

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): Asthma and Allergy Center, 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) 20-5893536	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): 156 Island Creek Road Pikeville, KY	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 41501	ZIP Code
County of Residence or of the Principal Place of Business: Pike	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 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 checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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

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): Asthma and Allergy Center, LLC
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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: 12-70325	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:

<p style="text-align: center;">Exhibit A</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;">Exhibit 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>X _____ 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):
Asthma and Allergy Center, LLC

Signatures

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

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

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

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of 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 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/ Djien H. So
Signature of Authorized Individual

Djien H. So
Printed Name of Authorized Individual

Managing Member
Title of Authorized Individual

July 21, 2015
Date

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

FORM 1. VOLUNTARY PETITION
Pending Bankruptcy Cases Filed Attachment

<u>Name of Debtor / District</u>	<u>Case No. / Relationship</u>	<u>Date Filed / Judge</u>
Aaron K, Jonan Memorial Clinic, Inc. Eastern District of Kentucky	15-51439 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 Asthma and Allergy Center, LLC

Debtor(s)

Case No.

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(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>
Accredo Health Grp, Inc. Attn: Wholesale Dept. 13408 Collections Center Drive Chicago, IL 60693	Accredo Health Grp, Inc. Attn: Wholesale Dept. 13408 Collections Center Drive Chicago, IL 60693	Trade debt		72,355.48
AT&T PO Box 105503 Atlanta, GA 30348	AT&T PO Box 105503 Atlanta, GA 30348	Advertising - yellow pages		26,786.08
AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197-6463	AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197-6463	Utility service		250.64
Berry PO Box 790250 St.Louis, MO 63179-0250	Berry PO Box 790250 St.Louis, MO 63179-0250	Advertising		756.04
Big Sandy HVAC P.O. Box 330 29 KY Route 825 Hagerhill, KY 41222	Big Sandy HVAC P.O. Box 330 29 KY Route 825 Hagerhill, KY 41222	Trade debt		140.95
Caleb Cooley Cooley Accounting & Tax Services, Inc. 11 Northwood Drive Pikeville, KY 41502	Caleb Cooley Cooley Accounting & Tax Services, Inc. 11 Northwood Drive Pikeville, KY 41502	Accounting services		48,519.50
Cooley Medical Equip P O Box 231 Prestonsburg, KY 41653-5026	Cooley Medical Equip P O Box 231 Prestonsburg, KY 41653-5026	Medical supplies		761.80
Crowell Systems Attn: Sally Crowell 4235 South Stream Blvd Charlotte, NC 28217	Crowell Systems Attn: Sally Crowell 4235 South Stream Blvd Charlotte, NC 28217	Billing software upgrade, service, and maintenance charges	Disputed	22,505.49
Eastern Tele and Tech PO Box 2692 Pikeville, KY 41502	Eastern Tele and Tech PO Box 2692 Pikeville, KY 41502	Utility service		212.00
Eastern Telephone 106 Power Drive Pikeville, KY 41502	Eastern Telephone 106 Power Drive Pikeville, KY 41502	Utility service		670.30

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

In re Asthma and Allergy Center, LLC

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Estates of Homer & Mary Short 7766 RT. 23 South Mayo Hagerhill, KY 41222	Estates of Homer & Mary Short 7766 RT. 23 South Mayo Hagerhill, KY 41222	Rent under prior lease		31,500.00
Fowler, Measle & Bell, PLLC 300 West Vine Street Suite 600 Lexington, KY 40507-1660	Fowler, Measle & Bell, PLLC 300 West Vine Street Suite 600 Lexington, KY 40507-1660	Legal services	Disputed	2,622.36
Laboratory Corporation P.O. Box 12140 Burlington, NC 27216-2140	Laboratory Corporation P.O. Box 12140 Burlington, NC 27216-2140	Trade debt		1,200.00
LightYear P.O. Box 740882 Cincinnati, OH 45274-0882	LightYear P.O. Box 740882 Cincinnati, OH 45274-0882	Utility service		940.82
Physician Sales & Service 1950 Ruffin Mill Road Colonial Heights, VA 23834	Physician Sales & Service 1950 Ruffin Mill Road Colonial Heights, VA 23834	Trade debt		1,000.00
Pinnacle Publishing 4030 Technology Drive NW Bemidji, MN 56601	Pinnacle Publishing 4030 Technology Drive NW Bemidji, MN 56601	Trade debt		61.80
Pitney Bowes Inc P.O. Box 856390 Louisville, KY 40285-6390	Pitney Bowes Inc P.O. Box 856390 Louisville, KY 40285-6390	Trade debt		9,076.86
Roger's Self-Service P O Box 181 Pikeville, KY 41502	Roger's Self-Service P O Box 181 Pikeville, KY 41502	Trade debt		9,359.68
Siemens Healthcare Diagnostics P.O. Box 121102 Dallas, TX 75312-1102	Siemens Healthcare Diagnostics P.O. Box 121102 Dallas, TX 75312-1102	Trade debt		7,887.13
Solutions 1001 Brickell Bay Drive-9th Floor Miami, FL 33131	Solutions 1001 Brickell Bay Drive-9th Floor Miami, FL 33131	Trade debt		2,960.00

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

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date July 21, 2015

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

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

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

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

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 Managing Member 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
Managing Member

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

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

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

Debtor(s)

Case No.

Chapter **11**

VERIFICATION OF MAILING LIST MATRIX

I, the Managing Member of the corporation named as the petitioner(s) in the above-styled bankruptcy action, declare under penalty of perjury that the attached mailing list matrix of creditors and other parties in interest consisting of 8 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/Managing Member

Signer/Title

I, **Jamie L. Harris**, counsel for the petitioner(s) in the above-styled bankruptcy action, declare that the attached Master Address List consisting of 8 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

AARP United Healthcare
PO Box 740819
Atlanta GA 30374-0819

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

Aetna
PO Box 981106
El Paso TX 79998-1106

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

AT&T
PO Box 105503
Atlanta GA 30348

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

Berry
PO Box 790250
St.Louis MO 63179-0250

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

Blue Grass Family Health
PO Box 22135
Lexington KY 40522

Blue Grass Family Health (Accordia)
PO Box 22295
Lexington KY 40522

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

Carelink Medicaid
PO Box 7373
London KY 40742

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

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

Cigna
PO Box 182223
Chattanooga TN 37422-7223

Cigna - APWU Health Plan
PO Box 5909
Scranton PA 18505

Cigna GBS Medicare
PO Box 20018
Nashville TN 37202

City of Pikeville
118 College Street
Pikeville KY 41501

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

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

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

Dept of Veteran Affairs
1540 Spring Valley Dr
Huntington WV 25704

Djien So
P O Box 2229
Pikeville KY 41502

Eastern Tele and Tech
PO Box 2692
Pikeville KY 41502

Eastern Telephone
106 Power Drive
Pikeville KY 41502

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

Federal Black Lung
PO Box 8302
London KY 40742-8302

First Health - Virginia Medicaid
PO Box 27444
Richmond VA 23261-7444

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

FRA Insurance
PO Box 10340
Des Moines IA 50306

Hazard Village Spe, LLC
1630 Town Square SW
Cullman AL 35055-5263

Hoover Dawahare Estate
3210 Maria Drive
Lexington KY 40516

Humana Medicare replacement
PO Box 14635
Lexington KY 40512-4635

Humana; Humana (ARH Group)
Humana Gold Choice
PO Box 14601
Lexington KY 40512-4601

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

James H Quillen
PO Box 4000
Mountain Home TN 37684

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

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 Div Unemp
P O Box 948
Frankfort KY 40602-0948

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

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

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

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

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

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

National Rural Electric
PO Box Drawer 605
West Liberty KY 41472

National Telephone Cooperative
30 Town Square Blvd, Ste 300
Asheville NC 28801

NTCA Group
1 West Pack Sq. Suite 600
Asheville NC 28801-3457

Old Republic (Black Lung)
PO Box 2200
Greenburg PA 15601

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

Pike County Judge Executive
Courthouse
146 Main St
Pikeville KY 41501

Pikeville Independent Schools
148 Second Street
Pikeville KY 41501

Pinnacle Publishing
4030 Technology Drive NW
Bemidji MN 56601

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

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

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

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

Tricare for Life
PO Box 7889
Madison WI 53707-7889

Tricare Military Region 1
Tricare North Region
PO Box 870140
Surfside Beach KY 29587-9740

UMR
PO Box 30541
Salt Lake City UT 08413-0054

UMR
PO Box 826
Onalaska WI 54650

UMR/Wausau
PO Box 145804
Cincinnati OH 45250-5804

UMWA
PO Box 99002
Lubbock TX 79490

Underwriters
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

Web - TPA
PO Box 53530
Grand Prairie TX 75053

Wells Fargo
PO Box 2451
Charleston WV 25329

Wells Fargo TPA
PO Box 22779
Lexington KY 40522-2779

West Virginia Medicaid
PO Box 3767
Charleston WV 25337-3767

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

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

July 21, 2015

Date

/s/ Jamie L. Harris

Jamie L. Harris

Signature of Attorney or Litigant

Counsel for **Asthma and Allergy Center, LLC**

DelCotto Law Group PLLC

200 North Upper Street

Lexington, KY 40507-1017

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