

B1 (Official Form 1) (1/08)

United States Bankruptcy Court District of Maryland		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Suber, Shirley M		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): AKA Shirley Suber-Milligan; AKA Shirley Milligan; AKA Shirley Tyus		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Social Security or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): xxx-xx-1792		Last four digits of Social Security or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): 1311 Commodore Barney Road Saint Leonard, MD 20685 <div style="border: 1px solid black; padding: 2px; display: inline-block;">ZIP CODE 20685-0000</div>		Street Address of Joint Debtor (No. & Street, City, and State): <div style="border: 1px solid black; padding: 2px; display: inline-block;">ZIP CODE</div>
County of Residence or of the Principal Place of Business: Calvert		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="border: 1px solid black; padding: 2px; display: inline-block;">ZIP CODE</div>		Mailing Address of Joint Debtor (if different from street address): <div style="border: 1px solid black; padding: 2px; display: inline-block;">ZIP CODE</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input 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 type="checkbox"/> Other <hr/> 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).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 9 <input 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 Nature of Debts (Check one box) <input checked="" 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 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 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: <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: <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 <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <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 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		
Estimated Debts		

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Page 2

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

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Shirley M Suber	
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:	
Exhibit A		Exhibit B	
(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.)		(To be completed if debtor is an individual whose debts are primarily consumer debts.)	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).	
		X <u>/s/ Howard M. Heneson</u> December 17, 2009 Signature of Attorney for Debtor(s) Date	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> 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.)			
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> 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)			
<input checked="" type="checkbox"/> 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.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> 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 <i>Check all applicable boxes.</i>			
<input type="checkbox"/> 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)			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<p>Voluntary Petition <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Shirley M Suber</p>
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>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.</p> <p>[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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Shirley M Suber</u> Signature of Debtor Shirley M Suber</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>December 17, 2009 Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>X _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ Howard M. Henson</u> Signature of Attorney for Debtor(s) Howard M. Henson 09019 Printed Name of Attorney for Debtor(s) Howard M. Henson PA Firm Name 810 Gleneagles Court Suite 301 Towson, MD 21286 Address Email:henson@bankruptcymd.com 410-494-8388 Fax:410-494-8389 Telephone Number December 17, 2009 Date</p> <p><small>*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.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>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</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>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.</small></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>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.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p>	

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
District of Maryland**

In re Shirley M Suber

Debtor(s)

Case No. _____

Chapter 11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
District of Maryland**

In re Shirley M Suber

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>
HSBC Mortgage Corporation USA Suite 0241 Buffalo, NY 14270-0241	HSBC Mortgage Corporation USA Suite 0241 Buffalo, NY 14270-0241	12000 Market Street, Unit 410, Reston, VA		300,930.00 (165,000.00 secured)
Bank of America P.O. Box 26078 Greensboro, NC 27420	Bank of America P.O. Box 26078 Greensboro, NC 27420	Location: 1311 Commodore Barney Road, Saint Leonard MD		59,000.00 (499,000.00 secured) (483,000.00 senior lien)
ARS/GEMB GE Money Bank P.O. Box 981127 El Paso, TX 79998-1127	ARS/GEMB GE Money Bank P.O. Box 981127 El Paso, TX 79998-1127	credit		9,203.51
HCR-Manor Care of Potomac 10714 Potomac Tennis Lane Potomac, MD 20854	HCR-Manor Care of Potomac 10714 Potomac Tennis Lane Potomac, MD 20854	medical		8,375.00
Adventist Rehab of Maryland c/o Kebin B. Wilson, Esq. P.O. Box 24103 Chattanooga, TN 37422	Adventist Rehab of Maryland c/o Kebin B. Wilson, Esq. P.O. Box 24103 Chattanooga, TN 37422	medical		7,962.46
JHU Clinical Practice Assoc PO Box 64896 Baltimore, MD 21264	JHU Clinical Practice Assoc PO Box 64896 Baltimore, MD 21264	medical		2,905.52
American Express P.O.Box 297804 Fort Lauderdale, FL 33337	American Express P.O.Box 297804 Fort Lauderdale, FL 33337	credit		1,650.00
Savoy at Reston Town Center Condominium Unit Owners Assoc. c/o Lucia Anna Trigiani, Esq. 112 S. Alfred Street Alexandria, VA 22314	Savoy at Reston Town Center Condominium Unit Owners Assoc. c/o Lucia Anna Trigiani, Esq. Alexandria, VA 22314	12000 Market Street, Unit 410, Reston, VA		1,184.00 (165,000.00 secured) (300,930.00 senior lien)
American Medical Response c/o Bay Area Credit Service LLC P.O. Box 467600 Atlanta, GA 31146	American Medical Response c/o Bay Area Credit Service LLC P.O. Box 467600 Atlanta, GA 31146	medical		673.75

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

In re **Shirley M Suber**

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Emergency Medicine Associates, PA 20010 Century Blvd., Ste. 200 Germantown, MD 20874-1118	Emergency Medicine Associates, PA 20010 Century Blvd., Ste. 200 Germantown, MD 20874-1118	medical		588.00
Suburban Hospital 8600 Old Georgetown Road Bethesda, MD 20814	Suburban Hospital 8600 Old Georgetown Road Bethesda, MD 20814	medical		518.50
National Rehabilitations Hospital PO Box 630515 Baltimore, MD 21263	National Rehabilitations Hospital PO Box 630515 Baltimore, MD 21263	medical		467.86
Roberts Home Medical 20465 Seneca Meadows Pkwy Germantown, MD 20876	Roberts Home Medical 20465 Seneca Meadows Pkwy Germantown, MD 20876	medical		339.97
Lifestar Response of MD Box 827284 Philadelphia, PA 19182-7284	Lifestar Response of MD Box 827284 Philadelphia, PA 19182-7284	medical		225.00
JHHS-Johns Hopkins Hospital c/o NCO Financial Systems Inc. 9009 Corporate Lakes Drive Suite 300-BD Tampa, FL 33634	JHHS-Johns Hopkins Hospital c/o NCO Financial Systems Inc. 9009 Corporate Lakes Drive Tampa, FL 33634	medical		196.45
Apria Healthcare 8120 S. Madison Street Hinsdale, IL 60521	Apria Healthcare 8120 S. Madison Street Hinsdale, IL 60521	medical		171.00
JHU Clinical Practice Assoc PO Box 64896 Baltimore, MD 21264	JHU Clinical Practice Assoc PO Box 64896 Baltimore, MD 21264	medical		102.81
James C. Cobey, MD, PA P.O. Box 791300 Baltimore, MD 21279-1300	James C. Cobey, MD, PA P.O. Box 791300 Baltimore, MD 21279-1300	medical		72.00
Washington Hospital Center 110 Irving Street, NW Washington, DC 20010	Washington Hospital Center 110 Irving Street, NW Washington, DC 20010	medical		46.90
Premier Radiology Associates PO Box 791396 Baltimore, MD 21279	Premier Radiology Associates PO Box 791396 Baltimore, MD 21279	medical		26.00

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

In re **Shirley M Suber**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

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

I, **Shirley M Suber**, 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 17, 2009**

Signature **/s/ Shirley M Suber**

Shirley M Suber

Debtor

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.

Aba Tyus

Adventist Rehab of Maryland
c/o Kebin B. Wilson, Esq.
P.O. Box 24103
Chattanooga, TN 37422

American Express
P.O.Box 297804
Fort Lauderdale, FL 33337

American Medical Response
c/o Bay Area Credit Service LLC
P.O. Box 467600
Atlanta, GA 31146

Apria Healthcare
8120 S. Madison Street
Hinsdale, IL 60521

ARS/GEMB
GE Money Bank
P.O. Box 981127
El Paso, TX 79998-1127

Bank of America
P.O. Box 26078
Greensboro, NC 27420

Chase Mortgage
101 E Town Street
Columbus, OH 43215

Emergency Medicine Associates, PA
20010 Century Blvd., Ste. 200
Germantown, MD 20874-1118

Fidelity Bank
128 W. Washington Street
Hagerstown, MD 21742

HCR-Manor Care of Potomac
10714 Potomac Tennis Lane
Potomac, MD 20854

HSBC Mortgage Corporation USA
Suite 0241
Buffalo, NY 14270-0241

James C. Cobey, MD, PA
P.O. Box 791300
Baltimore, MD 21279-1300

JHHS-Johns Hopkins Hospital
c/o NCO Financial Systems Inc.
9009 Corporate Lakes Drive
Suite 300-BD
Tampa, FL 33634

JHU Clinical Practice Assoc
PO Box 64896
Baltimore, MD 21264

Lifestar Response of MD
Box 827284
Philadelphia, PA 19182-7284

National Rehabilitations Hospital
PO Box 630515
Baltimore, MD 21263

Nationwide Credit Corporation
5503 Cherokee Avenue
Alexandria, VA 22312-2307

Premier Radiology Associates
PO Box 791396
Baltimore, MD 21279

Roberts Home Medical
20465 Seneca Meadows Pkwy
Germantown, MD 20876

Savoy at Reston Town Center
Condominium Unit Owners Assoc.
c/o Lucia Anna Trigiani, Esq.
112 S. Alfred Street
Alexandria, VA 22314

Saxon Mortgage
P.O. Box 163405
Fort Worth, TX 76161

Shapito & Burson, LLP
13135 Lee Jackson Highway
Suite 201
Fairfax, VA 22033

Suburban Hospital
8600 Old Georgetown Road
Bethesda, MD 20814

Toyota Motor Credit
P O Box 371339
Pittsburgh, PA 15250

UnitedConsumers Inc.
P.O. Box 4466
Woodbridge, VA 22194-4466

Washington Hospital Center
110 Irving Street, NW
Washington, DC 20010