

United States Bankruptcy Court
Eastern District of North Carolina

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):
Hi Medeq, Inc.

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):

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./Complete EIN or other Tax ID No. (if more than one, state all)
56-2032993

Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all)

Street Address of Debtor (No. & Street, City, and State):
5642 S. NC 41 HWY
Wallace, NC
ZIP Code
28466

Street Address of Joint Debtor (No. & Street, City, and State):
ZIP Code

County of Residence or of the Principal Place of Business:
Duplin

County of Residence or of the Principal Place of Business:

Mailing Address of Debtor (if different from street address):
ZIP Code

Mailing Address of Joint Debtor (if different from street address):
ZIP Code

Location of Principal Assets of Business Debtor
(if different from street address above):

Type of Debtor (Form of Organization)
(Check one box)
[ ] Individual (includes Joint Debtors)
[X] Corporation (includes LLC and LLP)
[ ] Partnership
[ ] Other (If debtor is not one of the above entities, check this box and provide the information requested below.)
State type of entity:

Nature of Business
(Check all applicable boxes.)
[ ] Health Care Business
[ ] Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
[ ] Railroad
[ ] Stockbroker
[ ] Commodity Broker
[ ] Clearing Bank
[ ] Nonprofit Organization qualified under 26 U.S.C. § 501(c)(3)

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
[ ] Chapter 7 [X] Chapter 11 [ ] Chapter 15 Petition for Recognition of a Foreign Main Proceeding
[ ] Chapter 9 [ ] Chapter 12 [ ] Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
[ ] Chapter 13

Nature of Debts (Check one box)
[ ] Consumer/Non-Business [X] Business

Filing Fee (Check one box)
[X] Full Filing Fee attached
[ ] 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.
[ ] Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Chapter 11 Debtors
Check one box:
[X] Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
[ ] Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).
Check if:
[ ] Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.

Statistical/Administrative Information \*\*\* Dean R. Davis 9191 \*\*\*
[X] Debtor estimates that funds will be available for distribution to unsecured creditors.
[ ] 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

Table with 10 columns: Estimated Number of Creditors. Rows for ranges: 1-49, 50-99, 100-199, 200-999, 1000-5000, 5001-10000, 10001-25000, 25001-50000, 50001-100000, OVER 100000. Selection: 100-199.

Table with 9 columns: Estimated Assets. Rows for ranges: \$0 to \$50,000, \$50,001 to \$100,000, \$100,001 to \$500,000, \$500,001 to \$1 million, \$1,000,001 to \$10 million, \$10,000,001 to \$50 million, \$50,000,001 to \$100 million, More than \$100 million. Selection: \$100,001 to \$500,000.

Table with 9 columns: Estimated Debts. Rows for ranges: \$0 to \$50,000, \$50,001 to \$100,000, \$100,001 to \$500,000, \$500,001 to \$1 million, \$1,000,001 to \$10 million, \$10,000,001 to \$50 million, \$50,000,001 to \$100 million, More than \$100 million. Selection: \$500,001 to \$1 million.

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Hi Medeq, Inc.</b>
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**Prior Bankruptcy Case Filed Within Last 8 Years** (If more than one, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
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**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <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> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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.</p> <p>I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy Code.</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s)                      Date</p>
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<p style="text-align: center;"><b>Exhibit C</b></p> <p>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> <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>	<p style="text-align: center;"><b>Certification Concerning Debt Counseling by Individual/Joint Debtor(s)</b></p> <p><input type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition.</p> <p><input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)</p>
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**Information Regarding the Debtor (Check the Applicable Boxes)**

**Venue** (Check any applicable box)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Statement by a Debtor Who Resides as a Tenant of Residential Property**  
*Check all applicable boxes.*

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

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

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**Hi Medeq, Inc.**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

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.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.  
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

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.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached.

Pursuant to §1511 of title 11, United States Code, 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.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney**

**X** /s/ Dean R. Davis  
Signature of Attorney for Debtor(s)

Dean R. Davis 9191  
Printed Name of Attorney for Debtor(s)

Allen, MacDonald & Davis, PLLC  
Firm Name

1508 Military Cutoff Road, Suite 102  
Wilmington, NC 28403

\_\_\_\_\_  
Address

(910) 256-6558 Fax: (910) 256-6538  
Telephone Number

September 28, 2006  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
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.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

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:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*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.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ ITALO ZANOLETTI  
Signature of Authorized Individual

ITALO ZANOLETTI  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

September 28, 2006  
Date

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re Hi Medeq, Inc.  
Debtor(s)

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

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
ACOR ORTHOPAEDIC MANAGING AGENT 18530 S. MILES PARKWAY Cleveland, OH 44128	ACOR ORTHOPAEDIC MANAGING AGENT 18530 S. MILES PARKWAY Cleveland, OH 44128			1,539.10
ADVANTA MASTERCARD OLD CANAL FINANCIAL CORP OLD CANAL ROAD Charlotte, NC 28219	ADVANTA MASTERCARD OLD CANAL FINANCIAL CORP OLD CANAL ROAD Charlotte, NC 28219	CREDIT CARD		8,180.19
APEX C/O GERALD H. GROON, JR, ESQUIRE PO BOX 26268 Raleigh, NC 27611-6268	APEX C/O GERALD H. GROON, JR, ESQUIRE PO BOX 26268 Raleigh, NC 27611-6268			5,432.10
ATHLETIC WORLD ADVERTISING PO BOX 8730 Fayetteville, AR 72703	ATHLETIC WORLD ADVERTISING PO BOX 8730 Fayetteville, AR 72703			569.97
CREST PO BOX 802565 Chicago, IL 60680	CREST PO BOX 802565 Chicago, IL 60680			1,005.48
DUPLIN GENERAL HOSPITAL MANAGING AGENT PO BOX 278 Kenansville, NC 28349	DUPLIN GENERAL HOSPITAL MANAGING AGENT PO BOX 278 Kenansville, NC 28349			1,209.00
GE CAPITAL MANAGING AGENT PO DRAWER 26268 Raleigh, NC 27611	GE CAPITAL MANAGING AGENT PO DRAWER 26268 Raleigh, NC 27611			163,444.42  (0.00 secured)
HOLMES ELECTRIC MANAGING AGENT 127 HAY STREET Fayetteville, NC 28301	HOLMES ELECTRIC MANAGING AGENT 127 HAY STREET Fayetteville, NC 28301			983.04
ITALO ZANOLETTI 5642 S NC 41 HWY Wallace, NC 28466	ITALO ZANOLETTI 5642 S NC 41 HWY Wallace, NC 28466	UNPAID RENT		92,400.00

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>JACKSON BUILDERS MANAGING AGENT PO BOX 148 Goldsboro, NC 27533</b>	<b>JACKSON BUILDERS MANAGING AGENT PO BOX 148 Goldsboro, NC 27533</b>			<b>658.97</b>
<b>KING DRUG C/O MURCHISON TAYLOR &amp; GIBSON 16 NORTH 5TH AVENUE Wilmington, NC 28401</b>	<b>KING DRUG C/O MURCHISON TAYLOR &amp; GIBSON 16 NORTH 5TH AVENUE Wilmington, NC 28401</b>			<b>152,149.50</b>
<b>KORNEGAY INSURANCE MANAGING AGENT P.O. BOX 779 Mount Olive, NC 28365</b>	<b>KORNEGAY INSURANCE MANAGING AGENT P.O. BOX 779 Mount Olive, NC 28365</b>			<b>922.78</b>
<b>NEXT MEDIA MANAGING AGENT 1361 COLONY DR New Bern, NC 28560</b>	<b>NEXT MEDIA MANAGING AGENT 1361 COLONY DR New Bern, NC 28560</b>		<b>Disputed</b>	<b>2,660.00</b>
<b>NICOLA G. SUGLIA, ESQ. PLAZA 1000 AT MARSTREET VOOHEES, NJ</b>	<b>NICOLA G. SUGLIA, ESQ. PLAZA 1000 AT MARSTREET VOOHEES, NJ</b>	<b>ATTORNEY FEES</b>		<b>24,204.06</b>
<b>PREFERED CAPITAL C/O ACKERMAN LAW FIRM PA PO BOX 241352 Charlotte, NC 28224-1352</b>	<b>PREFERED CAPITAL C/O ACKERMAN LAW FIRM PA PO BOX 241352 Charlotte, NC 28224-1352</b>			<b>25,234.38</b>
<b>PREFERRED CAPITAL MANAGING AGENT 6860 WEST SNOWVILLE Brecksville, OH 44141</b>	<b>PREFERRED CAPITAL MANAGING AGENT 6860 WEST SNOWVILLE Brecksville, OH 44141</b>	<b>LEASE NO. 007 27 27309 LEASE NO. 008 27306</b>		<b>137,327.31</b> <b>(0.00 secured)</b>
<b>PRIDE MOBILITY ANDERSON GROUP 3409 N. HULLEN ST., STE 200 Metairie, LA 70002</b>	<b>PRIDE MOBILITY ANDERSON GROUP 3409 N. HULLEN ST., STE 200 Metairie, LA 70002</b>			<b>9,314.93</b>
<b>ROSS POWELL MANAGING AGENT PO BOX 636 Rose Hill, NC 28458</b>	<b>ROSS POWELL MANAGING AGENT PO BOX 636 Rose Hill, NC 28458</b>	<b>ACCOUNTANT'S FEES</b>		<b>9,000.00</b>
<b>THE VILLAGE STORE MANAGING AGENT 5185 S. NC 41 HWY Wallace, NC 28466</b>	<b>THE VILLAGE STORE MANAGING AGENT 5185 S. NC 41 HWY Wallace, NC 28466</b>			<b>7,584.08</b>
<b>VISA BB&amp;T PO BOX 5808393</b>	<b>VISA BB&amp;T PO BOX 5808393</b>			<b>21,776.20</b>

In re Hi Medeq, Inc. Debtor(s) Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

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

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

Date September 28, 2006

Signature /s/ ITALO ZANOLETTI  
ITALO ZANOLETTI

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

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re Hi Medeq, Inc.  
Debtor

Case No. \_\_\_\_\_

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>HAZEL ZANOLETTI RESTAURANTE RES Y PEZ BLVD. MORUAZAN TEGUCIGALPA, HONDURAS</b>	<b>COMMON STOCK</b>	<b>5% OF ISSUED AND OUTSTANDING STOCK</b>	
<b>ITALO ZANOLETTI 258 RIVER RIDGE DRIVE Wallace, NC 28466</b>	<b>COMMON STOCK</b>	<b>95% OF ISSUED AND OUTSTANDING STOCK</b>	

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

I, the 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 September 28, 2006

Signature /s/ ITALO ZANOLETTI  
**ITALO ZANOLETTI**

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

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re Hi Medeq, Inc.

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the \_\_\_\_\_ 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: September 28, 2006

/s/ ITALO ZANOLETTI

ITALO ZANOLETTI/

Signer/Title



Hi Medeq, Inc. -

Dean R. Davis  
Allen, MacDonald & Davis, PLLC  
1508 Military Cutoff Road, Suite 102  
Wilmington, NC 28403

Duplin County Tax Collector  
PO Box 968  
Kenansville, NC 28349

ITALO ZANOLETTI  
5642 S NC 41 HWY  
Wallace, NC 28466

Hi Medeq, Inc.  
5642 S. NC 41 HWY  
Wallace, NC 28466

DUPLIN GENERAL HOSPITAL  
MANAGING AGENT  
PO BOX 278  
Kenansville, NC 28349

JACKSON BUILDERS  
MANAGING AGENT  
PO BOX 148  
Goldsboro, NC 27533

ACOR ORTHOPAEDIC  
MANAGING AGENT  
18530 S. MILES PARKWAY  
Cleveland, OH 44128

EMANUAL & DUNN  
MANAGING AGENT  
PO BOX 1389  
New Bern, NC 28563

KING DRUG  
C/O MURCHISON TAYLOR & GIBS  
16 NORTH 5TH AVENUE  
Wilmington, NC 28401

ADVANTA MASTERCARD  
OLD CANAL FINANCIAL CORP  
OLD CANAL ROAD  
Charlotte, NC 28219

EMPLOYMENT SECURITY COMMISSION  
PO BOX 26504  
Raleigh, NC 27611

KORNEGAY INSURANCE  
MANAGING AGENT  
P.O. BOX 779  
Mount Olive, NC 28365

ALLTEL  
C/O FIRST COLLECTION SERVICE  
10925 OTTER CREEK E. BLVD.  
Mabelvale, AR 72103

FLEET CAPITAL LEASING  
MANAGING AGENT  
309 W. BIG BEAVER ROAD, STE 400  
TROY, MI 48004

MINE SULTY APLIANCES COMPA  
MANAGING AGENT  
PO BOX 426  
Pittsburgh, PA 15230-0425

APEX  
C/O GERALD H. GROON, JR, ESQUIRE  
PO BOX 26268  
Raleigh, NC 27611-6268

GE CAPITAL  
MANAGING AGENT  
PO DRAWER 26268  
Raleigh, NC 27611

NEXT MEDIA  
MANAGING AGENT  
1361 COLONY DR  
New Bern, NC 28560

ATHLETIC WORLD ADVERTISING  
PO BOX 8730  
Fayetteville, AR 72703

GMAC  
MANAGING AGENT  
PO BOX 830069  
Baltimore, MD 21283

NICOLA G. SUGLIA, ESQ.  
PLAZA 1000 AT MARSTREET  
VOOHEES, NJ

CLARK, BUTLER, WALSH & HAMAN  
10 W. 4TH STREET  
Waterloo, IA 50704

HOLMES ELECTRIC  
MANAGING AGENT  
127 HAY STREET  
Fayetteville, NC 28301

NORTH CAROLINA DEPART OF R  
OFFICE SERVICES DIV, BANKRUPU  
PO BOX 1168  
Raleigh, NC 27602-1168

CREST  
PO BOX 802565  
Chicago, IL 60680

INTERNAL REVENUE SERVICE  
PO BOX 21126  
Philadelphia, PA 19114

PREFERED CAPITAL  
C/O ACKERMAN LAW FIRM PA  
PO BOX 241352  
Charlotte, NC 28224-1352

Hi Medeq, Inc. -

PREFERRED CAPITAL  
MANAGING AGENT  
6860 WEST SNOWVILLE  
Brecksville, OH 44141

PRIDE MOBILITY  
ANDERSON GROUP  
3409 N. HULLEN ST., STE 200  
Metairie, LA 70002

ROSS POWELL  
MANAGING AGENT  
PO BOX 636  
Rose Hill, NC 28458

SECRETARY OF THE TREASURY  
1500 PENNSYLVANIA AVE., N.W.  
Washington, DC 20220

SECURITIES & EXCHANGE COMMISSION  
BRANCH OF REORGANIZATION, STE. 1000  
3475 LENNOX ROAD, N.E.  
Atlanta, GA 30326-1232

THE VILLAGE STORE  
MANAGING AGENT  
5185 S. NC 41 HWY  
Wallace, NC 28466

UNITED STATES ATTORNEY  
STE 800, FEDERAL BUILDING  
310 NEW BERN AVENUE  
Raleigh, NC 27601-1461

VGM  
MANAGING AGENT  
111 W. SAN MARNAN DRIVE  
Waterloo, IA 50701

VISA  
BB&T  
PO BOX 5808393

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re Hi Medeq, 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 Hi Medeq, 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*]

**September 28, 2006**

Date

**/s/ Dean R. Davis**

**Dean R. Davis 9191**

Signature of Attorney or Litigant  
Counsel for **Hi Medeq, Inc.**

**Allen, MacDonald & Davis, PLLC  
1508 Military Cutoff Road, Suite 102  
Wilmington, NC 28403  
(910) 256-6558 Fax:(910) 256-6538**