

**United States Bankruptcy Court  
Eastern District of North Carolina-Wilson Division**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): Carolina East Cardiology, PC	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. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 20-4539903	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 2315-A Executive Circle Greenville, NC <div style="text-align: right; margin-top: 5px;">                     ZIP Code                      27834                 </div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;">                     ZIP Code                 </div>
County of Residence or of the Principal Place of Business: Pitt	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">                     ZIP Code                 </div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">                     ZIP Code                 </div>

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

<p align="center"><b>Type of Debtor</b> (Form of Organization) (Check one box)</p> <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<p align="center"><b>Nature of Business</b> (Check one box)</p> <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<p align="center"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)</p> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<p align="center"><b>Tax-Exempt Entity</b> (Check box, if applicable)</p> <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<p align="center"><b>Nature of Debts</b> (Check one box)</p> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

<p align="center"><b>Filing Fee</b> (Check one box)</p> <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<p align="center"><b>Chapter 11 Debtors</b></p> <p>Check one box:</p> <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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**Statistical/Administrative Information**

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.

Estimated Number of Creditors

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000

Estimated Assets

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

Estimated Liabilities

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

THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Carolina East Cardiology, PC
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><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. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

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.

**Certification 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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# Voluntary Petition

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

Name of Debtor(s):  
Carolina East Cardiology, PC

### 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 11 U.S.C. §342(b).  
  
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 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

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

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

\_\_\_\_\_  
Date

#### Signature of Attorney\*

**X** /s/ Trawick H. Stubbs, Jr.  
Signature of Attorney for Debtor(s)

Trawick H. Stubbs, Jr. 4221  
Printed Name of Attorney for Debtor(s)

Stubbs & Perdue, P.A.  
Firm Name  
PO Box 1654  
New Bern, NC 28563

\_\_\_\_\_  
Address

252-633-2700  
Telephone Number

May 14, 2008  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### 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 19 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/ Jose Jacob  
Signature of Authorized Individual

Jose Jacob  
Printed Name of Authorized Individual

President  
Title of Authorized Individual

May 14, 2008  
Date

**United States Bankruptcy Court**  
**Eastern District of North Carolina-Wilson Division**

In re Carolina East Cardiology, PC

Debtor(s)

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

Chapter 11

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

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Cardinal Health Nuclear Attn: Manager or Agent PO Box 905488 Charlotte, NC 28290-5488	Cardinal Health Nuclear Attn: Manager or Agent PO Box 905488 Charlotte, NC 28290-5488			25,931.78
One Source Solutions Attn: Manager or Agent P.O. Box 15390 Wilmington, NC 28408	One Source Solutions Attn: Manager or Agent P.O. Box 15390 Wilmington, NC 28408			21,000.00
Parson Bishop National Attn: Manager or Agent 7870 Camargo Rd Cincinnati, OH 45243	Parson Bishop National Attn: Manager or Agent 7870 Camargo Rd Cincinnati, OH 45243			16,650.75
Internal Revenue Service Attn: Insolvency I 320 Federal Place Greensboro, NC 27402	Internal Revenue Service Attn: Insolvency I 320 Federal Place Greensboro, NC 27402			13,122.99
Dixon Hughes Attn: Manager or Agent 1003 Red Banks Road Greenville, NC 27858	Dixon Hughes Attn: Manager or Agent 1003 Red Banks Road Greenville, NC 27858			12,000.00
Executive Personnel Group Attn: Manager or Agent 1909 E Firetower Rd SteE Greenville, NC 27858	Executive Personnel Group Attn: Manager or Agent 1909 E Firetower Rd SteE Greenville, NC 27858			4,705.00
A+Medical Business Serv Attn: Manager or Agent PO Box 914 Morehead City, NC 28557	A+Medical Business Serv Attn: Manager or Agent PO Box 914 Morehead City, NC 28557			4,230.40 (0.00 secured)
Astellas Pharma US Attn: Manager or Agent 88217 Expedite Way Chicago, IL 60695-0001	Astellas Pharma US Attn: Manager or Agent 88217 Expedite Way Chicago, IL 60695-0001			4,022.10
Liquidebt Systems, Inc. Attn: Manager or Agent 29W 110Butterfield Ste108 Warrenville, IL 60555	Liquidebt Systems, Inc. Attn: Manager or Agent 29W 110Butterfield Ste108 Warrenville, IL 60555			3,802.20

Debtor(s)

**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>
NC Dept of Revenue Attn: Manager or Agent PO Box 25000 Raleigh, NC 27640	NC Dept of Revenue Attn: Manager or Agent PO Box 25000 Raleigh, NC 27640			3,147.60
Atlantic Carolina Attn: Manager or Agent 2719 B&C Neuse Blvd. New Bern, NC 28561	Atlantic Carolina Attn: Manager or Agent 2719 B&C Neuse Blvd. New Bern, NC 28561			2,772.73
Dr. Daniel Crocker 1041 Noell Lane Rocky Mount, NC 27801	Dr. Daniel Crocker 1041 Noell Lane Rocky Mount, NC 27801			2,000.00
Ward & Smith, P.A. Attn: Managing Agent PO Box 867 New Bern, NC 28563	Ward & Smith, P.A. Attn: Managing Agent PO Box 867 New Bern, NC 28563			2,000.00
Absolute Imaging Solution Attn: Manager or Agent PO Box 687 Oak Ridge, NC 27310	Absolute Imaging Solution Attn: Manager or Agent PO Box 687 Oak Ridge, NC 27310			1,970.00
ADT Security Services Attn: Manager or Agent PO Box 96175 Las Vegas, NV 89193	ADT Security Services Attn: Manager or Agent PO Box 96175 Las Vegas, NV 89193			1,914.14
NET Technologies, LLC Attn: Manager or Agent 1651 S Wesleyan Blvd Rocky Mount, NC 27803	NET Technologies, LLC Attn: Manager or Agent 1651 S Wesleyan Blvd Rocky Mount, NC 27803			1,890.01
Cardinal Health Med Prod Attn: Manager or Agent 7000 Cardinal PI Metro 3 Dublin, OH 43017-1091	Cardinal Health Med Prod Attn: Manager or Agent 7000 Cardinal PI Metro 3 Dublin, OH 43017-1091			1,866.38
Lisa F. Greenberg 841 Merrick Road Baldwin, NY 11510	Lisa F. Greenberg 841 Merrick Road Baldwin, NY 11510			1,637.11
Tarheel Physican's Supply Attn: Manager or Agent PO Box 3516 AzaleaStation Wilmington, NC 28406-0516	Tarheel Physican's Supply Attn: Manager or Agent PO Box 3516 AzaleaStation Wilmington, NC 28406-0516			1,391.93
Mega Force Attn: Manager or Agent 216 E Arlington Blvd Greenville, NC 27834	Mega Force Attn: Manager or Agent 216 E Arlington Blvd Greenville, NC 27834			1,359.30

In re Carolina East Cardiology, PC  
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 President 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 May 14, 2008

Signature /s/ Jose Jacob  
Jose Jacob  
President

*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-Wilson Division**

In re Carolina East Cardiology, PC

Debtor(s)

Case No.  
Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the 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: May 14, 2008

/s/ Jose Jacob

Jose Jacob/President  
Signer/Title

CAROLINA EAST CARDIOLOGY, PC  
2315-A EXECUTIVE CIRCLE  
GREENVILLE, NC 27834

TRAWICK H. STUBBS, JR.  
STUBBS & PERDUE, P.A.  
PO BOX 1654  
NEW BERN, NC 28563

SECRETARY OF TREASURY  
ATTN: MANAGING AGENT  
1500 PENNSYLVANIA AVE NW  
WASHINGTON, DC 20220

BRANCH OF REORGANIZATION  
ATTN: MANAGING AGENT  
3475 LENOX ROAD NE #1000  
ATLANTA, GA 30326

INTERNAL REVENUE SERVICE  
PO BOX 21126  
PHILADELPHIA, PA 19114

EMPLOYMENT SECURITY COM.  
ATTN: MANAGING AGENT  
PO BOX 25903  
RALEIGH, NC 27611

NC DEPT. OF REVENUE  
ATTN: MANAGING AGENT  
PO BOX 25000  
RALEIGH, NC 27640

UNITED STATES ATTORNEY  
310 NEW BERN AVENUE  
FEDERAL BLDG SUITE 800  
RALEIGH, NC 27601-1461

A+MEDICAL BUSINESS SERV  
ATTN: MANAGER OR AGENT  
PO BOX 914  
MOREHEAD CITY, NC 28557

ABSOLUTE IMAGING SOLUTION  
ATTN: MANAGER OR AGENT  
PO BOX 687  
OAK RIDGE, NC 27310

ADT SECURITY SERVICES  
ATTN: MANAGER OR AGENT  
PO BOX 96175  
LAS VEGAS, NV 89193

ASTELLAS PHARMA US  
ATTN: MANAGER OR AGENT  
88217 EXPEDITE WAY  
CHICAGO, IL 60695-0001

ATLANTIC CAROLINA  
ATTN: MANAGER OR AGENT  
2719 B&C NEUSE BLVD.  
NEW BERN, NC 28561

BRISTOL-MYERS SQUIBB  
ATTN: MANAGER OR AGENT  
331 TREBLE COVE RD.  
NORTH BILLERICA, MA 01862

CAMBRIDGE HEART, INC.  
ATTN: MANAGER OR AGENT  
1 OAK PARK DRIVE  
BEDFORD, MA 01730

CARDINAL HEALTH MED PROD  
ATTN: MANAGER OR AGENT  
7000 CARDINAL PL METRO 3  
DUBLIN, OH 43017-1091

CARDINAL HEALTH NUCLEAR  
ATTN: MANAGER OR AGENT  
PO BOX 905488  
CHARLOTTE, NC 28290-5488

COECO OFFICE SYSTEMS  
ATTN: MANAGER OR AGENT  
PO BOX 2425  
GREENVILLE, NC 27836

DR. DANIEL CROCKER  
1041 NOELL LANE  
ROCKY MOUNT, NC 27801

DAILY REFLECTOR, INC.  
ATTN: MANAGER OR AGENT  
202 W FIRETOWER ROAD  
WINTERVILLE, NC 28590

DIXON HUGHES  
ATTN: MANAGER OR AGENT  
1003 RED BANKS ROAD  
GREENVILLE, NC 27858

ENS  
ATTN: MANAGER OR AGENT  
1755 TELSTAR DR STE 400  
COLORADO SPRINGS, CO 80902

EXECUTIVE PERSONNEL GROUP  
ATTN: MANAGER OR AGENT  
1909 E FIRETOWER RD STEE  
GREENVILLE, NC 27858

LISA F. GREENBERG  
841 MERRICK ROAD  
BALDWIN, NY 11510

INDUSTRY IMEDGE  
ATTN: MANAGER OR AGENT  
315 S. EVANS STREET  
GREENVILLE, NC 27834

INTERNAL REVENUE SERVICE  
ATTN: INSOLVENCY I  
320 FEDERAL PLACE  
GREENSBORO, NC 27402

CRYSTAL JACOB  
3550 NC HWY 43 N  
GREENVILLE, NC 27834



JOSE JACOB, M.D.  
3550 NC HWY 43 N  
GREENVILLE, NC 27834

LANDAUER, INC.  
ATTN: MANAGER OR AGENT  
2 SCIENCE RAOD  
GLENWOOD, IL 60425

LIQUIDEBT SYSTEMS, INC.  
ATTN: MANAGER OR AGENT  
29W 110BUTTERFIELD STE108  
WARRENVILLE, IL 60555

MEGA FORCE  
ATTN: MANAGER OR AGENT  
216 E ARLINGTON BLVD  
GREENVILLE, NC 27834

MYSYS  
ATTN: MANAGER OR AGENT  
8529 SIX FORKS RD  
RALEIGH, NC 27615

NASSAU ASSET MANAGEMENT  
ATTN: MANAGER OR AGENT  
844 FRANKLIN ST STE5A  
WRENTHAM, MA 02093

NET TECHNOLOGIES, LLC  
ATTN: MANAGER OR AGENT  
1651 S WESLEYAN BLVD  
ROCKY MOUNT, NC 27803

ONE SOURCE SOLUTIONS  
ATTN: MANAGER OR AGENT  
P.O. BOX 15390  
WILMINGTON, NC 28408

PARSON BISHOP NATIONAL  
ATTN: MANAGER OR AGENT  
7870 CAMARGO RD  
CINCINNATI, OH 45243

PITNEY BOWES  
ATTN: MANAGER OR AGENT  
PO BOX 856042  
LOUISVILLE, KY 40285

PITT CO MEMORIAL HOSPITAL  
ATTN: MANAGER OR AGENT  
2000 VENTURE TOWER DR.  
GREENVILLE, NC 27835

SELECT BANK & TRUST  
ATTN: MANAGER OR AGENT  
3600 CHARLES BLVD  
GREENVILLE, NC 27858

SUDDENLINK  
ATTN: MANAGER OR AGENT  
2120 W. ARLINGTON BLVD  
GREENVILLE, NC 27834

TARHEEL PHYSICIAN'S SUPPLY  
ATTN: MANAGER OR AGENT  
PO BOX 3516 AZALEASTATION  
WILMINGTON, NC 28406-0516

WARD & SMITH, P.A.  
ATTN: MANAGING AGENT  
PO BOX 867  
NEW BERN, NC 28563

WILLIAM D. HARAZIN, PLLC  
ATTN: MANAGER OR AGENT  
434FAYETTEVILLEST STE2404  
RALEIGH, NC 27601

YELLOW PAGES DIRECTORY  
ATTN: MANAGER OR AGENT  
PO BOX 5045577  
SAINT LOUIS, MO 63150