

B1 (Official Form 1)(4/10)

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

Voluntary Petition

| | |
|---|---|
| Name of Debtor (if individual, enter Last, First, Middle): Lisa Dee's Florist, 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. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 56-1731688 | 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): 6845 Knightdale Blvd Knightdale, NC ZIP Code 27545 | Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code |
| County of Residence or of the Principal Place of Business: Wake | County of Residence or of the Principal Place of Business: |
| Mailing Address of Debtor (if different from street address): PO Box 129 Knightdale, NC ZIP Code 27545 | 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): 6845 Kinghtdale Blvd Knightdale, NC 27545 | |

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

| | |
|--|---|
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" 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 \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |
|--|---|

| | |
|---|----------------------------------|
| Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000 | |
| Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | |
| Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | |

| | | | |
|---|---|---|--|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | | Name of Debtor(s): Lisa Dee's Florist, Inc. | |
| 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: Murray, Ricky V. & Connie B. | Case Number: 10-10143 | Date Filed: 12/10/10 | |
| District: Eastern District | Relationship: Affiliate | Judge: S. Humrickhouse | |
| Exhibit A (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.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. | Exhibit B <small>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</small> 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). X _____ Signature of Attorney for Debtor(s) (Date) | | |
| 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? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> 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) | | | |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action 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) | | | |
| <input type="checkbox"/> 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) | | | |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> 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. <input type="checkbox"/> 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):
Lisa Dee's Florist, Inc.

Signatures

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

Signature of a Foreign Representative

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.

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 Debtor

X _____
 Signature of Foreign Representative

X _____
 Signature of Joint Debtor

 Printed Name of Foreign Representative

 Telephone Number (If not represented by attorney)

 Date

 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 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 Attorney*

X /s/ George Mason Oliver
 Signature of Attorney for Debtor(s)

George Mason Oliver 26587
 Printed Name of Attorney for Debtor(s)

Oliver and Friesen, PLLC
 Firm Name

PO Box 1548
New Bern, NC 28563

 Address

252-633-1930 Fax: 252-633-1950
 Telephone Number

June 27, 2011
 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 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/ Ricky V. Murray
 Signature of Authorized Individual

Ricky V. Murray
 Printed Name of Authorized Individual

President
 Title of Authorized Individual

June 27, 2011
 Date

 Date

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Eastern District of North Carolina

In re Lisa Dee's Florist, 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, 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> |
| Advanta Attn: Manager or Agent PO Box 8088 Philadelphia, PA 19101-8088 | Advanta Attn: Manager or Agent PO Box 8088 Philadelphia, PA 19101-8088 | | | 27,464.40 |
| AT&T Attn: Manager or Agent PO Box 105024 Atlanta, GA 30348 | AT&T Attn: Manager or Agent PO Box 105024 Atlanta, GA 30348 | | | 35,614.17 |
| Bank of America Attn: Manager or Agent PO Box 15710 Wilmington, DE 19886-5710 | Bank of America Attn: Manager or Agent PO Box 15710 Wilmington, DE 19886-5710 | | | 29,252.72 |
| Bank of America Attn: Manager or Agent PO Box 15025 Wilmington, DE 19886-5025 | Bank of America Attn: Manager or Agent PO Box 15025 Wilmington, DE 19886-5025 | | | 84,000.00 |
| Bank of America Attn: Manager or Agent PO Box 15710 Wilmington, DE 19886-5710 | Bank of America Attn: Manager or Agent PO Box 15710 Wilmington, DE 19886-5710 | | | 19,443.01 |
| Bank of America Attn: Manager or Agent PO Box 15710 Wilmington, DE 19886-5710 | Bank of America Attn: Manager or Agent PO Box 15710 Wilmington, DE 19886-5710 | | | 6,130.95 |
| Bank of America Attn: Manager or Agent PO Box 15019 Wilmington, DE 19886-5019 | Bank of America Attn: Manager or Agent PO Box 15019 Wilmington, DE 19886-5019 | | | 6,062.14 |
| BB&T Attn: Manager or Agent PO Box 580340 Charlotte, NC 28258-0340 | BB&T Attn: Manager or Agent PO Box 580340 Charlotte, NC 28258-0340 | | | 20,250.46 |
| BB&T Attn: Manager or Agent PO Box 580003 Charlotte, NC 28258 | BB&T Attn: Manager or Agent PO Box 580003 Charlotte, NC 28258 | | | 2,032,480.01 |

B4 (Official Form 4) (12/07) - Cont.
 In re Lisa Dee's Florist, Inc.

Case No. _____

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> |
| BB&T Attn: Manager or Agent PO Box 580050 Charlotte, NC 28258 | BB&T Attn: Manager or Agent PO Box 580050 Charlotte, NC 28258 | | | 97,000.00 |
| Capital One Attn: Manager or Agent PO Box 30273 Salt Lake City, UT 84130-0273 | Capital One Attn: Manager or Agent PO Box 30273 Salt Lake City, UT 84130-0273 | | | 78,497.00 |
| Capital One Attn: Manager or Agent PO Box 71083 Charlotte, NC 28272-1083 | Capital One Attn: Manager or Agent PO Box 71083 Charlotte, NC 28272-1083 | | | 7,185.98 |
| Chase Attn: Manager or Agent PO Box 15153 Wilmington, DE 19886-5153 | Chase Attn: Manager or Agent PO Box 15153 Wilmington, DE 19886-5153 | | | 37,420.19 |
| Cleveland Plant & Flower Attn: Manager or Agent 12920 Corporate Dr Cleveland, OH 44130 | Cleveland Plant & Flower Attn: Manager or Agent 12920 Corporate Dr Cleveland, OH 44130 | | | 11,701.09 |
| First Equity Attn: Manager or Agent PO Box 84075 Columbus, GA 31908-4075 | First Equity Attn: Manager or Agent PO Box 84075 Columbus, GA 31908-4075 | | | 10,648.00 |
| Green Sky Attn: Manager or Agent PO Box 724907 Atlanta, GA 31139 | Green Sky Attn: Manager or Agent PO Box 724907 Atlanta, GA 31139 | | | 18,500.00 |
| Internal Revenue Service Attn: Insolvency I 320 Federal Place Greensboro, NC 27402 | Internal Revenue Service Attn: Insolvency I 320 Federal Place Greensboro, NC 27402 | | | 25,000.00 |
| Lowes Home Improvement Attn: Manager or Agent PO Box 530970 Atlanta, GA 30353-0970 | Lowes Home Improvement Attn: Manager or Agent PO Box 530970 Atlanta, GA 30353-0970 | | | 18,947.66 |
| NC Dept of Revenue Attn: Managing Agent PO Box 25000 Raleigh, NC 27640 | NC Dept of Revenue Attn: Managing Agent PO Box 25000 Raleigh, NC 27640 | | | 22,000.00 |
| Roy Houff Company Attn: Manager or Agent 62 South Oak Park Ave Chicago, IL 60638 | Roy Houff Company Attn: Manager or Agent 62 South Oak Park Ave Chicago, IL 60638 | | | 41,799.93 |

B4 (Official Form 4) (12/07) - Cont.
In re **Lisa Dee's Florist, Inc.**

Case No. _____

Debtor(s)

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 **June 27, 2011** _____

Signature **/s/ Ricky V. Murray** _____
Ricky V. Murray
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**

In re **Lisa Dee's Florist, Inc.**

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: **June 27, 2011**

/s/ Ricky V. Murray

Ricky V. Murray/President

Signer/Title

LISA DEE'S FLORIST, INC.
PO BOX 129
KNIGHTDALE, NC 27545

GEORGE MASON OLIVER
OLIVER AND FRIESEN, PLLC
PO BOX 1548
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 RD NE#1000
ATLANTA, GA 30326

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

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

ADVANTA
ATTN: MANAGER OR AGENT
PO BOX 8088
PHILADELPHIA, PA 19101-8088

AERIAL BOUQUETS
ATTN: MANAGER OR AGENT
PO BOX 266
PIGGOTT, AR 72454

AT&T
ATTN: MANAGER OR AGENT
PO BOX 105024
ATLANTA, GA 30348

BANK OF AMERICA
ATTN: MANAGER OR AGENT
PO BOX 15025
WILMINGTON, DE 19886-5025

BANK OF AMERICA
ATTN: MANAGING AGENT
PO BOX 15019
WILMINGTON, DE 19886-5019

BANK OF AMERICA
ATTN: MANAGER OR AGENT
PO BOX 15710
WILMINGTON, DE 19886-5710

BANK OF AMERICA
ATTN: MANAGER OR AGENT
PO BOX 15019
WILMINGTON, DE 19886-5019

BB&T
ATTN: MANAGER OR AGENT
PO BOX 580050
CHARLOTTE, NC 28258

BB&T
ATTN: MANAGER OR AGENT
PO BOX 580340
CHARLOTTE, NC 28258-0340

BB&T
ATTN: MANAGER OR AGENT
PO BOX 580003
CHARLOTTE, NC 28258

CAPITAL ONE
ATTN: MANAGER OR AGENT
PO BOX 30273
SALT LAKE CITY, UT 84130-0273

CAPITAL ONE
ATTN: MANAGER OR AGENT
PO BOX 71083
CHARLOTTE, NC 28272-1083

CHASE
ATTN: MANAGER OR AGENT
PO BOX 15153
WILMINGTON, DE 19886-5153

CLEVELAND PLANT & FLOWER
ATTN: MANAGER OR AGENT
12920 CORPORATE DR
CLEVELAND, OH 44130

FIRST EQUITY
ATTN: MANAGER OR AGENT
PO BOX 84075
COLUMBUS, GA 31908-4075

FLORA MAX
ATTN: MANAGER AGENT
1110 N. BOULEVARD
RICHMOND, VA 23230

FTD
ATTN: MANAGER OR AGENT
3113 WOODCREEK DRIVE
DOWNERS GROVE, IL 60515

GREEN SKY
ATTN: MANAGER OR AGENT
PO BOX 724907
ATLANTA, GA 31139

HOME DEPOT
ATTN: MANAGER OR AGENT
PO BOX 6029
THE LAKES, NV 88901-6022

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

LOCAL EDGE
ATTN: MANAGER OR AGENT
PO BOX 5168
BUFFALO, NY 14240

LOWES HOME IMPROVEMENT
ATTN: MANAGER OR AGENT
PO BOX 530970
ATLANTA, GA 30353-0970

MULTI PACKAGING
ATTN: MANAGER OR AGENT
75 REMITTANCE DR STE 3111
CHICAGO, IL 60675-3111

CONNIE MURRAY
3605 CANTER LANE
RALEIGH, NC 27604

RICKY MURRAY
3605 CANTER LANE
RALEIGH, NC 27604

RICKY & CONNIE MURRAY
3605 CANTER LANE
RALEIGH, NC 27604

WILLIAM V. MURRAY
100 LEE STREET
KNIGHTDALE, NC 27545

ROY HOUFF COMPANY
ATTN: MANAGER OR AGENT
62 SOUTH OAK PARK AVE
CHICAGO, IL 60638

RUSSELL STOVER CANDY
ATTN: MANAGER OR AGENT
PO BOX 803888
KANSAS CITY, MO 64180-3888

SAM'S CLUB
ATTN: MANAGER OR AGENT
PO BOX 530981
ATLANTA, GA 30353-0981

SHELL FLEET CARD
ATTN: MANAGER OR AGENT
PO BOX 689010
DES MOINES, IA 50368

SPRINT
ATTN: MANAGER OR AGENT
P.O. BOX 4181
CAROL STREAM, IL 60197