

United States Bankruptcy Court
DISTRICT OF MINNESOTA

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Compassionate Care Animal Hospital, Inc., a Corporation	Name of Joint Debtor (Spouse)(Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): dba Judith Funk Animal Hospital, P.A. , dba EIN 26-1239648	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) Complete EIN (if more than one, state all): 04-3750076	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): 7425 Jolly Lane North Brooklyn Park MN	Street Address of Joint Debtor (No. and Street, City, and State):
County of Residence or of the Principal Place of Business: Hennepin	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): SAME	Mailing Address of Joint Debtor (if different from street address):
Location of Principal Assets of Business Debtor (if different from street address above): SAME	ZIPCODE

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 <hr/>	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 Veterinary 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 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 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. Chapter 11 Debtors: Check one box: <input checked="" type="checkbox"/> Debtor is a small business 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).
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.		

Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" 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"/> 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 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	

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Compassionate Care Animal Hospital, Inc., a Corporation	
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> (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><input type="checkbox"/> Exhibit A is attached and made a part of this petition</p>	<p style="text-align:center;">Exhibit B</p> (To be completed if debtor is an individual whose debts are primarily consumer debts) 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 have delivered to the debtor the notice required by 11 U.S.C. §342(b). <p style="text-align:center;">X</p> <hr style="width:100%;"/> <div style="display: flex; justify-content: space-between;"> Signature of Attorney for Debtor(s) Date </div>	
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?		
<p><input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>		
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.)		
<p><input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition.</p> If this is a joint petition:		
<p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>		
Information Regarding the Debtor - Venue (Check any applicable box)		
<p><input 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.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><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 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.</p>		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)		
<p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p>		
_____ (Name of landlord that obtained judgment)		
_____ (Address of landlord)		
<p><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</p> <p><input type="checkbox"/> Debtor has included with 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.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>		

<p>Voluntary Petition <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Compassionate Care Animal Hospital, Inc., a Corporation</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 _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ 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 /s/ Randall K. Strand _____ Signature of Attorney for Debtor(s)</p> <p>Randall K. Strand 137236 _____ Printed Name of Attorney for Debtor(s)</p> <p>Randall K. Strand, P.A. _____ Firm Name</p> <p>1700 West Highway 36, #200 _____ Address</p> <p>Saint Paul MN 55113 _____</p> <p>612-788-2555 _____ Telephone Number</p> <p>_____ 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 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>_____ _____</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided</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><i>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.</i></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.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X /s/ Judith Funk _____ Signature of Authorized Individual</p> <p>Judith Funk _____ Printed Name of Authorized Individual</p> <p>President _____ Title of Authorized Individual</p> <p>_____ Date</p>	<p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided</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><i>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.</i></p>

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
Minneapolis DIVISION**

In re *Compassionate Care Animal Hospital, Inc.*
a *Corporation*
dba Judith Funk Animal Hospital, P.A.
dba *EIN 26-1239648*

Case No.
Chapter *11*

Debtor(s)

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 and Fed. R. Bankr. P. 1007(m).

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
1 <i>CUNA Mutual Life Ins Co</i> <i>4678 World Parkway Circle</i> <i>St Louis MO 63134</i>	Phone: <i>CUNA Mutual Life Ins Co</i> <i>4678 World Parkway Circle</i> <i>St Louis MO 63134</i>			<i>\$ 404,000.00</i>
2 <i>Internal Revenue Service</i> <i>PO Box 804527</i> <i>Cincinnati OH 45280-4527</i>	Phone: <i>Internal Revenue Service</i> <i>PO Box 804527</i> <i>Cincinnati OH 45280-4527</i>	<i>Federal Withholding Tax</i>		<i>\$ 142,231.09</i>
3 <i>De Lage Landen Fin Svcs</i> <i>PO Box 41602</i> <i>Philadelphia PA 19101-1602</i>	Phone: <i>De Lage Landen Fin Svcs</i> <i>PO Box 41602</i> <i>Philadelphia PA 19101-1602</i>		<i>Value:</i> <i>Net Unsecured:</i>	<i>\$ 114,933.09</i> <i>\$ 0.00</i> <i>\$ 114,933.09</i>
4 <i>IndeXX Laboratories</i> <i>PO Box 101327</i> <i>Atlanta GA 30392-1327</i>	Phone: <i>IndeXX Laboratories</i> <i>PO Box 101327</i> <i>Atlanta GA 30392-1327</i>			<i>\$ 89,860.74</i>
5 <i>MN Dept of Revenue</i> <i>PO Box 64651</i> <i>St Paul MN 55164-0651</i>	Phone: <i>MN Dept of Revenue</i> <i>PO Box 64651</i> <i>St Paul MN 55164-0651</i>	<i>State income taxes</i>		<i>\$ 59,830.30</i>

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
6 Mary Funk 9182 Archer Lane Maple Grove MN 55311	Phone: Mary Funk 9182 Archer Lane Maple Grove MN 55311			\$ 54,992.22
7 Business Card PO Box 15710 Wilmington DE 19886-5710	Phone: Business Card PO Box 15710 Wilmington DE 19886-5710			\$ 34,093.20
8 US Bank PO Box 790408 Saint Louis MO 63179-0408	Phone: US Bank PO Box 790408 Saint Louis MO 63179-0408			\$ 33,495.96
9 Dorothy Smith 9182 Archer Lane Maple Grove MN 55311	Phone: Dorothy Smith 9182 Archer Lane Maple Grove MN 55311			\$ 28,413.73
10 IndeXX Laboratories PO Box 101327 Atlanta GA 30392-1327	Phone: IndeXX Laboratories PO Box 101327 Atlanta GA 30392-1327		Value: Net Unsecured:	\$ 25,164.00 \$ 0.00 \$ 25,164.00
11 American Express PO Box 0001 Los Angeles CA 90096-8000	Phone: American Express PO Box 0001 Los Angeles CA 90096-8000			\$ 21,786.61
12 Henn County Treasurer 300 So 6th Street A600 Minneapolis MN 55487-0060	Phone: Henn County Treasurer 300 So 6th Street A600 Minneapolis MN 55487-0060	Municipal/city taxes		\$ 21,560.60
13 Midwest Veterinary Supply Inc PO Box 946 Burnsville MN 55337-0946	Phone: Midwest Veterinary Supply Inc PO Box 946 Burnsville MN 55337-0946			\$ 18,667.97

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
14 <i>Veterinary Hospitals Assoc</i> 370 Bridge Point Drive South St Paul MN 55075	Phone: <i>Veterinary Hospitals Assoc</i> 370 Bridge Point Drive South St Paul MN 55075			\$ 15,633.42
15 <i>Antech Diagnostics</i> 17672-A Cowan Ave Ste 200 Irvine CA 92614	Phone: <i>Antech Diagnostics</i> 17672-A Cowan Ave Ste 200 Irvine CA 92614			\$ 7,368.65
16 <i>Health Partners</i> PO Box 1309 Minneapolis MN 55440	Phone: <i>Health Partners</i> PO Box 1309 Minneapolis MN 55440			\$ 4,586.40
17 <i>Highland Bank</i> 1730 Plymouth Road Minnetonka MN 55305	Phone: <i>Highland Bank</i> 1730 Plymouth Road Minnetonka MN 55305		Value: Net Unsecured:	\$ 3,639.57 \$ 0.00 \$ 3,639.57
18 <i>Dell Financial</i> PO Box 5275 Carol Stream IL 60197-5275	Phone: <i>Dell Financial</i> PO Box 5275 Carol Stream IL 60197-5275	Purchase Money Security	Value: Net Unsecured:	\$ 13,364.47 \$ 10,000.00 \$ 3,364.47
19 <i>Wedgewood Pharmacy</i> 405 Heron Drive Ste 200 Swedesboro NJ 08085-1749	Phone: <i>Wedgewood Pharmacy</i> 405 Heron Drive Ste 200 Swedesboro NJ 08085-1749			\$ 1,845.50
20 <i>SFM The Work Comp Experts</i> PO Box 583178 Minneapolis MN 55458-3178	Phone: <i>SFM The Work Comp Experts</i> PO Box 583178 Minneapolis MN 55458-3178			\$ 1,634.00

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION

I, Judith Funk, President of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims and that they are true and correct to the best of my knowledge, information and belief.

Date: _____

Signature /s/ Judith Funk

Name: Judith Funk

Title: President

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
MINNEAPOLIS DIVISION**

In re *Compassionate Care Animal Hospital, Inc.,*
a Corporation
dba Judith Funk Animal Hospital, P.A.
dba *EIN 26-1239648*

Case No.
Chapter 11

_____/ Debtor

Attorney for Debtor: *Randall K. Strand*

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: _____

/s/ Judith Funk

Debtor

ACE
6601 MCKINLEY STREET
RAMSEY MN 55303

AMERICAN EXPRESS
PO BOX 0001
LOS ANGELES CA 90096-8000

ANTECH DIAGNOSTICS
17672-A COWAN AVE STE 200
IRVINE CA 92614

BAYER HEALTHCARE
12809 SHAWNEE MISSION PKWY
SHAWNEE KS 66216-1846

BUSINESS CARD
PO BOX 15710
WILMINGTON DE 19886-5710

CENTURY LINK
PO BOX 2961
PHOENIX AZ 85062-2961

CINTAS
11500 95TH AVE NO
MAPLE GROVE MN 55369

CUNA MUTUAL INSURANCE SOCIETY
C/O JOHN HOLPER
225 SOUTH SIXTH ST STE 3500
MINNEAPOLIS MN 55402

CUNA MUTUAL LIFE INS CO
4678 WORLD PARKWAY CIRCLE
ST LOUIS MO 63134

DE LAGE LANDEN FIN SVCS
PO BOX 41602
PHILADELPHIA PA 19101-1602

DELL FINANCIAL
PO BOX 5275
CAROL STREAM IL 60197-5275

DOROTHY SMITH
9182 ARCHER LANE
MAPLE GROVE MN 55311

FEDEX
PO BOX 94515
PALATINE IL 60094-4515

GE HEALTHCARE FINANCIAL
PO BOX 414418
BOSTON MA 02241-4418

GENERAL PET SUPPLY
12155 NICOLLET AVE
BURNSVILLE MN 55337

HEALTH PARTNERS
PO BOX 1309
MINNEAPOLIS MN 55440

HENN COUNTY TREASURER
300 SO 6TH STREET A600
MINNEAPOLIS MN 55487-0060

HIGHLAND BANK
1730 PLYMOUTH ROAD
MINNETONKA MN 55305

HOMEAGAIN LLC
PO BOX 198428
ATLANTA GA 30384-8428

INDEXX LABORATORIES
PO BOX 101327
ATLANTA GA 30392-1327

INTERNAL REVENUE SERVICE
PO BOX 804527
CINCINNATI OH 45280-4527

MARY FUNK
9182 ARCHER LANE
MAPLE GROVE MN 55311

MEDICAL ARTS PRESS
PO BOX 37647
PHILADELPHIA PA 19101-0647

MIDWEST VETERINARY SUPPLY INC
PO BOX 946
BURNSVILLE MN 55337-0946

MN DEPT OF REVENUE
PO BOX 64651
ST PAUL MN 55164-0651

MN UI FUND
332 MINNESOTA STREET
ST PAUL MN 55101-1351

MWI VETERINARY SUPPLY CO
14659 COLLECTIONS CTR DRIVE
CHICAGO IL 60693

NORTHERN STATES POWER
PO BOX 9477
MINNEAPOLIS MN 55484-9477

SFM THE WORK COMP EXPERTS
PO BOX 583178
MINNEAPOLIS MN 55458-3178

SMART PRACTICE
PO BOX 29222
PHOENIX AZ 85038-9222

STATE AUTO INSURANCE
PO BOX 182738
COLUMBUS OH 43218-2738

US BANK
PO BOX 790408
SAINT LOUIS MO 63179-0408

VETERINARY HOSPITALS ASSOC
370 BRIDGE POINT DRIVE
SOUTH ST PAUL MN 55075

WEDGEWOOD PHARMACY
405 HERON DRIVE STE 200
SWEDESBORO NJ 08085-1749