

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

In re Orchard Maple Family Dental PLLC

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>
<b>Bankers Healthcare Group, Inc. 325 James Street Syracuse, NY 13203</b>	<b>Bankers Healthcare Group, Inc. 325 James Street Syracuse, NY 13203</b>	<b>Business</b>		<b>14,544.00</b>
<b>Expertec Dental Laboratory, Inc. 200 North Wayne Road Westland, MI 48185-3626</b>	<b>Expertec Dental Laboratory, Inc. 200 North Wayne Road Westland, MI 48185-3626</b>	<b>Business</b>		<b>32,512.15</b>
<b>Internal Revenue Service*** Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346</b>	<b>Internal Revenue Service*** Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346</b>		<b>Contingent</b>	<b>0.00</b> <b>(Unknown secured)</b>
<b>Internal Revenue Service*** Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346</b>	<b>Internal Revenue Service*** Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346</b>		<b>Unliquidated</b>	<b>Unknown</b>
<b>Internal Revenue Service*** Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346</b>	<b>Internal Revenue Service*** Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346</b>		<b>Contingent</b>	<b>Unknown</b>
<b>Internal Revenue Service SBSE/Insolvency Unit P.O. Box 330500-Stop 15 Detroit, MI 48232</b>	<b>Internal Revenue Service SBSE/Insolvency Unit P.O. Box 330500-Stop 15 Detroit, MI 48232</b>	<b>Form 941 tax liability</b>		<b>Unknown</b>
<b>MBS Communications, Inc. 8597 N 300th Street P.O. Box 288 Altamont, IL 62411</b>	<b>MBS Communications, Inc. 8597 N 300th Street P.O. Box 288 Altamont, IL 62411</b>	<b>Business</b>		<b>171.00</b>
<b>New West Dental Ceramics Inc. 2033 Swanson Ave. Lake Havasu City, AZ 86403</b>	<b>New West Dental Ceramics Inc. 2033 Swanson Ave. Lake Havasu City, AZ 86403</b>	<b>Business</b>		<b>2,873.44</b>

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(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>
<b>The Business Backer, LLC 10101 Alliance Road, Ste. 140 Cincinnati, OH 45242</b>	<b>The Business Backer, LLC 10101 Alliance Road, Ste. 140 Cincinnati, OH 45242</b>			<b>12,261.00</b> <b>(0.00 secured)</b>
<b>Wide Lending Group 3580 Wilshire Blvd., #160 Los Angeles, CA 90010</b>	<b>Wide Lending Group 3580 Wilshire Blvd., #160 Los Angeles, CA 90010</b>	<b>Future receivables</b>		<b>17,975.00</b> <b>(0.00 secured)</b>
<b>Zurich American Insurance c/o Law Offices of Atlas &amp; Leviton 3 Golf Center, Ste. 353 Hoffman Estates, IL 60169</b>	<b>Zurich American Insurance c/o Law Offices of Atlas &amp; Leviton 3 Golf Center, Ste. 353 Hoffman Estates, IL 60169</b>	<b>Business</b>		<b>1,341.00</b>

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

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

Date April 19, 2013

Signature /s/ William H. Woodruff, Jr.  
**William H. Woodruff, Jr.**  
**Managing Member**

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