

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MASSACHUSETTS

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name LTS Nationwide, Inc.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 27-2808273

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 60 State Street, 7th Floor Boston, MA 02109 Suffolk County 175 McClellan Highway Boston, MA 02128

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor **LTS Nationwide, Inc.**  
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____		
District	_____	When	_____	Case number, if known	_____

Debtor LTS Nationwide, Inc. Case number (if known) \_\_\_\_\_  
Name

11. **Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, 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.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_  
 Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

13. **Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. **Estimated Assets**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. **Estimated liabilities**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **LTS Nationwide, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 20, 2017**  
MM / DD / YYYY

**X /s/ Oscar L. DesJardines**  
Signature of authorized representative of debtor  
  
Title **President, Sole Shareholder**

**Oscar L. DesJardines**  
Printed name

**18. Signature of attorney**

**X /s/ Joseph P. Foley, Esq. bbo**  
Signature of attorney for debtor

Date **February 20, 2017**  
MM / DD / YYYY

**Joseph P. Foley, Esq. bbo**  
Printed name

**Atty Joseph P. Foley BBO 173560**  
Firm name

**98 N. Washington Street  
Suite 104  
Boston, MA 02114**  
Number, Street, City, State & ZIP Code

Contact phone **857-265-2931** Email address **bostonbankruptcyattorneys@gmail.com**

**173560**  
Bar number and State

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

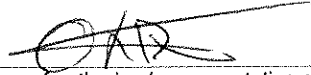
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

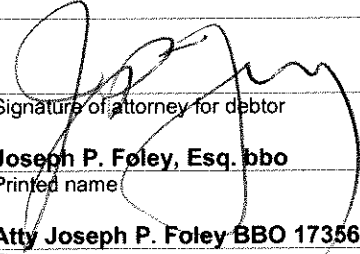
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2-20-17  
MM / DD / YYYY

X   
Signature of authorized representative of debtor  
Title President, Sole Shareholder

Oscar L. DesJardines  
Printed name

**18. Signature of attorney**

X   
Signature of attorney for debtor  
Joseph P. Foley, Esq. bbo  
Printed name  
Atty Joseph P. Foley BBO 173560  
Firm name

Date 2-20-17  
MM / DD / YYYY

98 N. Washington Street  
Suite 104  
Boston, MA 02114  
Number, Street, City, State & ZIP Code

Contact phone 857-265-2931 Email address bostonbankruptcyattorneys@gmail.com

173560  
Bar number and State

**OFFICIAL FORM 7**

**United States Bankruptcy Court  
District of Massachusetts**

In re LTS Nationwide, Inc. Debtor(s)

Case No. \_\_\_\_\_  
Chapter 11

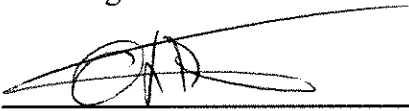
**DECLARATION RE: ELECTRONIC FILING**

**PART I- DECLARATION OF PETITIONER**

I [We] Oscar L. DesJardines, *hereby declare(s) under penalty of perjury* that all of the information contained in my \_\_\_\_\_ (singly or jointly the "Document"), filed electronically, is true and correct. I understand that this *DECLARATION* is to be filed with the Clerk of Court electronically concurrently with the electronic filing of the Document. I understand that failure to file this *DECLARATION* may cause the Document to be struck and any request contained or relying thereon to be denied, without further notice.

I further understand that pursuant to the Massachusetts Electronic Filing Local Rule (MEFLR)-7(a) all paper documents containing original signatures executed under the penalties of perjury and filed electronically with the Court are the property of the bankruptcy estate and shall be maintained by the authorized CM/ECF Registered User for a period of five (5) years after the closing of this case.

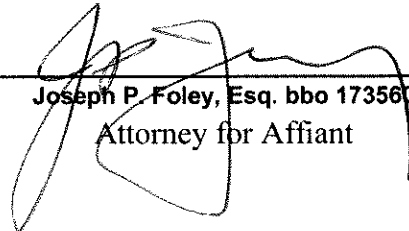
Dated:

Signed:   
\_\_\_\_\_  
**Oscar L. DesJardines**  
(Affiant)

**PART II - DECLARATION OF ATTORNEY (IF AFFIANT IS REPRESENTED BY COUNSEL)**

I certify that the affiant(s) signed this form before I submitted the Document, I gave the affiant(s) a copy of the Document and this *DECLARATION*, and I have followed all other electronic filing requirements currently established by local rule and standing order. This *DECLARATION* is based on all information of which I have knowledge and my signature below constitutes my certification of the foregoing under Fed. R. Bankr. P. 9011. I have reviewed and will comply with the provisions of MEFR 7.

Dated:

Signed:   
\_\_\_\_\_  
**Joseph P. Foley, Esq. bbo 173560**  
Attorney for Affiant

**Fill in this information to identify the case:**

Debtor name LTS Nationwide, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 20, 2017

X /s/ Oscar L. DesJardines  
Signature of individual signing on behalf of debtor

Oscar L. DesJardines  
Printed name

President, Sole Shareholder  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name LTS Nationwide, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**  
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ace Funding Source, LLC 366 North Broadway, Suite 410 Jericho, NY 11753		Accounts Receivable	Unliquidated	\$30,000.00	\$0.00	\$30,000.00
Advantage Funding 3 Dakota Drive, Suite 210 Lake Success, NY 11042		Accounts Receivable	Unliquidated	\$163,000.00	\$0.00	\$163,000.00
Bank of America P.O. Box 15019 Wilmington, DE 19886-5019		Processing Fees				\$6,200.00
Capital Advance Services, LLC One Evertrust Plaza, Suite 1401 Jersey City, NJ 07302		Accounts Receivable	Unliquidated	\$47,000.00	\$0.00	\$47,000.00
Internal Revenue Service Special Procedures P.O. Box 9112 Boston, MA 02203						Unknown
Maritza Munoz 17 Delta Terrace Revere, MA 02151		Money Loaned				\$35,000.00
Massachusetts Department of Revenue Bankruptcy Unit 100 Cambridge Street P.O. Box 9564 Boston, MA 02114						Unknown



Debtor LTS Nationwide, Inc.  
Name

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Merchants Fleet Management 1278 Hooksett Road Hooksett, NH 03106		Auto Leases	Unliquidated	\$88,000.00	\$0.00	\$88,000.00
Protection Legal Group 331 Newman Springs Road, Suite 143 Red Bank, NJ 07701						\$12,007.00
Small Business Owners of America 3553 Olentangy Boulevard Columbus, OH 43214		Accounts Receivable	Unliquidated	\$50,000.00	\$0.00	\$50,000.00
Toyota Financial Services P.O. Box 5855 Carol Stream, IL 60197		Three 2013 Toyota Avalons	Unliquidated	\$25,000.00	\$0.00	\$25,000.00

**Fill in this information to identify the case:**

Debtor name LTS Nationwide, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p><b>2.1</b> <b>Ace Funding Source, LLC</b></p> <p>Creditor's Name <b>366 North Broadway, Suite 410</b> <b>Jericho, NY 11753</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien <b>Accounts Receivable</b></p> <p>Describe the lien <b>Voluntary</b></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><b>\$30,000.00</b></p>	<p><b>\$0.00</b></p>

<p><b>2.2</b> <b>Advantage Funding</b></p> <p>Creditor's Name <b>3 Dakota Drive, Suite 210</b> <b>Lake Success, NY 11042</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien <b>Accounts Receivable</b></p> <p>Describe the lien <b>Voluntary</b></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	<p><b>\$163,000.00</b></p>	<p><b>\$0.00</b></p>
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Debtor **LTS Nationwide, Inc.** Case number (if know)

Name

- No
- Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
- Unliquidated
- Disputed

**2.3 Capital Advance Services, LLC**

Creditor's Name  
**One Evertrust Plaza, Suite 1401  
Jersey City, NJ 07302**  
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

- Do multiple creditors have an interest in the same property?
- No
  - Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien **\$47,000.00** **\$0.00**

**Accounts Receivable**

Describe the lien

**Voluntary**

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
- Unliquidated
- Disputed

**2.4 Merchants Fleet Management**

Creditor's Name  
**1278 Hooksett Road  
Hooksett, NH 03106**  
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

- Do multiple creditors have an interest in the same property?
- No
  - Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien **\$88,000.00** **\$0.00**

**Auto Leases**

Describe the lien

**Auto Leases**

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- Contingent
- Unliquidated
- Disputed

**2.5 Small Business Owners of America**

Creditor's Name  
**3553 Olentangy Boulevard  
Columbus, OH 43214**  
Creditor's mailing address

Describe debtor's property that is subject to a lien **\$50,000.00** **\$0.00**

**Accounts Receivable**

Describe the lien

**Voluntary**

Debtor LTS Nationwide, Inc. Case number (if know) \_\_\_\_\_  
 Name

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**6209**

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

**2.6 Toyota Financial Services**

Creditor's Name  
**P.O. Box 5855**  
**Carol Stream, IL 60197**  
 Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**2855,3215,3238**

Do multiple creditors have an interest in the same property?

No  
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Three 2013 Toyota Avalons**

**\$25,000.00**

**\$0.00**

Describe the lien

**Auto Lien - Voluntary**

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply  
 Contingent  
 Unliquidated  
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$403,000.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

**Fill in this information to identify the case:**

Debtor name LTS Nationwide, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206E/F**  
**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service Special Procedures P.O. Box 9112 Boston, MA 02203</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.2	Priority creditor's name and mailing address <b>Massachusetts Department of Revenue Bankruptcy Unit 100 Cambridge Street P.O. Box 9564 Boston, MA 02114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **LTS Nationwide, Inc.** Case number (if known) \_\_\_\_\_  
Name

3.1	Nonpriority creditor's name and mailing address <b>Bank of America</b> <b>P.O. Box 15019</b> <b>Wilmington, DE 19886-5019</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>7409</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Processing Fees</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,200.00</b>
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3.2	Nonpriority creditor's name and mailing address <b>Maritza Munoz</b> <b>17 Delta Terrace</b> <b>Revere, MA 02151</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Money Loaned</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,000.00</b>
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3.3	Nonpriority creditor's name and mailing address <b>Protection Legal Group</b> <b>331 Newman Springs Road, Suite 143</b> <b>Red Bank, NJ 07701</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,007.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; background-color: #f2f2f2;">Total of claim amounts</td> </tr> <tr> <td style="width:5%;">5a.</td> <td style="width:5%;">\$</td> <td style="width:40%; text-align: right;">_____</td> <td style="width:50%; text-align: right;">0.00</td> </tr> <tr> <td>5b.</td> <td>+</td> <td>\$</td> <td style="text-align: right;">53,207.00</td> </tr> <tr> <td>5c.</td> <td></td> <td>\$</td> <td style="text-align: right; border: 1px solid black;">53,207.00</td> </tr> </table>	Total of claim amounts		5a.	\$	_____	0.00	5b.	+	\$	53,207.00	5c.		\$	53,207.00
Total of claim amounts															
5a.	\$	_____	0.00												
5b.	+	\$	53,207.00												
5c.		\$	53,207.00												
5a. Total claims from Part 1															
5b. Total claims from Part 2															
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>															

**United States Bankruptcy Court  
District of Massachusetts**

In re LTS Nationwide, Inc. Debtor(s) 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
<b>Oscar L. DesJardines 60 State Street, 7th Floor Boston, MA 02109</b>	<b>common</b>	<b>100</b>	

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

I, the **President, Sole Shareholder** 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 February 20, 2017 Signature /s/ Oscar L. DesJardines  
**Oscar L. DesJardines**

*Penalty for making a false statement of 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  
District of Massachusetts**

In re LTS Nationwide, Inc. Debtor(s) Case No. Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the President, Sole Shareholder 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: February 20, 2017

/s/ Oscar L. DesJardines  
**Oscar L. DesJardines/President, Sole Shareholder**  
Signer/Title



ACE FUNDING SOURCE, LLC  
366 NORTH BROADWAY, SUITE 410  
JERICHO, NY 11753

ADVANTAGE FUNDING  
3 DAKOTA DRIVE, SUITE 210  
LAKE SUCCESS, NY 11042

BANK OF AMERICA  
P.O. BOX 15019  
WILMINGTON, DE 19886-5019

CAPITAL ADVANCE SERVICES, LLC  
ONE EVERTRUST PLAZA, SUITE 1401  
JERSEY CITY, NJ 07302

INTERNAL REVENUE SERVICE  
SPECIAL PROCEDURES  
P.O. BOX 9112  
BOSTON, MA 02203

MARITZA MUNOZ  
17 DELTA TERRACE  
REVERE, MA 02151

MASSACHUSETTS DEPARTMENT OF REVENUE  
BANKRUPTCY UNIT  
100 CAMBRIDGE STREET  
P.O. BOX 9564  
BOSTON, MA 02114

MERCHANTS FLEET MANAGEMENT  
1278 HOOKSETT ROAD  
HOOKSETT, NH 03106

PROTECTION LEGAL GROUP  
331 NEWMAN SPRINGS ROAD, SUITE 143  
RED BANK, NJ 07701

SMALL BUSINESS OWNERS OF AMERICA  
3553 OLENTANGY BOULEVARD  
COLUMBUS, OH 43214

TOYOTA FINANCIAL SERVICES  
P.O. BOX 5855  
CAROL STREAM, IL 60197

**United States Bankruptcy Court  
District of Massachusetts**

In re LTS Nationwide, 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 LTS Nationwide, 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*]

**February 20, 2017**

Date

**/s/ Joseph P. Foley, Esq. bbo**

**Joseph P. Foley, Esq. bbo 173560**

Signature of Attorney or Litigant  
Counsel for **LTS Nationwide, Inc.**

**Atty Joseph P. Foley BBO 173560**

**98 N. Washington Street  
Suite 104**

**Boston, MA 02114**

**857-265-2931 Fax:617-523-7484**

**bostonbankruptcyattorneys@gmail.com**