cigna GBS Medicare
PO Box 20018
Nashville TN 37202

City of Jackson
333 Broadway
Jackson KY 41339

Conseco Health Insurance
PO Box 2034
Carmel IN 46082

Crowell Systems
Attn: Sally Crowell
4235 South Stream Blvd
Charlotte NC 28217

DOL Black Lung
PO Box 8302
London KY 40742-8302

ESP Staffing, Inc.
6220 Campbell Road Suite 402
Dallas TX 75248

Humana
PO Box 14601
Lexington KY 40512-4601

Humana Medicare replacement
PO Box 14635
Lexington Ky 40512-4635

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

Jeffrey Howell
P.O. Box 892
Jackson KY 41339

KACO Worker's Comp
PO Box 991009
Louisville KY 40269

KEMI Worker's Comp
250 W Main St. Suite 900
Lexington KY 40507

Kentucky Access
PO Box 33707
Indianapolis IN 46203-0707

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

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

KY Division of Unemployment Insurance
PO Box 948
Frankfort KY 40602-0948

KY Farm Bureau
PO Box 20600
Louisville KY 40250

Ky Teacher's Retirement
PO Box 14601
Lexington KY 40512-4601

Liberty Mutual
PO Box 1035
Chesterfield MO 63006-1035

Medicaid Coventry Care of KY
PO Box 7812
London KY 40742

Medicaid KY Spirit
PO Box 4001
Libertyville MO 63640-4401

Medicaid of KY
PO Box 2101
Frankfort KY 40602

Medicaid Wellcare
PO Box 31372
Tampa FL 33631

Medical Mutual of Ohio
PO Box 94648
Cleveland OH 44101

Ohio Casualty Group
PO Box 296
Hamilton OH 45012

Palmetto GBA
PO Box 10066
Augusta GA 30999

Physician Sales & Service
5150 Interchange Way
Louisville KY 40229

Pitney Bowes, Inc.
P.O. Box 856042
Louisville KY 40285-6037

Progressive Insurance
PO Box 436989
Louisville KY 40253

Purchase Power
PO Box 856042
Lousville KY 40285-6042

Pyramid Life Insurance
P.O. Box 391885
Cambridge MA 02139-1885

Sunshine Smoot, M.D.
729 Washington Ave.
Jackson KY 41339

Tricare Military Region 1
North Region; Region 9 (Champus)
PO Box 870140
Surfside Beach KY 29587-9740

UK Workers Care
PO Box 23100
Louisville KY 40223

Underwiters
PO Box 23507
Louisville KY 40223

United Health Care
PO Box 740800
Atlanta GA 30374-0800

United Health Care
PO Box 31362
Salt Lake City UT 84131-0361

Wells Fargo
PO Box 2451
Charleston WV 25329

United States Bankruptcy Court
Eastern District of Kentucky

In re **Aaron K. Jonan Memorial Clinic, Inc.** 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 **Aaron K. Jonan Memorial Clinic, Inc.** 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*]

July 21, 2015
Date

/s/ Jamie L. Harris
Jamie L. Harris
Signature of Attorney or Litigant
Counsel for **Aaron K. Jonan Memorial Clinic, Inc.**

DelCotto Law Group PLLC
200 North Upper Street
Lexington, KY 40507-1017
(859) 231-5800 Fax:(859) 281-1179

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