

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

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 Caring Hands Home Care, 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) 41-1775758

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 113 Minnesota Ave Sebeka, MN 56477 PO Box 197 Sebeka, MN 56477 Wadena County Location of principal assets, if different from principal place of business

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 **Caring Hands Home Care, 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 **Caring Hands Home Care, Inc**
Name

Case number (if known)

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

Debtor Caring Hands Home Care, Inc Case number (if known) _____
Name

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 January 27, 2017
MM / DD / YYYY

X /s/ Patricia Johnson
Signature of authorized representative of debtor
Title Vice President

Patricia Johnson
Printed name

18. Signature of attorney

X /s/ Erik A Ahlgren
Signature of attorney for debtor

Date **January 27, 2017**
MM / DD / YYYY

Erik A Ahlgren
Printed name

Ahlgren Law Office
Firm name

**220 West Washington Ave
Suite 105
Fergus Falls, MN 56537**
Number, Street, City, State & ZIP Code

Contact phone _____ Email address _____

191814
Bar number and State

Fill in this information to identify the case:

Debtor name Caring Hands Home Care, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

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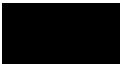
Official Form 202

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 January 27, 2017

X /s/ Patricia Johnson

Signature of individual signing on behalf of debtor

Patricia Johnson

Printed name

Vice President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Caring Hands Home Care, Inc
 United States Bankruptcy Court for the: DISTRICT OF MINNESOTA
 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		
				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
A-1 Disposal PO Box 7 Saginaw, MN 55779						\$110.03
CAN Capital 2015 Vaughn Road Building 500 Canton, GA 30114		Loan				\$111,160.74
Capital One PO Box 6492 Carol Stream, IL 60197-6492						\$802.73
Citizens National Bank of Park PO Box 231 Park Rapids, MN 56470						\$15,000.00
City of Sebeka Revolving Loan PO Box 305 Sebeka, MN 56477						\$17,500.00
Clifton Larson Allen PO Box 648 Brainerd, MN 56401-0648						\$14,261.40
Forum Communications Co PO Box 2020 Fargo, ND 58107						\$109.73
Funding Circle Partners, LP 747 Front Street Floor 4 San Francisco, CA 94111		Loan				\$32,832.66
G&T Sanitation PO Box 186 Sebeka, MN 56477						\$86.58

Debtor Caring Hands Home Care, 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
Internal Revenue Service Centralized Insolvency Op PO Box 7346 Philadelphia, PA 19101-7346		Payroll Taxes				\$111,057.76
Marjon Printers Inc PO Box 158 Menahga, MN 56464						\$3,401.50
Minnesota Department of Rev Bankruptcy PO Box 64447 Saint Paul, MN 55164-0447		payroll taxes				\$12,350.35
Moore Medical 1690 New Britten Ave Farmington, CT 06032-4066						\$214.89
North Central Medical Supply 314 Charkes St Brainerd, MN 56401-3208						\$89.60
Northview Bank PO Box 31 Park Rapids, MN 56470						\$65,252.08
On Deck 1400 Broadway New York, NY 10004		line of credit				\$24,000.00
Sansio PO Box 3470 Duluth, MN 55803						\$14,896.83
Scantron Corp PO Box 93038 Chicago, IL 60673-3038						\$2,179.38
SHP PO Box 101019 Atlanta, GA 30392-1019						\$183.30
Xerox Corporation PO Box 80255 Chicago, IL 60680-2555						\$587.03

Fill in this information to identify the case:

Debtor name Caring Hands Home Care, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>76,173.52</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>76,173.52</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>196,703.88</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>123,408.11</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>302,668.48</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>622,780.47</u>

Fill in this information to identify the case:

Debtor name Caring Hands Home Care, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3.	Checking, savings, money market, or financial brokerage accounts (Identify all)			
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	<u>Northview Bank</u>	<u>Checking</u>	<u>9492</u>	<u>\$1,138.00</u>
3.2.	<u>Northview Bank</u>	<u>Savings</u>	<u>5096</u>	<u>\$102.52</u>

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,240.52

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes Fill in the information below.

11. Accounts receivable

Debtor Caring Hands Home Care, Inc Case number (If known) _____
 Name

11a. 90 days old or less: 70,688.00 - 0.00 = \$70,688.00
 face amount doubtful or uncollectible accounts

12. **Total of Part 3.** \$70,688.00
 Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Supplies (gloves, dressings, blood drawing supplies, etc)		\$0.00		\$300.00

23. **Total of Part 5.** \$300.00
 Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

Debtor Caring Hands Home Care, Inc Case number (If known) _____
 Name

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Misc office furniture (2 locations)	\$0.00		\$1,500.00
40. Office fixtures File Cabinets (20)	\$0.00		\$1,000.00
41. Office equipment, including all computer equipment and communication systems equipment and software Professional Library	\$0.00		\$50.00
Xerox Copier (does not work, cant get parts)	\$0.00		\$0.00
Computers (7), Printer	\$0.00		\$400.00
Microtec Computer Center	\$375.00		\$500.00
Computer	\$820.00		\$50.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86. \$3,500.00

44. Is a depreciation schedule available for any of the property listed in Part 7?
 No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?
 No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			

Debtor Caring Hands Home Care, Inc Case number (if known) _____
 Name

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

2015 Polaris ATV	\$0.00	\$0.00
Wheel Chairs (3)	\$0.00	\$60.00
Bath Scales	\$0.00	\$50.00
Glucometer (6)	\$0.00	\$10.00
Nonin pulse oximeter, infant flex sensor	\$0.00	\$10.00
Back support suspenders (10)	\$0.00	\$10.00
Pediatric Stethoscope	\$0.00	\$5.00
Oximeters (10)	\$0.00	\$300.00
Xerox copier serial number X76-703700	\$0.00	Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$445.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes Fill in the information below.

Debtor Caring Hands Home Care, Inc Case number (If known) _____
 Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties Medicare Certification	\$0.00		Unknown
63. Customer lists, mailing lists, or other compilations Client List	\$0.00		Unknown
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
 Include all interests in executory contracts and unexpired leases not previously reported on this form.
- No. Go to Part 12.
 Yes Fill in the information below.

Debtor Caring Hands Home Care, Inc Case number (If known) _____
 Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$1,240.52</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$70,688.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$300.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$3,500.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$445.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$76,173.52</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$76,173.52</u>

Fill in this information to identify the case:

Debtor name Caring Hands Home Care, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

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>2.1 <u>Bremer Bank</u></p> <p><small>Creditor's Name</small></p> <p><u>321 South 7th St</u> <u>Brainerd, MN 56401</u></p> <p><small>Creditor's mailing address</small></p> <p>_____ <small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p> <p>_____ Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>1. Bremer Bank</p> <p>2. Bremer Bank</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Medicare Certification</p> <p>_____ Describe the lien</p> <p>_____ Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" 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><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p>\$139,310.07</p>	<p>Unknown</p>

<p>2.2 <u>Bremer Bank</u></p> <p><small>Creditor's Name</small></p> <p><u>321 South Seventh St</u> <u>Brainerd, MN 56401</u></p> <p><small>Creditor's mailing address</small></p> <p>_____ <small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p> <p>_____ Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" 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</p> <p>Medicare Certification</p> <p>_____ Describe the lien</p> <p>_____ Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" 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>\$27,444.81</p>	<p>Unknown</p>
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Debtor **Caring Hands Home Care, Inc** Case number (if know) _____
Name

- No Contingent
 Yes. Specify each creditor, including this creditor and its relative priority. Unliquidated
 Disputed
Specified on line 2.1

2.3	Yellowstone Capital LLC <small>Creditor's Name</small>	Describe debtor's property that is subject to a lien 90 days or less: Accounts Receivable	\$29,949.00	\$70,688.00
	1 Evertrust Plaza Jersey City, NJ 07302 <small>Creditor's mailing address</small>	Describe the lien loan		
	<small>Creditor's email address, if known</small>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	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)		
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$196,703.88**

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
Main Street Merchant Services Attn: Joseph Cerullo 360 Motor Pkwy, Ste 200B Hauppauge, NY 11788	Line <u>2.3</u>	
Small Business Administration 355 5th Ave S Saint Cloud, MN 56301	Line <u>2.1</u>	
Small Business Administration 355 5th Ave S Saint Cloud, MN 56301	Line <u>2.2</u>	

Fill in this information to identify the case:

Debtor name Caring Hands Home Care, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

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 Internal Revenue Service Centralized Insolvency Op PO Box 7346 Philadelphia, PA 19101-7346	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	\$111,057.76	\$111,057.76
	Date or dates debt was incurred 2016	Basis for the claim: Payroll Taxes		
	Last 4 digits of account number 5758 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Minnesota Department of Rev Bankruptcy PO Box 64447 Saint Paul, MN 55164-0447	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	\$12,350.35	\$12,350.35
	Date or dates debt was incurred	Basis for the claim: payroll taxes		
	Last 4 digits of account number 6062 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <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 Caring Hands Home Care, Inc Case number (if known) _____
Name

3.1 Nonpriority creditor's name and mailing address **A-1 Disposal** **PO Box 7** **Saginaw, MN 55779** **As of the petition filing date, the claim is:** *Check all that apply.* **\$110.03**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** _____
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.2 Nonpriority creditor's name and mailing address **CAN Capital** **2015 Vaughn Road** **Building 500** **Canton, GA 30114** **As of the petition filing date, the claim is:** *Check all that apply.* **\$111,160.74**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Loan
 Last 4 digits of account number 7004 Is the claim subject to offset? No Yes

3.3 Nonpriority creditor's name and mailing address **Capital One** **PO Box 6492** **Carol Stream, IL 60197-6492** **As of the petition filing date, the claim is:** *Check all that apply.* **\$802.73**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** _____
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.4 Nonpriority creditor's name and mailing address **Citizens National Bank of Park** **PO Box 231** **Park Rapids, MN 56470** **As of the petition filing date, the claim is:** *Check all that apply.* **\$15,000.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred 11/10/17 **Basis for the claim:** _____
 Last 4 digits of account number 0811 Is the claim subject to offset? No Yes

3.5 Nonpriority creditor's name and mailing address **City of Sebeka Revolving Loan** **PO Box 305** **Sebeka, MN 56477** **As of the petition filing date, the claim is:** *Check all that apply.* **\$17,500.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** _____
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address **Clifton Larson Allen** **PO Box 648** **Brainerd, MN 56401-0648** **As of the petition filing date, the claim is:** *Check all that apply.* **\$14,261.40**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** _____
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address **Forum Communications Co** **PO Box 2020** **Fargo, ND 58107** **As of the petition filing date, the claim is:** *Check all that apply.* **\$109.73**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** _____
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

Debtor Caring Hands Home Care, Inc Case number (if known) _____
Name

3.8	Nonpriority creditor's name and mailing address Funding Circle Partners, LP 747 Front Street Floor 4 San Francisco, CA 94111 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: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,832.66
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3.9	Nonpriority creditor's name and mailing address G&T Sanitation PO Box 186 Sebeka, MN 56477 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	\$86.58
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3.10	Nonpriority creditor's name and mailing address Marjon Printers Inc PO Box 158 Menahga, MN 56464 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	\$3,401.50
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3.11	Nonpriority creditor's name and mailing address MN Dept of Health PO Box 64975 Saint Paul, MN 55164-0975 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	\$0.00
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3.12	Nonpriority creditor's name and mailing address MN Dept of Human Services PO Box 64998 Saint Paul, MN 55164-0998 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	\$0.00
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3.13	Nonpriority creditor's name and mailing address Moore Medical 1690 New Britten Ave Farmington, CT 06032-4066 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	\$214.89
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3.14	Nonpriority creditor's name and mailing address National Government Services PO Box 6476 Indianapolis, IN 46206-6474 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	\$0.00
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Debtor Caring Hands Home Care, Inc Case number (if known) _____
Name

3.15 Nonpriority creditor's name and mailing address **North Central Medical Supply**
314 Charkes St
Brainerd, MN 56401-3208
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$89.60**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.16 Nonpriority creditor's name and mailing address **Northview Bank**
PO Box 31
Park Rapids, MN 56470
 Date(s) debt was incurred _____
 Last 4 digits of account number 9501

As of the petition filing date, the claim is: *Check all that apply.* **\$65,252.08**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.17 Nonpriority creditor's name and mailing address **On Deck**
1400 Broadway
New York, NY 10004
 Date(s) debt was incurred _____
 Last 4 digits of account number 4433

As of the petition filing date, the claim is: *Check all that apply.* **\$24,000.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: line of credit
 Is the claim subject to offset? No Yes

3.18 Nonpriority creditor's name and mailing address **Sansio**
PO Box 3470
Duluth, MN 55803
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$14,896.83**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.19 Nonpriority creditor's name and mailing address **Scantron Corp**
PO Box 93038
Chicago, IL 60673-3038
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,179.38**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.20 Nonpriority creditor's name and mailing address **SHP**
PO Box 101019
Atlanta, GA 30392-1019
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$183.30**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.21 Nonpriority creditor's name and mailing address **Small Business Administration**
355 5th Ave S
Saint Cloud, MN 56301
 Date(s) debt was incurred 1/4/08
 Last 4 digits of account number 8420

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

Debtor **Caring Hands Home Care, Inc** Case number (if known) _____
Name

3.22	Nonpriority creditor's name and mailing address US Attorney's Office c/o Roylene A. Champeaux 300 S. Fourth St, Room 600 Minneapolis, MN 55415	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	<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	

3.23	Nonpriority creditor's name and mailing address Xerox Corporation PO Box 80255 Chicago, IL 60680-2555	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$587.03
	Date(s) debt was incurred _____ Last 4 digits of account number _____	<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	

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.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>123,408.11</u>
5b. Total claims from Part 2	5b. + \$ <u>302,668.48</u>
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	5c. \$ <u>426,076.59</u>

Fill in this information to identify the case:

Debtor name Caring Hands Home Care, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **office lease, month to month, \$1500.00 per month**

State the term remaining

List the contract number of any government contract _____

**Gary Johnson
PO Box 197
Sebeka, MN 56477**

2.2. State what the contract or lease is for and the nature of the debtor's interest **office lease, month to month, \$1300.00 per month**

State the term remaining

List the contract number of any government contract _____

**Grover Lehrke
602 East 1st St
Park Rapids, MN 56470**

2.3. State what the contract or lease is for and the nature of the debtor's interest **copier lease**

State the term remaining

List the contract number of any government contract _____

**Xerox
PO Box 101019
Atlanta, GA 30392-1019**

Fill in this information to identify the case:

Debtor name Caring Hands Home Care, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Gary and Patricia Johnson	PO Box 197 Sebeka, MN 56477	Northview Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
2.2	Gary and Patricia Johnson	PO Box 197 Sebeka, MN 56477	Bremer Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Gary and Patricia Johnson	PO Box 197 Sebeka, MN 56477	Bremer Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Gary and Patricia Johnson	PO Box 197 Sebeka, MN 56477	City of Sebeka Revolving Loan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
2.5	Gary and Patricia Johnson	PO Box 197 Sebeka, MN 56477	Citizens National Bank of Park	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Caring Hands Home Care, Inc

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. 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).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

For prior year:
From **1/01/2016** to **12/31/2016**

Operating a business
 Other _____

\$1,009,104.80

For year before that:
From **1/01/2015** to **12/31/2015**

Operating a business
 Other _____

\$1,008,758.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

3.1. **Bremer Bank**
321 South 7th St
Brainerd, MN 56401

11/11/16,
12/16/16

\$7,000.00

Secured debt
 Unsecured loan repayments
 Suppliers or vendors
 Services
 Other ___

Debtor **Caring Hands Home Care, Inc**

Case number (if known) _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Pat Johnson PO Box 197 Sebeka, MN 56477 Vice President	See attached Exhibit A	\$0.00	
4.2. Gary Johnson PO Box 197 Sebeka, MN 56477 President	See attached Exhibit A	\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Debtor **Caring Hands Home Care, Inc**

Case number (if known)

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Ahlgren Law Office 220 West Washington Ave Suite 105 Fergus Falls, MN 56537	Attorney Fees	12/29/16, 1/18/17	\$15,000.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **Caring Hands Home Care, Inc**

Case number (if known) _____

Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. multiple locations	Home healthcare provider	118
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 113 Minnesota Ave Sebeka, MN 56477	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
 Yes. State the nature of the information collected and retained.

customer information including name, address, insurance information, telephone numbers, medical information and more

Does the debtor have a privacy policy about that information?
 No
 Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

Debtor **Caring Hands Home Care, Inc**

Case number (if known) _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Debtor **Caring Hands Home Care, Inc**

Case number (if known) _____

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. Clifton Larson Allen PO Bxo 648 Brainerd, MN 56401	1994-2016
26a.2. Picket & Demuth Ltd 115 North Court St Fergus Falls, MN 56537	current

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

Debtor **Caring Hands Home Care, Inc** Case number (if known) _____

- No
- Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Gary Johnson PO Box 197 Sebeka, MN 56477	See attached Exhibit A		
	Relationship to debtor President			
30.2	Pay Johnson PO Box 197 Sebeka, MN 56477	See attached Exhibit A		
	Relationship to debtor Vice President			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

Debtor Caring Hands Home Care, Inc

Case number (if known) _____

Part 14: Signature and Declaration

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.

I have examined the information in this *Statement of Financial Affairs* and any attachments 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 January 27, 2017

/s/ Patricia Johnson
Signature of individual signing on behalf of the debtor

Patricia Johnson
Printed name

Position or relationship to debtor Vice President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

No

Yes

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Caring Hands Home Care, Inc.

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01/17/17

Vendor QuickReport
January through December 2016

Type	Date	Num	M...	Account	Clr	Split	Amount
Pat Johnson							
Check	01/25/2016	44074		Cash/Northveiw Bank	X	Distribution to ...	-500.00
Check	04/08/2016	44560		Cash/Northveiw Bank	X	Distribution to ...	-1,072.08
Check	04/21/2016	44611		Cash/Northveiw Bank	X	Office Expense	-498.72
Check	04/22/2016	44596		Cash/Northveiw Bank	X	Distribution to ...	-1,430.70
Check	05/06/2016	44640		Cash/Northveiw Bank	X	Distribution to ...	-1,430.71
Check	05/18/2016	44670		Cash/Northveiw Bank	X	Distribution to ...	-1,605.52
Check	06/29/2016	44804		Cash/Northveiw Bank	X	SN Mileage	-461.65
Check	10/05/2016	45084		Cash/Northveiw Bank	X	Office Expense	-231.42
Check	10/07/2016	45074		Cash/Northveiw Bank	X	Distribution to ...	-2,500.00
Check	12/15/2016	45251		Cash/Northveiw Bank	X	Office Expense	-113.73

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Caring Hands Home Care, Inc.

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01/17/17

Vendor QuickReport
January through December 2016

Type	Date	Num	Memo	Account	Clr	Split	Amount
Gary Johnson							
Check	01/04/2016	44298		Cash/Northveiw Bank	X	Distribution to ...	-5,000.00
Check	01/08/2016	44304		Cash/Northveiw Bank	X	Distribution to ...	-2,500.00
Check	01/08/2016	44181		Cash/Northveiw Bank	X	Office Expense	-288.46
General Journal	02/01/2016	JE#558		Accounts Payable		Distribution to ...	-1,500.00
Check	02/17/2016	44414		Cash/Northveiw Bank	X	Distribution to ...	-4,000.00
Check	02/19/2016	44416		Cash/Northveiw Bank	X	Distribution to ...	-6,000.00
Check	04/01/2016	44526		Cash/Northveiw Bank	X	Miscellaneous ...	-520.38
Check	04/07/2016	44546		Cash/Northveiw Bank	X	Distribution to ...	-1,500.00
Check	04/08/2016	44559		Cash/Northveiw Bank	X	Distribution to ...	-1,593.06
Check	04/22/2016	44595		Cash/Northveiw Bank	X	Distribution to ...	-1,629.15
Check	04/29/2016	44623		Cash/Northveiw Bank	X	Distribution to ...	-1,500.00
Check	05/06/2016	44756		Cash/Northveiw Bank	X	Distribution to ...	-1,611.10
Check	05/19/2016	44755		Cash/Northveiw Bank	X	Distribution to ...	-1,605.52
Check	06/02/2016	44744		Cash/Northveiw Bank	X	Admin. Mileage	-1,466.58
Check	06/09/2016	44756		Cash/Northveiw Bank	X	Distribution to ...	-1,200.00
Check	06/16/2016	44792		Cash/Northveiw Bank	X	Distribution to ...	-1,800.00
Check	06/20/2016	44795		Cash/Northveiw Bank	X	Distribution to ...	-2,000.00
Check	06/29/2016	44803		Cash/Northveiw Bank	X	Distribution to ...	-600.00
Check	07/05/2016	44836		Cash/Northveiw Bank	X	Distribution to ...	-1,000.00
Check	07/06/2016	44797		Cash/Northveiw Bank	X	Distribution to ...	-500.00
Check	07/14/2016	44870		Cash/Northveiw Bank	X	Distribution to ...	-2,000.00
Check	08/11/2016	44942		Cash/Northveiw Bank	X	Distribution to ...	-1,500.00
Check	08/19/2016	44945		Cash/Northveiw Bank	X	Admin. Mileage	-527.55
Check	08/26/2016	44979		Cash/Northveiw Bank	X	Distribution to ...	-500.00
Check	09/22/2016	45030		Cash/Northveiw Bank	X	Distribution to ...	-1,500.00
Check	09/26/2016	45049		Cash/Northveiw Bank	X	Distribution to ...	-500.00
Check	11/01/2016	45113		Cash/Northveiw Bank	X	Distribution to ...	-3,500.00
Check	11/10/2016	45144		Cash/Northveiw Bank	X	Distribution to ...	-1,500.00
Check	11/17/2016	45179		Cash/Northveiw Bank	X	Distribution to ...	-1,000.00
Check	11/25/2016	45186		Cash/Northveiw Bank	X	Distribution to ...	-3,500.00
Check	11/29/2016	45188		Cash/Northveiw Bank	X	Distribution to ...	-1,500.00
Check	12/09/2016	45220		Cash/Northveiw Bank	X	Distribution to ...	-2,000.00
Check	12/15/2016	45250		Cash/Northveiw Bank	*	Office Expense	-192.64
Check	12/23/2016	45256		Cash/Northveiw Bank	X	Distribution to ...	-3,000.00
Bill Pmt -Check	12/28/2016	45287		Cash/Northveiw Bank	X	Accounts Paya...	-1,500.00

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01/17/17

Vendor QuickReport
January through December 2016

Type	Date	Num	Memo	Account	Clr	Split	Amount
Gary Johnson/Rent							
Check	01/01/2016	44261		Cash/Northveiw Bank	X	Rent Expense	-1,500.00
Check	04/07/2016	44545		Cash/Northveiw Bank	X	Rent Expense	-1,500.00
Check	05/01/2016	44619		Cash/Northveiw Bank	X	Rent Expense	-1,500.00
Check	06/02/2016	44743		Cash/Northveiw Bank	X	Rent Expense	-1,500.00
Check	06/06/2016	44753		Cash/Northveiw Bank	X	Rent Expense	-1,500.00
Check	06/29/2016	44802		Cash/Northveiw Bank	X	Accounts Paya...	-3,000.00
Check	09/02/2016	44986		Cash/Northveiw Bank	X	Rent Expense	-1,500.00
Bill	09/05/2016			Accounts Payable		Rent Expense	-4,500.00
Check	10/01/2016	45053		Cash/Northveiw Bank	X	Rent Expense	-1,500.00
Bill Pmt -Check	10/27/2016	45111	VOID:	Cash/Northveiw Bank	X	Accounts Paya...	0.00
Bill Pmt -Check	10/28/2016	45112		Cash/Northveiw Bank	X	Accounts Paya...	-1,500.00
General Journal	11/01/2016	JE#681		Rent Expense		Accounts Paya...	1,500.00
Check	12/01/2016	45208		Cash/Northveiw Bank	X	Rent Expense	-1,500.00

**United States Bankruptcy Court
District of Minnesota**

In re **Caring Hands Home Care, Inc**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept	\$	<u>hourly</u>
Prior to the filing of this statement I have received	\$	<u>15,000.00</u>
Balance Due	\$	<u>unknown</u>

2. The source of the compensation paid to me was:
 Debtor Other (specify)

3. The source of the compensation to be paid to me is:
 Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

- A. Analysis of the debtor’s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- D. Representation of the debtor in contested bankruptcy matters; and
- E. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

LOCAL FORM 1007-1
REVISED 06/16

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **January 27, 2017** _____

Signature of Attorney
/s/ Erik A Ahlgren

Erik A Ahlgren 191814

**United States Bankruptcy Court
District of Minnesota**

In re Caring Hands Home Care, 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
Gary Johnson Box 197 Sebeka, MN 56477			
Pat Johnson PO Box 197 Sebeka, MN 56477			

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Vice President** 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 January 27, 2017

Signature /s/ Patricia Johnson
Patricia Johnson

*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 Minnesota**

In re **Caring Hands Home Care, Inc**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Vice President 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: **January 27, 2017**

/s/ Patricia Johnson

Patricia Johnson/Vice President

Signer/Title

A-1 DISPOSAL
PO BOX 7
SAGINAW MN 55779

BREMER BANK
321 SOUTH SEVENTH ST
BRainerd MN 56401

CAN CAPITAL
2015 VAUGHN ROAD
BUILDING 500
CANTON GA 30114

CAPITAL ONE
PO BOX 6492
CAROL STREAM IL 60197-6492

CITIZENS NATIONAL BANK OF PARK
PO BOX 231
PARK RAPIDS MN 56470

CITY OF SEBEKA REVOLVING LOAN
PO BOX 305
SEBEKA MN 56477

CLIFTON LARSON ALLEN
PO BOX 648
BRainerd MN 56401-0648

FORUM COMMUNICATIONS CO
PO BOX 2020
FARGO ND 58107

FUNDING CIRCLE PARTNERS, LP
747 FRONT STREET
FLOOR 4
SAN FRANCISCO CA 94111

G&T SANITATION
PO BOX 186
SEBEKA MN 56477

GARY AND PATRICIA JOHNSON
PO BOX 197
SEBEKA MN 56477

GARY JOHNSON
PO BOX 197
SEBEKA MN 56477

GROVER LEHRKE
602 EAST 1ST ST
PARK RAPIDS MN 56470

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OP
PO BOX 7346
PHILADELPHIA PA 19101-7346

MAIN STREET MERCHANT SERVICES
ATTN: JOSEPH CERULLO
360 MOTOR PKWY, STE 200B
HAUPPAUGE NY 11788

MARJON PRINTERS INC
PO BOX 158
MENAHA MN 56464

MINNESOTA DEPARTMENT OF REV
BANKRUPTCY
PO BOX 64447
SAINT PAUL MN 55164-0447

MN DEPT OF HEALTH
PO BOX 64975
SAINT PAUL MN 55164-0975

MN DEPT OF HUMAN SERVICES
PO BOX 64998
SAINT PAUL MN 55164-0998

MOORE MEDICAL
1690 NEW BRITTEN AVE
FARMINGTON CT 06032-4066

NATIONAL GOVERNMENT SERVICES
PO BOX 6476
INDIANAPOLIS IN 46206-6474

NORTH CENTRAL MEDICAL SUPPLY
314 CHARKES ST
BRainerd MN 56401-3208

NORTHVIEW BANK
PO BOX 31
PARK RAPIDS MN 56470

ON DECK
1400 BROADWAY
NEW YORK NY 10004

SANSIO
PO BOX 3470
DULUTH MN 55803

SCANTRON CORP
PO BOX 93038
CHICAGO IL 60673-3038

SHP
PO BOX 101019
ATLANTA GA 30392-1019

SMALL BUSINESS ADMINISTRATION
355 5TH AVE S
SAINT CLOUD MN 56301

US ATTORNEY'S OFFICE
C/O ROYLENE A. CHAMPEAUX
300 S. FOURTH ST, ROOM 600
MINNEAPOLIS MN 55415

XEROX
PO BOX 101019
ATLANTA GA 30392-1019

XEROX CORPORATION
PO BOX 80255
CHICAGO IL 60680-2555

YELLOWSTONE CAPITAL LLC
1 EVERTRUST PLAZA
JERSEY CITY NJ 07302

**United States Bankruptcy Court
District of Minnesota**

In re **Caring Hands Home Care, 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 **Caring Hands Home Care, 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*]

January 27, 2017

Date

/s/ Erik A Ahlgren

Erik A Ahlgren 191814

Signature of Attorney or Litigant

Counsel for **Caring Hands Home Care, Inc**

Ahlgren Law Office

220 West Washington Ave

Suite 105

Fergus Falls, MN 56537

Fax:218-998-6404