

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Corner Home Care, Inc.	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): DBA The Pharmacy Corner; FDBA Optioncare; FDBA Western Kentucky IV Services	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) No./Complete EIN (if more than one, state all) 61-1164848	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): 108 E. Washington Street Princeton, KY	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 42445	ZIP Code
County of Residence or of the Principal Place of Business: Caldwell	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) <ul style="list-style-type: none"> <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) <ul style="list-style-type: none"> <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) <ul style="list-style-type: none"> <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
Tax-Exempt Entity (Check box, if applicable) <ul style="list-style-type: none"> <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) <ul style="list-style-type: none"> <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) <ul style="list-style-type: none"> <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: <ul style="list-style-type: none"> <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: <ul style="list-style-type: none"> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <ul style="list-style-type: none"> <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): Corner Home Care, Inc.
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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:

<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 in 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):
Corner Home Care, 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 Attorney*

X /s/ Todd A. Farmer
Signature of Attorney for Debtor(s)

Todd A. Farmer 86214
Printed Name of Attorney for Debtor(s)

Stout, Farmer & King, PLLC
Firm Name
329 N. 5th St.
P. O. Box 7766
Paducah, KY 42002-7766

Address

stephanie@sfk-law.com; melody@sfk-law.com
270-443-4431 Fax: 270-443-4631

Telephone Number

December 28, 2009

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/ James Knauff
Signature of Authorized Individual

James Knauff
Printed Name of Authorized Individual

President
Title of Authorized Individual

December 28, 2009

Date

United States Bankruptcy Court
Western District of Kentucky

In re Corner Home Care, 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>
AmerisourceBergen c/o Klehr Harrison Harvey Branzburg, LLC Morton Branzburg 260 South Broad Street Philadelphia, PA 19102	AmerisourceBergen c/o Klehr Harrison Harvey Branzburg, LLC Morton Branzburg Philadelphia, PA 19102	Rx Purchasers	Disputed	868,000.00
Analycis, LLC 6944 Wind Drift Court Newburgh, IN 47630	Analycis, LLC 6944 Wind Drift Court Newburgh, IN 47630	vendor debt		87,381.56
AT&T P. O. Box 9001310 Louisville, KY 40290-1310	AT&T P. O. Box 9001310 Louisville, KY 40290-1310	vendor debt		26,933.62
Balboa Capital 2010 Main Street Irvine, CA 92614	Balboa Capital 2010 Main Street Irvine, CA 92614	vendor debt		23,700.00
Cardmember Service P. O. Box 790480 Saint Louis, MO 63179	Cardmember Service P. O. Box 790480 Saint Louis, MO 63179	vendor debt - VISA		62,000.00
HD Smith P. O. Box 660277 Indianapolis, IN 46266-0277	HD Smith P. O. Box 660277 Indianapolis, IN 46266-0277	vendor debt		758,341.00
Integra Bank P. O. Box 3287 Evansville, IN 47732-3287	Integra Bank P. O. Box 3287 Evansville, IN 47732-3287	Line of Credit		736,313.00
Integra Bank P. O. Box 3287 Evansville, IN 47732-3287	Integra Bank P. O. Box 3287 Evansville, IN 47732-3287	Inventory for Sale (Book 443,379)		736,000.00 (221,690.00 secured)
Integra Bank P. O. Box 3287 Evansville, IN 47732-3287	Integra Bank P. O. Box 3287 Evansville, IN 47732-3287	Accounts Receivable (as of 11/30/2009)		1,224,225.00 (1,138,520.00 secured)
Invacare Corporation 33416 Treasury Center Chicago, IL 60694	Invacare Corporation 33416 Treasury Center Chicago, IL 60694	vendor debt		62,573.00

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>
Invacare Credit Corp P. O. Box 41601 Philadelphia, PA 19101	Invacare Credit Corp P. O. Box 41601 Philadelphia, PA 19101	vendor debt		89,740.00
LK Research, Inc. P. O. Box 5314 4920 Lincoln Avenue Evansville, IN 47716	LK Research, Inc. P. O. Box 5314 4920 Lincoln Avenue Evansville, IN 47716	vendor debt		270,030.00
Medical Specialties Distributer 6571 Paysphere Circle Chicago, IL 60674	Medical Specialties Distributer 6571 Paysphere Circle Chicago, IL 60674	vendor debt		30,142.62
Optioncare Inc. 5532 Payshere Circle Chicago, IL 60674	Optioncare Inc. 5532 Payshere Circle Chicago, IL 60674	Royalties & franchise fees		227,481.00
Steve P'Pool 1885 Ridge Road Princeton, KY 42445	Steve P'Pool 1885 Ridge Road Princeton, KY 42445	shareholder		122,397.00
P'Pool, Steve 1882 Ridge Road Princeton, KY 42445	P'Pool, Steve 1882 Ridge Road Princeton, KY 42445	rents		60,500.00
Respironics, Inc. P. O. Box 405740 Atlanta, GA 30384-5740	Respironics, Inc. P. O. Box 405740 Atlanta, GA 30384-5740	vendor debt		44,975.12
Robert Traylor 3649 KY Hwy 126 Princeton, KY 42445	Robert Traylor 3649 KY Hwy 126 Princeton, KY 42445	shareholder loan		29,975.00
Weaver, Nelson 375 Weaver Lane Princeton, KY 42445	Weaver, Nelson 375 Weaver Lane Princeton, KY 42445	civil suit settlement - \$25,000		25,000.00
Williams, Rickie P. O. Box 147 Princeton, KY 42445	Williams, Rickie P. O. Box 147 Princeton, KY 42445	vendor debt		25,170.00

**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 **December 28, 2009**

Signature **/s/ James Knauff**
James Knauff
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
Western District of Kentucky**

In re Corner Home Care, Inc.

Debtor(s)

Case No.

Chapter

11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$7,479,000.00	2009 as of 11/30/09
\$9,207,675.00	2008
\$10,004,571.00	2007

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

None Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
See attached schedule		\$0.00	\$0.00

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
AmerisourceBergen v. Corner Home Care, Inc. No. 09-06316	Collection Action	Court of Common Pleas Chester County, Pennsylvania	Pending
Invacare Corporation v. Corner Home Care, Inc. Civil No. 09-CI-00156	Collection	Caldwell Circuit Court Princeton, KY	Pending

CAPTION OF SUIT AND CASE NUMBER Nelson Weaver v. Corner Home Care, Inc., et al. No. 05-CI-00240	NATURE OF PROCEEDING Civil Action	COURT OR AGENCY AND LOCATION Caldwell County Circuit Court Princeton, KY	STATUS OR DISPOSITION Settled in 2009
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- None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Stout, Farmer & King, PLLC 329 N. 5th Street P. O. Box 7766 Paducah, KY 42002-7766	December 17, 2009	\$26,000 - professional services/retainer

10. Other transfers

- None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
First Southern Bank 101 W. Washington Street Princeton, KY 42445	James Knauff Steve P'Pool	deeds and other corporate documents	

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
Harding Shymanski & Co. CPAs
21 S E Third Street, Suite 500
P. O. Box 3677
Evansville, IN 47735-3677

DATES SERVICES RENDERED
2000 - present

- None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

- None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS
Harding Shymanski **21 S E Third Street, Suite 500**
P. O. Box 3677
Evansville, IN 47735-3677

- None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
Integra Bank P. O. Box 3287 Evansville, IN 47732-3287	2009
Amerisource Bergen	2009
H. D. Smith	2009
Bank of America Nashville, TN	2009
Regions Bank Indianapolis, IN	2008

20. Inventories

- None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
10/30/2009	Todd P'Pool	\$399,835.19
9/30/2009	Todd P'Pool	\$376,149.83

- None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
10/30/2009	corporate office
9/30/2009	corporate office

21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Steve P'Pool 1885 Ridge Road Princeton, KY 42445	Shareholder	90% ownership of stock
Robert Traylor 3649 KY Hwy 126 Princeton, KY 42445	shareholder	10% ownership of stock
Jim Knauff	President	holds proxy of all shares

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Steve P'Pool 1885 Ridge Road Princeton, KY 42445 shareholder/former president	salary	\$5,769.23 bi-weekly
Robert Traylor Shareholder/Director of Pharmacy	salary	\$4,276.00 bi-weekly

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date December 28, 2009

Signature /s/ James Knauff
James Knauff
President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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

In re Corner Home Care, Inc.
Debtor

Case No. _____

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
3470 Wayne Sullivan Drive, Paducah, KY 42003	Fee simple	-	300,000.00	100,163.00
5010 Back Square Drive, Owensboro, KY 42301 (cross-collateralized)	Fee simple	-	375,000.00	243,000.00
321 N. Second Street, Vincennes, Indiana, 47591	Fee simple	-	175,000.00	120,068.00
108 & 110 E. Washington Street, Princeton, KY 42445	Fee simple	-	250,000.00	23,000.00
1101 Hopkinsville Road, Princeton, KY 42445	Fee simple	-	30,000.00	0.00

Sub-Total > **1,130,000.00** (Total of this page)
Total > **1,130,000.00**
(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Corner Home Care, Inc.
Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Petty Cash at locations	-	1,500.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Integra Bank (swept against line)	-	0.00
		Fifth Third Bank	-	4,215.00
		Regions Bank	-	1,468.00
		Old National	-	274.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
			Sub-Total >	7,457.00
			(Total of this page)	

2 continuation sheets attached to the Schedule of Personal Property

In re Corner Home Care, Inc.
Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Health Care Options LLC 75 Nature Trail Radcliff, KY 40160	-	0.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Accounts Receivable (as of 11/30/2009)	-	1,138,520.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **1,138,520.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

In re Corner Home Care, Inc.
 Debtor

Case No. _____

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		Automobiles (see attachment)	-	31,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		Furniture and Fixtures (cross-collateralized)	-	25,000.00
		Store Equipment - displays	-	12,000.00
30. Inventory.		Inventory for Sale (Book 443,379)	-	221,690.00
		Rental equipment	-	341,000.00
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	630,690.00
(Total of this page)	
Total >	1,776,667.00

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Corner Homecare Vehicles - 11/30/09

Vehicle	VIN #	Location	Mileage
96 Ford Explorer	1FMDU34XOTUD63048		
99 Ford Econoline Van	1FTRE142OXHC01709	Vincennes	191,594
99 Ford Econoline Van	1FTRE1426XHC13783	Paducah	241,734
99 Jaguar	SAJKD6046XC873703	SKPool	
01 Windstar	2FMZA504718A33318	Princeton	162,305
01 Ford Focus	1FAFP36331W166865	Princeton	156,672
01 Ford Econoline Van	1FTRE14201HB34259	Paducah	188,743
01 Ford E150 Van	1FTRE14221HB60832	Princeton	159,400
01 Ford Windstar	2FMZA50451BB18397	Salvage veh	wrecked 5/19/09
02 Ford Econoline Van	1FTRE14282HA83935	Paducah	177,714
02 Ford Focus	1FAFP36332W146682	Paducah	138,774
02 Ford Focus	1FAFP36382W340866		
02 Mercury Sable	1MEFM5OU42A640609	Princeton	139,746
03 Toyota Avalon	4T1BF28B93U286481	RMTraylor	240,952
03 Ford E150	1FTRE14293HA32865	Paducah	185,659
03 Ford Focus	1FAFP36323W249111	Vincennes	50,878
03 Ford Focus	1FAFP36343W218801		
03 Ford E150	1FTRE14213HB97051		
04 Toyota 4Runner	JTEBT14R748017234	Jknauff	175,420
05 Chevy Malibu	1G1ND52F25M227630	Vincennes	113,793
05 Chevy Malibu	1G1ND52F15M254947	Paducah	99,311
06 Ford Focus	1FAFP37N76W181618	Princeton	48,647
06 Ford Econoline	1FTRE14W66HA42745	Princeton	31,053

In re Corner Home Care, Inc.
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN						
Account No.		Mortgage						
First Southern Bank 101 W. Washington Street Princeton, KY 42445	-	108 & 110 E. Washington Street, Princeton, KY 42445						
		Value \$	250,000.00				23,000.00	0.00
Account No.		2006 Ford Focus						
Ford Credit P. O. Box 17948 Greenville, SC 29606	-							
		Value \$	3,500.00				1,383.90	0.00
Account No.		Mortgage						
Integra Bank 21 S.E. Third St. Evansville, IN 47705	-	3470 Wayne Sullivan Drive, Paducah, KY 42003						
		Value \$	300,000.00				100,163.00	0.00
Account No.		Mortgage						
Integra Bank 21 S. E. Third St. Evansville, IN 47705	-	5010 Back Square Drive, Owensboro, KY 42301 (cross-collateralized)						
		Value \$	375,000.00				243,000.00	0.00
Subtotal							367,546.90	0.00
(Total of this page)								

1 continuation sheets attached

In re Corner Home Care, Inc.
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.	-	Mortgage					
Integra Bank 21 S.E. Third Street Evansville, IN 47705							
		Value \$				120,068.00	0.00
Account No.	-	Accounts Receivable (as of 11/30/2009)					
Integra Bank P. O. Box 3287 Evansville, IN 47732-3287							
		Value \$				1,224,225.00	85,705.00
Account No.	-	Revolving Line of Credit					
Integra Bank P. O. Box 3287 Evansville, IN 47732-3287							
		Value \$				736,000.00	514,310.00
Account No.	-	Second Mortgage on real estate located at 321 N. Second St., Vincennes, IN					
Mike Quinette 107 Bentley Road Vincennes, IN 47591							
		Value \$				31,000.00	0.00
Account No.							
Subtotal (Total of this page)						2,111,293.00	600,015.00
Total (Report on Summary of Schedules)						2,478,839.90	600,015.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re Corner Home Care, Inc.

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

 Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

2 continuation sheets attached

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

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

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
								AMOUNT ENTITLED TO PRIORITY	
Account No. City of Fredonia P. O. Box 152 Fredonia, KY 42411			vendor debt					490.61	
		-					490.61	0.00	
Account No. City of Paducah P. O. Box 2697 Paducah, KY 42002			taxes					11,626.00	
		-					11,626.00	0.00	
Account No. City of Princeton 206 East Market Street Princeton, KY 42445			taxes					1,928.75	
		-					1,928.75	0.00	
Account No. Commonwealth of Kentucky Revenue Cabinet Cabinet for Health Services Frankfort, KY 40619			sales tax					412.50	
		-					412.50	0.00	
Account No. Commonwealth of Kentucky Revenue Cabinet Frankfort, KY 40619			sales tax					610.00	
		-					610.00	0.00	
Subtotal								15,067.86	
(Total of this page)								15,067.86	0.00

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

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

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Hudson, Stan Sheriff Caldwell County Room 25 Courthouse Princeton, KY 42445			property taxes				16,778.23	0.00
Account No. McCracken County Sheriff John Hayden McCracken County Courthouse Paducah, KY 42003			property taxes				4,300.18	0.00
Account No.								
Account No.								
Account No.								

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

Subtotal
(Total of this page)

21,078.41	0.00
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Total

(Report on Summary of Schedules)

36,146.27	0.00
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In re Corner Home Care, Inc.
Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Abbott Nutrition 75 Remittance Drive, Suite 1310 Chicago, IL 60675		vendor debt -				3,010.51
Account No. Acute Care Pharmaceuticals 12225 World Trade Dr., Suite F San Diego, CA 92128		vendor debt -				285.70
Account No. Agape Instruments Service, Inc. 171 Container Place Cincinnati, OH 45246		vendor debt -				1,179.00
Account No. Airgas Mid-America, Inc. P. O. Box 802615 Chicago, IL 60680		vendor debt -				355.03
Subtotal (Total of this page)						4,830.24

27 continuation sheets attached

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Amerisource P. O. Box 503270 800 Market Street Saint Louis, MO 63101	-	vendor debt				375.15
Account No. AmerisourceBergen c/o Klehr Harrison Harvey Branzburg, LLC Morton Branzburg 260 South Broad Street Philadelphia, PA 19102	-	Rx Purchasers			X	868,000.00
Account No. Amoena USA Corporation 1871 Paysphere Circle Chicago, IL 60674	-	vendor debt				359.12
Account No. Analycis, LLC 6944 Wind Drift Court Newburgh, IN 47630	-	vendor debt				87,381.56
Account No. Anthem BCBS P. O. Box 37780 Louisville, KY 40233	-	vendor debt				656.35
Sheet no. <u>1</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	956,772.18

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Anthem Blue Cross Blue Sheild P. O. Box 105113 Atlanta, GA 30348-5113			vendor debt				11,629.68
Account No. Anthem Life Department L-8111 Columbus, OH 43268-8111			vendor debt				249.26
Account No. AT&T P. O. Box 9001310 Louisville, KY 40290-1310			vendor debt				26,933.62
Account No. Atmos Energy P. O. Box 9001949 Louisville, KY 40290			vendor debt				179.14
Account No. ATT Mobility P. O. Box 6463 Carol Stream, IL 60197			vendor debt				1,910.52
Sheet no. <u>2</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	40,902.22

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Balboa Capital 2010 Main Street Irvine, CA 92614			vendor debt				23,700.00	
Account No. Barton Carey Medical Products P. O. Box 421 Perrysburg, OH 43552			vendor debt				596.75	
Account No. Beechstreet P. O. Box 853925 Richardson, TX 75085			vendor debt				245.00	
Account No. Bellsouth Advertising & Publishing P. O. Box 105024 Atlanta, GA 30348			vendor debt				9,177.08	
Account No. BJS Transmission & Exhaust, Inc. 1005 Oaks Road Paducah, KY 42003			vendor debt				1,548.78	
Sheet no. <u>3</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	35,267.61

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. BSN Medical, Inc. P. O. Box 751766 Charlotte, NC 28275			vendor debt				633.54	
Account No. Cardinal Health Medical Products and Services P. O. Box 905867 Charlotte, NC 28290			vendor debt				5,842.74	
Account No. Cardmember Service P. O. Box 790480 Saint Louis, MO 63179			vendor debt - VISA				62,000.00	
Account No. Carefusion 17400 Medina Road Minneapolis, MN 55447			vendor debt				1,075.06	
Account No. Carefusion Corporation P. O. Box 75604 Cleveland, OH 44101			vendor debt				1,022.03	
Sheet no. <u>4</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	70,573.37

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Centurion Medical Products P. O. Box 170 Howell, MI 48844			vendor debt				281.60	
Account No. Computone 2520 Sawgrass Drive Evansville, IN 47715			vendor debt				826.75	
Account No. CPM Sales & Service P. O. Box 501 Pewaukee, WI 53072			vendor debt				222.25	
Account No. Daviess County Sheriff 212 St Ann Street Owensboro, KY 42303			taxes				431.55	
Account No. Deatherage, Myers, Self & Lackey P. O. Box 1065 Hopkinsville, KY 42241			vendor debt				5,625.63	
Sheet no. <u>5</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	7,387.78

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Diabetes Care & Education, Inc. 2700 Stanley Gault Parkway, Suite 129 Louisville, KY 40223			vendor debt				5,210.41	
Account No. Dirscherl, Robert J. 4 Maybury Place Arden, NC 28704			settlement				2,250.00	
Account No. Dolphin Capital Corp P. O. Box 644006 Cincinnati, OH 45264-4006			vendor debt				4,091.96	
Account No. Drive Medical Design and Manufacturing P. O. Box 798019 Saint Louis, MO 63179			vendor debt				170.38	
Account No. E & T Enterprises, LLC 546 Lone Oak Road Paducah, KY 42003			vendor debt				10,937.50	
Sheet no. <u>6</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	22,660.25

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. EDS P. O. Box 2108 Attn: Financial Services Frankfort, KY 40602			vendor debt				1,206.38	
Account No. Evenflo Company, Inc. P. O. Box 73658 Cleveland, OH 44193			vendor debt				569.50	
Account No. Family Business Services P. O. Box 890287 Charlotte, NC 28289			vendor debt				240.15	
Account No. First Biomedical, Inc. 878 N. Janomar Court Olathe, KS 66061			vendor debt				453.20	
Account No. Fisher & Paykel Bank of America 12724 Collections Center Drive Chicago, IL 60693			vendor debt				4,982.52	
Sheet no. <u>7</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	7,451.75

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Fredonia Medical Office Building P. O. Box 195 Fredonia, KY 42411			rent				625.00	
Account No. Freedom Waste Service 6500 Glenridge Park Place Louisville, KY 40222			vendor debt				499.44	
Account No. Goldon Technologies 401 Bridge Street Old Forge, PA 18518			vendor debt				6,336.00	
Account No. Goodaker, Thorma 418 Kimberly Lane Princeton, KY 42445			patient refund				212.63	
Account No. Hale, Evelyn C. 2500 Marshall Ave, Apt 107 Paducah, KY 42003			patient refund				322.22	
Sheet no. <u>8</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	7,995.29

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Hall, Render, Killian, Heath & Lyman			vendor debt			562.60
Account No. Harding Shymanski 21 S E Third Street, Suite 500 P. O. Box 3677 Evansville, IN 47735-3677			professional services			3,787.53
Account No. Harvy Surgical Supply Corporation 34-35 Collins Place Flushing, NY 11354			vendor debt			290.30
Account No. HD Smith P. O. Box 660277 Indianapolis, IN 46266-0277			vendor debt			758,341.00
Account No. Health Care Logistics, Inc. P. O. Box 400 Circleville, OH 43113			vendor debt			1,552.25
Subtotal (Total of this page)						764,533.68

Sheet no. 9 of 27 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Health Scope Benefits #27 Corporate Hill Drive Little Rock, AR 72205			vendor debt				2,760.81	
Account No. Healthlink, Inc. P. O. Box 66971-N Saint Louis, MO 63166			vendor debt				4,020.54	
Account No. Holdtime.net P. O. Box 910751 Lexington, KY 40591			vendor debt				2,697.75	
Account No. Hollister, Inc. 72035 Eagle Way Chicago, IL 60678			vendor debt				617.50	
Account No. Humana Health Care Plus P. O. Box 931655 Atlanta, GA 31193			vendor debt				4,172.24	
Sheet no. <u>10</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	14,268.84

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxxx Integra Bank P. O. Box 3287 Evansville, IN 47732-3287			Line of Credit				736,313.00	
Account No. Integral Solutions Group P. O. Box 751342 Charlotte, NC 28275			vendor debt				1,498.99	
Account No. Invacare Corporation 33416 Treasury Center Chicago, IL 60694			vendor debt				62,573.00	
Account No. Invacare Credit Corp P. O. Box 41601 Philadelphia, PA 19101			vendor debt				89,740.00	
Account No. Invacare Supply Group P.O. Box 642878 Pittsburgh, PA 15264			vendor debt				4,808.25	
Sheet no. <u>11</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	894,933.24

In re Corner Home Care, Inc.
 Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Jennie Stuart Home Health P. O. Box 2400 Hopkinsville, KY 42241			vendor debt				720.00	
Account No. Kentucky Security Corp P. O. Box 1723 Madisonville, KY 42431			vendor debt				340.00	
Account No. Kwick Lube 3324 Lone Oak Road Paducah, KY 42003			vendor debt				509.90	
Account No. Lasertone 700 N. Weinbach Avenue, Suite 101 Evansville, IN 47711			vendor debt				452.61	
Account No. Lawn Clippers, Inc. 2550 Eastland Drive Owensboro, KY 42303			vendor debt				135.00	
Sheet no. <u>12</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	2,157.51

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Lee Wayne Corporation 5140 Paysphere Circle Chicago, IL 60674		-	vendor debt			1,191.01
Account No. LK Research, Inc. P. O. Box 5314 4920 Lincoln Avenue Evansville, IN 47716		-	vendor debt			270,030.00
Account No. Mallinckrodt, Inc. P. O. Box 905835 Charlotte, NC 28290		-	vendor debt			1,060.55
Account No. Marshall County Hospital HH 503 George McClain Drive Benton, KY 42025		-	vendor debt			300.00
Account No. Masimo Americas, Inc. P. O. Box 51210 Los Angeles, CA 90051		-	vendor debt			1,532.74
Sheet no. <u>13</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	274,114.30

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Maxitrol 208 Northwest Third Street Evansville, IN 47708			vendor debt				420.00	
Account No. Med Source Plus, Inc. 725 Harvard Drive Owensboro, KY 42301			vendor debt				256.00	
Account No. Medela 38789 Eagle Way Chicago, IL 60678-1387			vendor debt				446.00	
Account No. Medical Specialties Distributer 6571 Paysphere Circle Chicago, IL 60674			vendor debt				30,142.62	
Account No. Medical Technology Resources P. O. Box 26202 Columbus, OH 43226-0202			vendor debt				619.90	
Sheet no. <u>14</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	31,884.52

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Medisca Inc. P. O. Box 2592 Plattsburgh, NY 12901			vendor debt				449.00	
Account No. Medline Industries Dept CH14400 Palatine, IL 60055-4400			vendor debt				11,862.49	
Account No. Miami Leather Co. 4334 SW 73rd Ave Miami, FL 33155			vendor debt				437.36	
Account No. Mobile Medical Maintenance Company 15027 Center Street Leo, IN 46765			vendor debt				2,550.00	
Account No. New York Life Cincinnati, OH 45274-2545			vendor debt				866.00	
Sheet no. <u>15</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	16,164.85

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. OMHS Home Care Services P. O. Box 22676 Owensboro, KY 42304		-	vendor debt			1,700.00	
Account No. Oncology Supply 2801 Horace Shepard Drive Dothan, AL 36303		-	vendor debt			23,567.50	
Account No. Optioncare Inc. 5532 Payshere Circle Chicago, IL 60674		-	Royalties & franchise fees			227,481.00	
Account No. Owensboro Medical Health Systems 811 E Parrish Ave Owensboro, KY 42303-9922		-	vendor debt			576.86	
Account No. P'Pool, Steve 1882 Ridge Road Princeton, KY 42445		-	rents			60,500.00	
Sheet no. <u>16</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	313,825.36

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Steve P'Pool 1885 Ridge Road Princeton, KY 42445		shareholder				122,397.00
Account No. Paducah Sun, The P. O. Box 2300 Paducah, KY 42002		vendor debt				498.62
Account No. Passy-Muir Inc. 4521 Campus Drive, Suite 273 Irvine, CA 92612		vendor debt				950.07
Account No. Physicians Engineered Products 103 Smith Street Fryeburg, ME 04037		vendor debt				1,190.98
Account No. Precision Medical 300 Held Drive Northampton, PA 18067		vendor debt				2,095.24
Sheet no. <u>17</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	127,131.91

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Preferred Medical Claim Solutions Attn: Claim Recovery 17200 N Perimeter Drive, Suite 100 Scottsdale, AZ 85255			vendor debt				2,093.80	
Account No. Pride 182 Susquehanna Ave Pittston, PA 18643			vendor debt				9,248.45	
Account No. Princeton Golf and Country Club P. O. Box 357 Princeton, KY 42445			vendor debt				225.18	
Account No. Princeton Realty, LLC 108 Washington Street Princeton, KY 42445			vendor debt				5,104.16	
Account No. Pro-Care Home Health P. O. Box 109 Hartford, KY 42347			vendor debt				990.00	
Sheet no. <u>18</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	17,661.59

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Protective Life Ins. Co P. O. Box 2224 Birmingham, AL 35246-0030			vendor debt				459.16	
Account No. Purchase Power P. O. Box 856042 Louisville, KY 40285			vendor debt				899.74	
Account No. QS1 Data Systems P. O. Box 75154 Charlotte, NC 28275			vendor debt				791.02	
Account No. Remit Data 80 Monroe Avenue, Suite 300 Memphis, TN 38103			vendor debt				1,698.75	
Account No. Renaissance Medical, LLC 1360 West 5th Street London, KY 40741			vendor debt				1,700.00	
Sheet no. <u>19</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	5,548.67

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Resmed P. O. Box 534593 Atlanta, GA 30353-4593		-	vendor debt				20,454.55	
Account No. Respironics, Inc. P. O. Box 405740 Atlanta, GA 30384-5740		-	vendor debt				44,975.12	
Account No. Retirement Plan Resources, LLC 943 South First Street Louisville, KY 40203-2242		-	vendor debt				1,214.73	
Account No. RMC Home Health Agency 900 Hospital Drive Madisonville, KY 42431		-	vendor debt				240.00	
Account No. RMD Marketing, LLC 4202 Technology Drive South Bend, IN 46628		-	vendor debt				1,686.05	
Sheet no. <u>20</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	68,570.45

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Robert Traylor 3649 KY Hwy 126 Princeton, KY 42445			shareholder loan				29,975.00	
Account No. Roho Incorporated P. O. Box 956999 Saint Louis, MO 63195-6999		-	vendor debt				249.82	
Account No. Ross, Bettie 1759 East 675 Street Washington, IN 47501		-	patient refund				2,500.00	
Account No. Russell, Lori 716 West 8th Street Metropolis, IL 62960		-	patient refund				200.25	
Account No. RX Options, Inc. 2181 East Aurora Road, Suite 201 Twinsburg, OH 44087		-	vendor debt				1,518.51	
Sheet no. <u>21</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	34,443.58

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Sage Technologies P. O. Box 17009 Rockford, IL 61110			vendor debt				677.68	
Account No. Salter Labs 100 W. Sycamore Road Arvin, CA 93203			vendor debt				7,129.83	
Account No. Sammons Preston Rolyan P. O. Box 93040 Chicago, IL 60673			vendor debt				1,995.29	
Account No. Shell Processing Center P. O. Box 183018 Columbus, OH 43218-3018			Vendor debt - Shell				3,623.00	
Account No. Shelton Medical Products, Inc. P. O. Box 265 Weight Bros. Branch Dayton, OH 45409			vendor debt				348.00	
Sheet no. <u>22</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	13,773.80

In re Corner Home Care, Inc.,
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Sigma International P. O. Box 3085 Buffalo, NY 14240			vendor debt				804.11	
Account No. Smith Medical Partners, LLC 21950 Networth Place Chicago, IL 60673			vendor debt				2,340.00	
Account No. Southeastern Indiana Health Operations P. O. Box 1787 Columbus, IN 47202			vendor debt				3,865.69	
Account No. Staples Dept 2368 P. O. Box 83689 Chicago, IL 60696			vendor debt				1,860.53	
Account No. Stericycle P. O. Box 9001588 Louisville, KY 40290			vendor debt				824.91	
Sheet no. <u>23</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	9,695.24

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Sterling Life Insurance Co. P. O. Box 1917 Bellingham, WA 98227			vendor debt				393.68	
Account No. Stratton Inn 524 Marion Road Princeton, KY 42445			vendor debt				454.30	
Account No. Sun Healthcare Group 101 Sun Avenue, N.E. Albuquerque, NM 87109-2345			vendor debt				1,111.43	
Account No. Surgical Appliance Industries, Inc. 3930 Rosslyn Drive Cincinnati, OH 45209			vendor debt				547.79	
Account No. TAS P. O. Box 518 Paducah, KY 42002			vendor debt				607.37	
Sheet no. <u>24</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	3,114.57

In re Corner Home Care, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Terminex International 135 Main Street Paducah, KY 42003		-	vendor debt			306.00	
Account No. Tess Company, The P. O. Box 1916 Gallatin, TN 37066		-	vendor debt			3,453.20	
Account No. Times Leader, The P. O. Box 439 Princeton, KY 42445		-	vendor debt			1,944.08	
Account No. Tricare North Region P. O. Box 870141 Myrtle Beach, SC 29587		-	vendor debt			1,382.02	
Account No. Universal Hospital Services, Inc. 1645 Hennepin Avenue, Suite 222 Minneapolis, MN 55403		-	vendor debt			8,326.70	
Sheet no. <u>25</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	15,412.00

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Vincennes Sun-Commercial P. O. Box 396 Vincennes, IN 47591		-	vendor debt				2,399.07	
Account No. Washington Times-Herald, The P. O. Box 471 Washington, IN 47501		-	vendor debt				313.71	
Account No. Weaver, Nelson 375 Weaver Lane Princeton, KY 42445		-	civil suit settlement - \$25,000				25,000.00	
Account No. Wells & Wetzel P. O. Box 644 Princeton, KY 42445		-	vendor debt				4,000.00	
Account No. Westfield Group P. O. Box 9001566 Louisville, KY 40290		-	vendor debt				15,953.58	
Sheet no. <u>26</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	47,666.36

In re Corner Home Care, Inc.
Debtor

Case No. _____

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Will-Allen Manufacturing P. O. Box 2102 Lake Havasu City, AZ 86403			vendor debt				679.00	
Account No. Williams, Rickie P. O. Box 147 Princeton, KY 42445			vendor debt				25,170.00	
Account No. Wolf Medical Supply, Inc. 13951 NW 8th Street Fort Lauderdale, FL 33325			vendor debt				285.37	
Account No. Xerox P. O. box 827181 Philadelphia, PA 19182			vendor debt				5,275.11	
Account No. 								
Sheet no. <u>27</u> of <u>27</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	31,409.48
							Total (Report on Summary of Schedules)	3,840,150.64

In re Corner Home Care, Inc.
 Debtor

Case No. _____

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Balboa Capital 2010 Main Street Irvine, CA 92614	Lease of medical equipment
Dolphin Capital Corp P. O. Box 644006 Cincinnati, OH 45264-4006	Lease of respiratory equipment

In re Corner Home Care, Inc.
 Debtor

Case No. _____

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Steve P'Pool 1882 Ridge Road Princeton, KY	AmerisourceBergen c/o Klehr Harrison Harvey Branzburg, LLC Morton Branzburg 260 South Broad Street Philadelphia, PA 19102
Steve P'Pool 1882 Ridge Road Princeton, KY 42445	Integra Bank P. O. Box 3287 Evansville, IN 47732-3287

United States Bankruptcy Court
Western District of Kentucky

In re Corner Home Care, Inc.
Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	1,130,000.00		
B - Personal Property	Yes	4	1,776,667.00		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		2,478,839.90	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		36,146.27	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	28		3,840,150.64	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		40			
			Total Assets	2,906,667.00	
			Total Liabilities	6,355,136.81	

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

In re Corner Home Care, Inc.
Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

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

In re **Corner Home Care, Inc.**

Debtor(s)

Case No. _____

Chapter **11**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 42 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **December 28, 2009**

Signature **/s/ James Knauff**

**James Knauff
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
Western District of Kentucky**

In re Corner Home Care, Inc.

Debtor(s)

Case No. _____

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>25,000.00</u>
Prior to the filing of this statement I have received	\$	<u>25,000.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 1,039.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: December 28, 2009

/s/ Todd A. Farmer

Todd A. Farmer 86214

Stout, Farmer & King, PLLC

329 N. 5th St.

P. O. Box 7766

Paducah, KY 42002-7766

270-443-4431 Fax: 270-443-4631

stephanie@sfk-law.com; melody@sfk-law.com

United States Bankruptcy Court
Western District of Kentucky

In re Corner Home Care, 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
Robert Traylor 3649 KY Hwy 126 Princeton, KY 42445	common	10%	stock
Steve P'Pool 1885 Ridge Road Princeton, KY 42445	common	90%	stock

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 December 28, 2009

Signature /s/ James Knauff
James Knauff
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
Western District of Kentucky**

In re Corner Home Care, Inc.

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: December 28, 2009

/s/ James Knauff

James Knauff/President
Signer/Title

Abbott Nutrition
75 Remittance Drive, Suite 1310
Chicago, IL 60675

Acute Care Pharmaceuticals
12225 World Trade Dr., Suite F
San Diego, CA 92128

Agape Instruments Service, Inc.
171 Container Place
Cincinnati, OH 45246

Airgas Mid-America, Inc.
P. O. Box 802615
Chicago, IL 60680

Amerisource
P. O. Box 503270
800 Market Street
Saint Louis, MO 63101

AmerisourceBergen
c/o Klehr Harrison Harvey Branzburg, LLC
Morton Branzburg
260 South Broad Street
Philadelphia, PA 19102

Amoena USA Corporation
1871 Paysphere Circle
Chicago, IL 60674

Analycis, LLC
6944 Wind Drift Court
Newburgh, IN 47630

Anthem BCBS
P. O. Box 37780
Louisville, KY 40233

Anthem Blue Cross Blue Shield
P. O. Box 105113
Atlanta, GA 30348-5113

Anthem Life
Department L-8111
Columbus, OH 43268-8111

AT&T
P. O. Box 9001310
Louisville, KY 40290-1310

Atmos Energy
P. O. Box 9001949
Louisville, KY 40290

ATT Mobility
P. O. Box 6463
Carol Stream, IL 60197

Balboa Capital
2010 Main Street
Irvine, CA 92614

Barton Carey
Medical Products
P. O. Box 421
Perrysburg, OH 43552

Beechstreet
P. O. Box 853925
Richardson, TX 75085

Bellsouth Advertising & Publishing
P. O. Box 105024
Atlanta, GA 30348

BJS Transmission & Exhaust, Inc.
1005 Oaks Road
Paducah, KY 42003

BSN Medical, Inc.
P. O. Box 751766
Charlotte, NC 28275

Cardinal Health
Medical Products and Services
P. O. Box 905867
Charlotte, NC 28290

Cardmember Service
P. O. Box 790480
Saint Louis, MO 63179

Carefusion
17400 Medina Road
Minneapolis, MN 55447

Carefusion Corporation
P. O. Box 75604
Cleveland, OH 44101

Centurion Medical Products
P. O. Box 170
Howell, MI 48844

City of Fredonia
P. O. Box 152
Fredonia, KY 42411

City of Paducah
P. O. Box 2697
Paducah, KY 42002

City of Princeton
206 East Market Street
Princeton, KY 42445

Commonwealth of Kentucky
Revenue Cabinet
Cabinet for Health Services
Frankfort, KY 40619

Commonwealth of Kentucky
Revenue Cabinet
Frankfort, KY 40619

Computone
2520 Sawgrass Drive
Evansville, IN 47715

CPM Sales & Service
P. O. Box 501
Pewaukee, WI 53072

Daviess County Sheriff
212 St Ann Street
Owensboro, KY 42303

Deatherage, Myers, Self & Lackey
P. O. Box 1065
Hopkinsville, KY 42241

Diabetes Care & Education, Inc.
2700 Stanley Gault Parkway, Suite 129
Louisville, KY 40223

Dirscherl, Robert J.
4 Maybury Place
Arden, NC 28704

Dolphin Capital Corp
P. O. Box 644006
Cincinnati, OH 45264-4006

Drive Medical Design and Manufacturing
P. O. Box 798019
Saint Louis, MO 63179

E & T Enterprises, LLC
546 Lone Oak Road
Paducah, KY 42003

EDS
P. O. Box 2108
Attn: Financial Services
Frankfort, KY 40602

Evenflo Company, Inc.
P. O. Box 73658
Cleveland, OH 44193

Family Business Services
P. O. Box 890287
Charlotte, NC 28289

First Biomedical, Inc.
878 N. Janomar Court
Olathe, KS 66061

First Southern Bank
101 W. Washington Street
Princeton, KY 42445

Fisher & Paykel
Bank of America
12724 Collections Center Drive
Chicago, IL 60693

Ford Credit
P. O. Box 17948
Greenville, SC 29606

Fredonia Medical Office Building
P. O. Box 195
Fredonia, KY 42411

Freedom Waste Service
6500 Glenridge Park Place
Louisville, KY 40222

Goldon Technologies
401 Bridge Street
Old Forge, PA 18518

Goodaker, Thorma
418 Kimberly Lane
Princeton, KY 42445

Hale, Evelyn C.
2500 Marshall Ave, Apt 107
Paducah, KY 42003

Hall, Render, Killian, Heath & Lyman

Harding Shymanski
21 S E Third Street, Suite 500
P. O. Box 3677
Evansville, IN 47735-3677

Harvy Surgical Supply Corporation
34-35 Collins Place
Flushing, NY 11354

HD Smith
P. O. Box 660277
Indianapolis, IN 46266-0277

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

Health Scope Benefits
#27 Corporate Hill Drive
Little Rock, AR 72205

Healthlink, Inc.
P. O. Box 66971-N
Saint Louis, MO 63166

Holdtime.net
P. O. Box 910751
Lexington, KY 40591

Hollister, Inc.
72035 Eagle Way
Chicago, IL 60678

Hudson, Stan Sheriff
Caldwell County
Room 25 Courthouse
Princeton, KY 42445

Humana Health Care Plus
P. O. Box 931655
Atlanta, GA 31193

Integra Bank
21 S.E. Third Street
Evansville, IN 47705

Integra Bank
P. O. Box 3287
Evansville, IN 47732-3287

Integral Solutions Group
P. O. Box 751342
Charlotte, NC 28275

Invacare Corporation
33416 Treasury Center
Chicago, IL 60694

Invacare Credit Corp
P. O. Box 41601
Philadelphia, PA 19101

Invacare Supply Group
P.O. Box 642878
Pittsburgh, PA 15264

Jennie Stuart Home Health
P. O. Box 2400
Hopkinsville, KY 42241

Kentucky Security Corp
P. O. Box 1723
Madisonville, KY 42431

Kwick Lube
3324 Lone Oak Road
Paducah, KY 42003

Lasertone
700 N. Weinbach Avenue, Suite 101
Evansville, IN 47711

Lawn Clippers, Inc.
2550 Eastland Drive
Owensboro, KY 42303

Lee Wayne Corporation
5140 Paysphere Circle
Chicago, IL 60674

LK Research, Inc.
P. O. Box 5314
4920 Lincoln Avenue
Evansville, IN 47716

Mallinckrodt, Inc.
P. O. Box 905835
Charlotte, NC 28290

Marshall County Hospital HH
503 George McClain Drive
Benton, KY 42025

Masimo Americas, Inc.
P. O. Box 51210
Los Angeles, CA 90051

Maxitrol
208 Northwest Third Street
Evansville, IN 47708

McCracken County Sheriff
John Hayden
McCracken County Courthouse
Paducah, KY 42003

Med Source Plus, Inc.
725 Harvard Drive
Owensboro, KY 42301

Medela
38789 Eagle Way
Chicago, IL 60678-1387

Medical Specialties Distributer
6571 Paysphere Circle
Chicago, IL 60674

Medical Technology Resources
P. O. Box 26202
Columbus, OH 43226-0202

Medisca Inc.
P. O. Box 2592
Plattsburgh, NY 12901

Medline Industries
Dept CH14400
Palatine, IL 60055-4400

Miami Leather Co.
4334 SW 73rd Ave
Miami, FL 33155

Mobile Medical Maintenance Company
15027 Center Street
Leo, IN 46765

New York Life
Cincinnati, OH 45274-2545

OMHS Home Care Services
P. O. Box 22676
Owensboro, KY 42304

Oncology Supply
2801 Horace Shepard Drive
Dothan, AL 36303

Optioncare Inc.
5532 Payshere Circle
Chicago, IL 60674

Owensboro Medical Health Systems
811 E Parrish Ave
Owensboro, KY 42303-9922

Steve P'Pool
1885 Ridge Road
Princeton, KY 42445

Paducah Sun, The
P. O. Box 2300
Paducah, KY 42002

Passy-Muir Inc.
4521 Campus Drive, Suite 273
Irvine, CA 92612

Physicians Engineered Products
103 Smith Street
Fryeburg, ME 04037

Precision Medical
300 Held Drive
Northampton, PA 18067

Preferred Medical Claim Solutions
Attn: Claim Recovery
17200 N Perimeter Drive, Suite 100
Scottsdale, AZ 85255

Pride
182 Susquehanna Ave
Pittston, PA 18643

Princeton Golf and Country Club
P. O. Box 357
Princeton, KY 42445

Princeton Realty, LLC
108 Washington Street
Princeton, KY 42445

Pro-Care Home Health
P. O. Box 109
Hartford, KY 42347

Protective Life Ins. Co
P. O. Box 2224
Birmingham, AL 35246-0030

Purchase Power
P. O. Box 856042
Louisville, KY 40285

QS1 Data Systems
P. O. Box 75154
Charlotte, NC 28275

Mike Quinette
107 Bentley Road
Vincennes, IN 47591

Remit Data
80 Monroe Avenue, Suite 300
Memphis, TN 38103

Renaissance Medical, LLC
1360 West 5th Street
London, KY 40741

Resmed
P. O. Box 534593
Atlanta, GA 30353-4593

Respironics, Inc.
P. O. Box 405740
Atlanta, GA 30384-5740

Retirement Plan Resources, LLC
943 South First Street
Louisville, KY 40203-2242

RMC Home Health Agency
900 Hospital Drive
Madisonville, KY 42431

RMD Marketing, LLC
4202 Technology Drive
South Bend, IN 46628

Robert Traylor
3649 KY Hwy 126
Princeton, KY 42445

Roho Incorporated
P. O. Box 956999
Saint Louis, MO 63195-6999

Ross, Bettie
1759 East 675 Street
Washington, IN 47501

Russell, Lori
716 West 8th Street
Metropolis, IL 62960

RX Options, Inc.
2181 East Aurora Road, Suite 201
Twinsburg, OH 44087

Sage Technologies
P. O. Box 17009
Rockford, IL 61110

Salter Labs
100 W. Sycamore Road
Arvin, CA 93203

Sammons Preston Rolyan
P. O. Box 93040
Chicago, IL 60673

Shell Processing Center
P. O. Box 183018
Columbus, OH 43218-3018

Shelton Medical Products, Inc.
P. O. Box 265
Weight Bros. Branch
Dayton, OH 45409

Sigma International
P. O. Box 3085
Buffalo, NY 14240

Smith Medical Partners, LLC
21950 Networth Place
Chicago, IL 60673

Southeastern Indiana Health Operations
P. O. Box 1787
Columbus, IN 47202

Staples
Dept 2368
P. O. Box 83689
Chicago, IL 60696

Stericycle
P. O. Box 9001588
Louisville, KY 40290

Sterling Life Insurance Co.
P. O. Box 1917
Bellingham, WA 98227

Steve P'Pool
1882 Ridge Road
Princeton, KY 42445

Stratton Inn
524 Marion Road
Princeton, KY 42445

Sun Healthcare Group
101 Sun Avenue, N.E.
Albuquerque, NM 87109-2345

Surgical Appliance Industries, Inc.
3930 Rosslyn Drive
Cincinnati, OH 45209

TAS
P. O. Box 518
Paducah, KY 42002

Terminex International
135 Main Street
Paducah, KY 42003

Tess Company, The
P. O. Box 1916
Gallatin, TN 37066

Times Leader, The
P. O. Box 439
Princeton, KY 42445

Tricare North Region
P. O. Box 870141
Myrtle Beach, SC 29587

Universal Hospital Services, Inc.
1645 Hennepin Avenue, Suite 222
Minneapolis, MN 55403

Vincennes Sun-Commercial
P. O. Box 396
Vincennes, IN 47591

Washington Times-Herald, The
P. O. Box 471
Washington, IN 47501

Weaver, Nelson
375 Weaver Lane
Princeton, KY 42445

Wells & Wetzel
P. O. Box 644
Princeton, KY 42445

Westfield Group
P. O. Box 9001566
Louisville, KY 40290

Will-Allen Manufacturing
P. O. Box 2102
Lake Havasu City, AZ 86403

Williams, Rickie
P. O. Box 147
Princeton, KY 42445

Wolf Medical Supply, Inc.
13951 NW 8th Street
Fort Lauderdale, FL 33325

Xerox
P. O. box 827181
Philadelphia, PA 19182

Internal Revenue Service
P. O. Box 21126
Philadelphia, PA 19114

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

In re Corner Home Care, 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 Corner Home Care, 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*]

December 28, 2009

Date

/s/ Todd A. Farmer

Todd A. Farmer 86214

Signature of Attorney or Litigant

Counsel for Corner Home Care, Inc.

Stout, Farmer & King, PLLC

329 N. 5th St.

P. O. Box 7766

Paducah, KY 42002-7766

270-443-4431 Fax:270-443-4631

stephanie@sfk-law.com; melody@sfk-law.com