

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

Voluntary Petition

| | |
|--|---|
| Name of Debtor (if individual, enter Last, First, Middle): American Home Medical Equipment, 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): | 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) 72-1467060 | 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): 6560 Youree Drive Suite 1009 Shreveport, LA | Street Address of Joint Debtor (No. and Street, City, and State): |
| ZIP Code 71105 | ZIP Code |
| County of Residence or of the Principal Place of Business: Caddo | County of Residence or of the Principal Place of Business: |
| Mailing Address of Debtor (if different from street address): | Mailing Address of Joint Debtor (if different from street address): |
| ZIP Code | ZIP Code |

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

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

| | |
|--|--|
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |
|--|--|

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 checked="" type="checkbox"/> 50-99 | <input 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 |
|-------------------------------|---|----------------------------------|----------------------------------|--------------------------------------|---------------------------------------|--|--|---|---------------------------------------|

Estimated Assets

| | | | | | | | | | |
|---|--|---|---|--|---|--|---|---|--|
| <input checked="" 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 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 |
|---|--|---|---|--|---|--|---|---|--|

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 checked="" type="checkbox"/> \$500,001 to \$1 million | <input 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 |
|--|--|---|--|--|---|--|---|---|--|

THIS SPACE IS FOR COURT USE ONLY

| | |
|--|--|
| <p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p> | <p>Name of Debtor(s): American Home Medical Equipment, Inc.</p> |
|--|--|

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> |
|---|--|

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):

American Home Medical Equipment, 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/ Robert W. Raley
Signature of Attorney for Debtor(s)

Robert W. Raley #11082
Printed Name of Attorney for Debtor(s)

Raley & Associates
Firm Name

290 Benton Road Spur
Bossier City, LA 71111

Address

Email: rraley52@bellsouth.net

318-747-2230 Fax: 318-747-0106
Telephone Number

May 4, 2012
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/ Sean Peterson
Signature of Authorized Individual

Sean Peterson
Printed Name of Authorized Individual

Director
Title of Authorized Individual

May 4, 2012
Date

United States Bankruptcy Court
Western District of Louisiana

In re American Home Medical Equipment, 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> |
| Al Peterson 4905 Willow Chase Benton, LA 71006 | Al Peterson 4905 Willow Chase Benton, LA 71006 | Loan to Business | | 279,000.00 |
| Al Peterson 4950 Willow Chase Benton, LA 71006 | Al Peterson 4950 Willow Chase Benton, LA 71006 | Loan to Business | | 112,500.00 |
| American Express POB 650448 Dallas, TX 75265 | American Express POB 650448 Dallas, TX 75265 | Credit Card | | 26,615.82 |
| ARJOHUNTLEIGH, INC PO Box 640799 Pittsburgh, PA 15264-0799 | ARJOHUNTLEIGH, INC PO Box 640799 Pittsburgh, PA 15264-0799 | Line of Credit - Equipment for Resale | | 7,420.56 |
| Bank of America PO Box 15796 Wilmington, DE 19886-5796 | Bank of America PO Box 15796 Wilmington, DE 19886-5796 | Credit Card | | 12,715.55 |
| Bank of America POB 851001 Dallas, TX 75285 | Bank of America POB 851001 Dallas, TX 75285 | Line of Credit | | 39,674.56 |
| Bank of America POB 851001 Dallas, TX 75285 | Bank of America POB 851001 Dallas, TX 75285 | Line of Credit | | 27,285.15 |
| Capital One POB 60599 City Of Industry, CA 91716 | Capital One POB 60599 City Of Industry, CA 91716 | Credit Card | | 15,637.13 |
| Chart Industries, Inc One Infinity Corporate Centre Dr Garfield Heights, OH 44125-5370 | Chart Industries, Inc One Infinity Corporate Centre Dr Garfield Heights, OH 44125-5370 | Line of Credit - Equipment for Resale | | 2,620.49 |
| Dedicated Distribution 640 Miami Avenue Kansas City, KS 66105-2140 | Dedicated Distribution 640 Miami Avenue Kansas City, KS 66105-2140 | Line of Credit - Equipment for Resale | | 9,166.43 |
| FIA Card Services PO Box 982238 El Paso, TX 79998-2238 | FIA Card Services PO Box 982238 El Paso, TX 79998-2238 | Credit Card | | 6,073.67 |

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> |
| FIA Card Services PO Box 982238 El Paso, TX 79998-2238 | FIA Card Services PO Box 982238 El Paso, TX 79998-2238 | Credit Card | | 13,129.76 |
| Golden Technologies, Inc 401 Bridge Street Old Forge, PA 18518 | Golden Technologies, Inc 401 Bridge Street Old Forge, PA 18518 | Line of Credit - Equipment for Resale | | 8,600.18 |
| Gulf South Medical Supply PO Box 841968 Dallas, TX 75284-1968 | Gulf South Medical Supply PO Box 841968 Dallas, TX 75284-1968 | Line of Credit - Equipment for Resale | | 6,714.44 |
| Invacare Corporation PO Box 824056 Philadelphia, PA 19182 | Invacare Corporation PO Box 824056 Philadelphia, PA 19182 | Line of Credit - Equipment for Resale | | 6,539.46 |
| Medline Industries, Inc. Dept 1080 PO Box 121080 Casstown, OH 45312-1080 | Medline Industries, Inc. Dept 1080 PO Box 121080 Casstown, OH 45312-1080 | Line of Credit - Equipment for Resale | | 3,849.57 |
| Philips Respironics PO Box 405740 Atlanta, GA 30384-5740 | Philips Respironics PO Box 405740 Atlanta, GA 30384-5740 | Line of Credit - Equipment for Resale | | 2,945.36 |
| Pride Mobility Products, Corp. 182 Susquehanna Avenue Pittston, PA 18643 | Pride Mobility Products, Corp. 182 Susquehanna Avenue Pittston, PA 18643 | Line of Credit - Equipment for Resale | | 13,372.43 |
| Regions Bank PO Box 11007 Birmingham, AL 35288 | Regions Bank PO Box 11007 Birmingham, AL 35288 | Line of Credit | | 119,925.00 |
| Sam's Club Credit PO Box 530981 Atlanta, GA 30353-0981 | Sam's Club Credit PO Box 530981 Atlanta, GA 30353-0981 | Credit Card | | 6,201.99 |

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

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

Date May 4, 2012Signature /s/ Sean PetersonSean Peterson

Director

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.

AirSep Corporation
401 Creekside Drive
Buffalo, NY 14228-2085

Al Peterson
4950 Willow Chase
Benton, LA 71006

Al Peterson
4905 Willow Chase
Benton, LA 71006

Allied Waste
6896 Industrial Loop
Shreveport, LA 71129

Ameican Diagnostic Corporation
55 Commerce Drive
Hauppauge, NY 11788

American Express
POB 650448
Dallas, TX 75265

ARJOHUNTLEIGH, INC
PO Box 640799
Pittsburgh, PA 15264-0799

Bank of America
PO Box 15796
Wilmington, DE 19886-5796

Bank of America
POB 851001
Dallas, TX 75285

Bank of America
PO Box 982238
El Paso, TX 79998-2238

Bayou Plaza Associates, LLC
330 Marshall Street
Suite 200
Shreveport, LA 71101

Blue Cross Blue Shield
PO Box 650007
Dallas, TX 75265-0007

Bridgefield Casualty
PO Box 80439
Baton Rouge, LA 70898-0439

Briggs Healthcare
25291 Network Place
Chicago, IL 60673-1252

BSN Medical
PO Box 751766
Charlotte, NC 28275-1766

Capital One
POB 60599
City Of Industry, CA 91716

CareFusion 205, Inc.
25518 Network Place
Chicago, IL 60673-1255

CenturyLink
POB 4300
Carol Stream, IL 60197

Chart Industries, Inc
One Infinity Corporate Centre Dr
Garfield Heights, OH 44125-5370

Complete Medical
100 Route 59
Suite 103 A
Suffern, NY 10901

Contour Products, Inc
4750-A Dwight Evans Road
Charlotte, NC 28217

Dedicated Distribution
640 Miami Avenue
Kansas City, KS 66105-2140

FIA Card Services
PO Box 982238
El Paso, TX 79998-2238

Fisher & Paykel
15365 Barranca Parkway
Irvine, CA 92618

Golden Technologies, Inc
401 Bridge Street
Old Forge, PA 18518

Google Inc.
Commercial Collection New York
Attn: David Goldstein

Graham Field Health Products
2935 Northeast Parkway
Atlanta, GA 30360-2808

Gulf South Medical Supply
PO Box 841968
Dallas, TX 75284-1968

H&C Oxygen
PO Box 5234
Brandon, MS 39047

Independence Medical
PO Box 74569
Cleveland, OH 44194

Invacare Corporation
PO Box 824056
Philadelphia, PA 19182

Julius Zorn, Inc
3690 Zorn Drive
Cuyahoga Falls, OH 44223

Mason Medical Products
85 Denton Avenue
New Hyde Park, NY 11040

Medline Industries, Inc.
Dept 1080
PO Box 121080
Casstown, OH 45312-1080

Nova Ortho-Med, Inc
PO Box 3039
Gardena, CA 90247-1239

On Deck Capital, Inc.
2711 Jefferson Davis Hwy.
Suite 333
Arlington, VA 22202

Patterson Medical
1000 Remington Blvd.
Suite 210
Bolingbrook, IL 60440-5117

Pelstar LLC
24097 Network Place
Chicago, IL 60673-1240

Philips Respironics
PO Box 405740
Atlanta, GA 30384-5740

Prestige Medical
8600 Wilbur Avenue
Northridge, CA 91324-4499

Pride Mobility Products, Corp.
182 Susquehanna Avenue
Pittston, PA 18643

Rapid Advance
7316 Wisconsin Avenue
Suite 350
Bethesda, MD 20814

Regions Bank
PO Box 11007
Birmingham, AL 35288

ResMed Corp
9001 Spectrum Center Blvd.
San Diego, CA 92123

Rose Healthcare
224 Rose Drive
Brunswick, GA 31520

Salter Labs
100 W Sycamore More
Arvin, CA 93203

Sam's Club Credit
PO Box 530981
Atlanta, GA 30353-0981

Sprint
PO Box 8077
London, KY 40741

Sunrise Medical
6899 Winchester Circle
Boulder, CO 80301

Synapse Multimedia
347 Bert Kouns
Shreveport, LA 71106

Texas Medical Distributors
PO Box 266
Rockdale, TX 76567

VGM Financial Services
1111 West San Marnan Drive
Waterloo, IA 50701

VGM Group
PO Box 2817
Waterloo, IA 50704

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

In re **American Home Medical Equipment, Inc.**
Debtor(s)

Case No. _____
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the Director 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: **May 4, 2012**

/s/ Sean Peterson
Sean Peterson/Director
Signer/Title