

Fill in this information to identify your case:

United States Bankruptcy Court for the:
 EASTERN DISTRICT OF NORTH CAROLINA

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 Johnston Ambulance Service, Inc.

2. All other names debtor used in the last 8 years
 Include any assumed names, trade names and *doing business as* names
FKA Johnston County Ambulance Services, Inc.

3. Debtor's federal Employer Identification Number (EIN) 56-1259528

4. Debtor's address

	Principal place of business	Mailing address, if different from principal place of business
	<u>2803 Hwy 70 West</u> <u>Goldsboro, NC 27530</u> <small>Number, Street, City, State & ZIP Code</small>	_____
	<u>Wayne</u> <small>County</small>	Location of principal assets, if different from principal place of business

		<small>Number, Street, City, State & ZIP Code</small>

5. Debtor's website (URL) http://www.jas-online.org

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

Debtor **Johnston Ambulance Service, 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 **Johnston Ambulance Service, 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 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 checked="" 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 checked="" 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 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 checked="" 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 type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Johnston Ambulance Service, Inc.**
Name

Case number (if known)

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 **November 10, 2016**
MM / DD / YYYY

X /s/ Maynard E. Price
Signature of authorized representative of debtor

Title **President**

Maynard E. Price
Printed name

18. Signature of attorney

X /s/ Jason L. Hendren
Signature of attorney for debtor

Date **November 10, 2016**
MM / DD / YYYY

Jason L. Hendren
Printed name

Hendren, Redwine & Malone, PLLC
Firm name

**4600 Marriott Drive
Suite 150
Raleigh, NC 27612**
Number, Street, City, State & ZIP Code

Contact phone **(919) 420-7867** Email address **jhendren@hendrenmalone.com**

NC State Bar 26869
Bar number and State

Fill in this information to identify the case:

Debtor name Johnston Ambulance Service, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

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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 November 10, 2016

X /s/ Maynard E. Price

Signature of individual signing on behalf of debtor

Maynard E. Price

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Johnston Ambulance Service, Inc.
 United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA
 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
American Express Attn: Managing Agent P.O. Box 1270 Newark, NJ 07101		credit card debt				\$25,672.28
Applied Underwriters Attn: Managing Agent 10805 Old Mill Road Omaha, NE 68154		business debt				\$578,912.00
Beneficial Equipment Finance Attn: Managing Agent 165 Pottstown Pike Chester Springs, PA 19425		business debt				\$65,000.00
Classic Ford Attn: Managing Agent 1698 Booker Dairy Road Smithfield, NC 27577		business debt				\$26,354.36
Cornerstone Custom Printing Attn: Managing Agent 149 Claire Drive Clayton, NC 27520		business debt				\$21,616.49
ESO Solutions Attn: Managing Agent P.O. Box 670324 Dallas, TX 75267-0324		business debt				\$168,283.20

Debtor Johnston Ambulance Service, 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
EverDixie, USA Attn: Managing Agent 10101 Foster Avenue Brooklyn, NY 11236		business debt				\$54,341.79
First Insurance Funding Corp. Attn: Managing Agent P.O. Box 7000 Carol Stream, IL 60197-7000		business debt				\$54,667.24
Global RCP, LLC Attn: Managing Agent P.O. Box 11094 Pittsburgh, PA 15237		business debt				\$26,800.00
Great American Financial Service Co Attn: Managing Agent P.O. Box 600831 Dallas, TX 75266-0831		business debt	Disputed			\$63,053.81
Green Shoot Group, LLC Attn: Managing Agent 2054-423 Kildaire Farm Road Cary, NC 27518		business debt				\$33,885.50
HWB, Inc. Attn: Managing Agent P.O. Box 2063 Goldsboro, NC 27533		rent for Goldsboro location				\$56,100.00
NexTrax Attn: Managing Agent P.O. Box 538566 Atlanta, GA 30358		business debt				\$26,917.00
Northwestern Emergency Attn: Managing Agent P.O. Box 790 Jefferson, NC 28640		business debt				\$119,500.00

Debtor **Johnston Ambulance Service, 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
Sprint Wireless Attn: Managing Agent P.O. Box 4181 Carol Stream, IL 60197-4181		utilities				\$30,172.25
US Cellular Attn: Managing Agent Dept 0205 Palatine, IL 60055		utilities				\$37,442.73
Verizon Wireless Attn: Managing Agent P.O. Box 600108 Dallas, TX 75266-0108		utilities				\$22,419.10
Williams Mullen Attn: Managing Agent P.O. Box 1000 Raleigh, NC 27602		legal fees				\$28,896.75
Zoll Data Systems, Inc. Attn: Gerald Groon, Jr. P.O. Box 26268 Raleigh, NC 27611		Judgment Wake Co. 16 CVD 3923	Disputed			\$156,352.29
Zurich American Insurance Company Strauch Green & Mistretta, PC 530 N. Trade Street, Suite 303 Winston Salem, NC 27101		business debt	Disputed			\$118,794.20

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Debtor name Johnston Ambulance Service, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

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>8,357,928.97</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>8,357,928.97</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>3,834,368.47</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>73,309.25</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>4,385,697.10</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>8,293,374.82</u>

Fill in this information to identify the case:

Debtor name Johnston Ambulance Service, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

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

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2.	Cash on hand		\$5.00
3.	Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>Select Bank</u>	<u>Checking- Operating</u>	<u>2922</u> <u>\$283.82</u>
3.2.	<u>BB&T</u>	<u>Checking</u>	<u>0552</u> <u>\$11,667.15</u>
3.3.	<u>Select Bank</u>	<u>Checking- Payroll</u>	<u>6238</u> <u>\$0.00</u>
3.4.	<u>BB&T</u>	<u>Savings</u>	<u>5821</u> <u>\$0.00</u>
4.	Other cash equivalents (<i>Identify all</i>)		
5.	Total of Part 1.	\$11,955.97	
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

Debtor Johnston Ambulance Service, Inc.
Name

Case number (If known) _____

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

7. Deposits, including security deposits and utility deposits
Description, including name of holder of deposit

7.1. Duke Energy (Goldsboro Location) \$1,200.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent
Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$1,200.00

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

11a. 90 days old or less: 2,837,297.00 - 400,000.00 = \$2,437,297.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 3,862,166.00 - 681,000.00 = \$3,181,166.00
face amount doubtful or uncollectible accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,618,463.00

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.

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

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

- No. Go to Part 8.

Debtor Johnston Ambulance Service, Inc.
Name

Case number (If known) _____

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 Office Furniture	Unknown	N/A	\$115,650.00
40.	Office fixtures Four (4) coffee pots, ten (10) refrigerators, seven (7) microwaves, one (1) toaster, five (5) grills	Unknown	N/A	\$2,000.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Office Equipment	Unknown	N/A	\$91,410.00
42.	Collectibles <i>Examples:</i> 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.			\$209,060.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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			
47.1.	Vehicles/Ambulances	Unknown	N/A	\$678,000.00
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> 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) Medical Equipment	Unknown	N/A	\$1,670,000.00

Debtor **Johnston Ambulance Service, Inc.**
Name

Case number (If known) _____

Auto Equipment and Tools _____ **Unknown** **N/A** _____ **\$114,000.00**

51. **Total of Part 8.**
 Add lines 47 through 50. Copy the total to line 87.

\$2,462,000.00

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.

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.

Current value of debtor's interest

- 71. **Notes receivable**
Description (include name of obligor)
- 72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
- 73. **Interests in insurance policies or annuities**
- 74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
- 75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
- 76. **Trusts, equitable or future interests in property**
- 77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Drugs and medications _____ **\$250.00**

Debtor Johnston Ambulance Service, Inc.
Name

Case number (If known) _____

Medical Supplies

\$55,000.00

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$55,250.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
 No
 Yes

Debtor Johnston Ambulance Service, Inc.
Name

Case number (If known) _____

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>\$11,955.97</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$1,200.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$5,618,463.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</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>\$209,060.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$2,462,000.00</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>\$55,250.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$8,357,928.97</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$8,357,928.97</u>

Fill in this information to identify the case:

Debtor name Johnston Ambulance Service, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

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.		
2.1	<p>BB&T Equipment Finance Corp.</p> <p>Creditor's Name Attn: Managing Agent 2713-B Forest Hill Road Wilson, NC 27893</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</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? <input checked="" type="checkbox"/> No <input 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 Three (3) 2012 Ford E250 Wheelchair Vans VIN: 0963, 0964, 0965</p> <hr/> <p>Describe the lien Lien on Vehicles</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>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)</p> <p>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</p>	<p>\$2,778.96</p>	<p>\$23,000.00</p>

2.2	<p>BB&T Equipment Finance Corp.</p> <p>Creditor's Name Attn: Managing Agent 2713-B Forest Hill Road Wilson, NC 27893</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p>	<p>Describe debtor's property that is subject to a lien Two (2) Dodge sprinter vans (2749 & 2293), Ford cube van (1023), two (2) Ford F150 trucks (1133 & 0732), and two (2) Chevrolet Aveo (9077 & 3461)</p> <hr/> <p>Describe the lien Lien on Vehicles</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>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)</p>	<p>\$35,163.61</p>	<p>\$36,200.00</p>
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Debtor Johnston Ambulance Service, Inc. Case number (if know) _____
Name

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.3 Dell Financial Services

Creditor's Name
Attn: Managing Agent
12234 N IH-35 Bldg B
Austin, TX 78753-2000
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
4/14/2009
Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien Unknown Unknown
computer equipment

Describe the lien
UCC-1
Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.4 Internal Revenue Service

Creditor's Name
Centralized Insolvency
Operations
P.O. Box 7346
Philadelphia, PA
19114-0326
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
2014 - 2016
Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien \$1,242,464.48 Unknown
Multiple Tax Liens

Describe the lien
Tax Liens
Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.5 Lease Corporation of America

Describe debtor's property that is subject to a lien \$60,912.42 \$150,000.00

Debtor Johnston Ambulance Service, Inc. Case number (if know) _____
Name

Creditor's Name
Attn: Managing Agent
3150 Livernois Road, Suite
300
Troy, MI 48083

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
12/13/2012
Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Motorola Radios

Describe the lien
UCC-1

Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.6 Oceanus Investments, LLC Describe debtor's property that is subject to a lien \$116,836.69 Unknown

Creditor's Name
Warren Kerr Walston
Taylor & Smith
P.O. Box 1616
Goldsboro, NC 27533

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
3/26/2012
Last 4 digits of account number
te47

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Blanket Lien
Also secured by hypothecated property

Describe the lien
UCC-1

Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.7 Oceanus Investments, LLC Describe debtor's property that is subject to a lien \$239,067.75 Unknown

Creditor's Name
Warren Kerr Walston
Taylor & Smith
P.O. Box 1616
Goldsboro, NC 27533

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
4/25/2014

Blanket Lien
Also secured by hypothecated property

Describe the lien
UCC-1

Is the creditor an insider or related party?
 No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor Johnston Ambulance Service, Inc. Case number (if know) _____
Name

Last 4 digits of account number
te50

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.8 **Oceanus Investments, LLC** Describe debtor's property that is subject to a lien \$160,858.64 Unknown

Creditor's Name
**Warren Kerr Walston
 Taylor & Smith
 P.O. Box 1616
 Goldsboro, NC 27533**
Creditor's mailing address

**Blanket Lien
 Also secured by hypothecated property**

Creditor's email address, if known

Describe the lien

Date debt was incurred
8/28/2014
 Last 4 digits of account number
te54

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?
 No
 Yes
 Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.9 **Oceanus Investments, LLC** Describe debtor's property that is subject to a lien \$267,388.69 Unknown

Creditor's Name
**Warren Kerr Walston
 Taylor & Smith
 P.O. Box 1616
 Goldsboro, NC 27533**
Creditor's mailing address

Vehicles, Parts and Equipment

Creditor's email address, if known

Describe the lien
Lien on Vehicles

Date debt was incurred
2/17/2016
 Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?
 No
 Yes
 Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.1 **Oceanus Investments, LLC** Describe debtor's property that is subject to a lien \$1,692,172.16 Unknown

0

Debtor Johnston Ambulance Service, Inc. Case number (if know) _____

Name

Creditor's Name
**Warren Kerr Walston
 Taylor & Smith
 P.O. Box 1616
 Goldsboro, NC 27533**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

cross collateralization with loans made to MEP Properties, LLC

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

2.1
1

Optumhealth Bank, Inc.

Creditor's Name
**Attn: Managing Agent
 2525 Lake Park Blvd.
 Salt Lake City, UT 84120**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
5/9/2012

Last 4 digits of account number
0801

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
150 Zipit Wireless Devices

\$16,725.07

Unknown

Describe the lien

UCC-1

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,834,368.47

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

Fill in this information to identify the case:

Debtor name Johnston Ambulance Service, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

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 Brunswick County Tax Administration Attn: Managing Agent 30 Government Center Dr. NW Bolivia, NC 28422	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	Unknown	Unknown
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Craven County Tax Collector Attn: Managing Agent 226 Pollock St L2 New Bern, NC 28560	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	Unknown	Unknown
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Johnston Ambulance Service, Inc. <small>Name</small>		Case number (if known)
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2.3	Priority creditor's name and mailing address Duplin County Tax Administration Attn: Managing Agent 117 Beasley Street Kenansville, NC 28349	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	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number 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		

2.4	Priority creditor's name and mailing address Durham County Tax Administration Attn: Managing Agent 200 East Main Street Durham, NC 27701	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	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number 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		

2.5	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19114-0326	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	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number 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		

2.6	Priority creditor's name and mailing address Johnston County Tax Collector Attn: Managing Agent 207 East Johnston Street Smithfield, NC 27577	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	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number 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		

Debtor Name	Case number (if known)		
Johnston Ambulance Service, Inc. <small>Name</small>			
2.7 Priority creditor's name and mailing address Jones County Tax Office Attn: Managing Agent 107 Lakeview Drive Trenton, NC 28585	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	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
Last 4 digits of account number 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		
2.8 Priority creditor's name and mailing address M. Kent Matthews 207 Westwood Drive Goldsboro, NC 27530	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	\$54,314.25	\$54,314.25
Date or dates debt was incurred	Basis for the claim: Priority payments made on behalf of Debtor		
Last 4 digits of account number 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		
2.9 Priority creditor's name and mailing address Maynard E. Price 5418 NC Hwy 55E Seven Springs, NC 28578	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	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim: Priority payments made on behalf of the Debtor		
Last 4 digits of account number 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		
2.10 Priority creditor's name and mailing address NC Department of Revenue Attn: Bankruptcy Department P.O. Box 1168 Raleigh, NC 27602-1168	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	\$14,916.82	\$14,916.82
Date or dates debt was incurred	Basis for the claim: taxes owed		
Last 4 digits of account number 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		

Debtor	Johnston Ambulance Service, Inc. <small>Name</small>		Case number (if known)
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2.11	Priority creditor's name and mailing address NC Dept. of Labor, DES Attn: Managing Agent P.O. Box 26504 Raleigh, NC 27611	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	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number <small>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</small>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Onslow County Tax Office Attn: Managing Agent 234 Northwest Corridor Blvd. Jacksonville, NC 28540	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	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number <small>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</small>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Orange County Tax Office Attn: Managing Agent 228 S Churton Street Hillsborough, NC 27278	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	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number <small>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</small>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Pamlico County Tax Collector Attn: Managing Agent 202 Main Street Bayboro, NC 28515	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	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number <small>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</small>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)		
Johnston Ambulance Service, Inc. Name			
2.15 Priority creditor's name and mailing address Sampson County Tax Administration Attn: Managing Agent 101 E. Elizabeth Street Clinton, NC 28328	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	Unknown	Unknown
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.16 Priority creditor's name and mailing address Wake County Dept. of Revenue Attn: Managing Agent P.O. Box 2331 Raleigh, NC 27602	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	Unknown	Unknown
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17 Priority creditor's name and mailing address Wayne County Tax Collector Attn: Managing Agent 224 E Walnut Street Goldsboro, NC 27530	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	\$4,078.18	\$4,078.18
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: 2016 Business Personal Property <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.18 Priority creditor's name and mailing address Wilson County Tax Department Attn: Managing Agent 113 Nash Street E #100 Wilson, NC 27893	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	Unknown	Unknown
Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Notice Purposes Only <hr/> 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 Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.1 Nonpriority creditor's name and mailing address Advantage Auto Attn: Managing Agent 1225 W. Grantham Street Goldsboro, NC 27530 Date(s) debt was incurred _____ Last 4 digits of account number 5011	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,015.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address AFLAC Attn: Managing Agent 1932 Wynnton Road Columbus, GA 31999-0797 Date(s) debt was incurred _____ Last 4 digits of account number 8649	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,599.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3 Nonpriority creditor's name and mailing address Allied Waste Services Attn: Managing Agent P.O. Box 9001099 Louisville, KY 40209 Date(s) debt was incurred _____ Last 4 digits of account number 9994	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$597.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4 Nonpriority creditor's name and mailing address American Express Attn: Managing Agent P.O. Box 1270 Newark, NJ 07101 Date(s) debt was incurred _____ Last 4 digits of account number 2004	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,672.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5 Nonpriority creditor's name and mailing address Applied Underwriters Attn: Managing Agent 10805 Old Mill Road Omaha, NE 68154 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> \$578,912.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address AT&T Attn: Managing Agent P.O. Box 105262 Atlanta, GA 30348-5262 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> \$8,999.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address AT&T Business Services Attn: Managing Agent P.O. Box 5019 Carol Stream, IL 60197-5019 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> \$6,405.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.8 Nonpriority creditor's name and mailing address AT&T Communications Systems SE Attn: Managing Agent P.O. Box 9009 Aurora, IL 60507 Date(s) debt was incurred _ Last 4 digits of account number 9013	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,377.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9 Nonpriority creditor's name and mailing address AT&T Mobility Attn: Managing Agent P.O. Box 9009 Carol Stream, IL 60197 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> \$259.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address ATMC Attn: Managing Agent P.O. Box 580079 Charlotte, NC 28258-0079 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> \$182.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11 Nonpriority creditor's name and mailing address Baker Pipe & Parts Attn: Managing Agent P.O. Box 1824 Goldsboro, NC 27533 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> \$211.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12 Nonpriority creditor's name and mailing address BASWellness, Inc. Attn: Managing Agent 2015 Carskill Court Apex, NC 27502 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> \$3,757.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13 Nonpriority creditor's name and mailing address BB&T Equipment Finance Corporation Attn: Managing Agent 600 Washington Avenue, Suite 201 Towson, MD 21204 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> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: UCC-1 20100076390K, 20110064704G, 2011085027H Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14 Nonpriority creditor's name and mailing address Beneficial Equipment Finance Attn: Managing Agent 165 Pottstown Pike Chester Springs, PA 19425 Date(s) debt was incurred _ Last 4 digits of account number 8283	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$65,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.15 Nonpriority creditor's name and mailing address Brewer Company Ace Attn: Managing Agent 348 NE Center Street Faison, NC 28341 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> \$113.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16 Nonpriority creditor's name and mailing address Brewer-Hendley Oil Company Attn: Managing Agent P.O. Box 769 Marshville, NC 28103 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> \$2,669.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17 Nonpriority creditor's name and mailing address Bull City Radiator&Wrecker Service Attn: Managing Agent 4918 US Hwy 70 W Durham, NC 27705 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> \$1,309.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18 Nonpriority creditor's name and mailing address Carr, Riggs & Ingram Attn: Managing Agent P.O. Box 605 La Grange, NC 28551 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> \$20,513.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: accounting fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19 Nonpriority creditor's name and mailing address CenturyLink Attn: Managing Agent P.O. Box 4300 Carol Stream, IL 60197-4300 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> \$4,613.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20 Nonpriority creditor's name and mailing address Cherry Energy Attn: Managing Agent P.O. Box 1424 Kinston, NC 28503 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> \$3,808.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21 Nonpriority creditor's name and mailing address City of Durham Attn: Managing Agent P.O. Box 30041 Durham, NC 27702-0041 Date(s) debt was incurred _____ Last 4 digits of account number 7890	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$735.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.22 Nonpriority creditor's name and mailing address City of Jacksonville Attn: Managing Agent P.O. Box 128 Jacksonville, NC 28541 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> \$1,107.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23 Nonpriority creditor's name and mailing address City of Raleigh Attn: Managing Agent P.O. Box 590 Raleigh, NC 27602 Date(s) debt was incurred __ Last 4 digits of account number 0124	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$115.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24 Nonpriority creditor's name and mailing address Classic Dodge Attn: Managing Agent 306 N. Oak Forest Road Goldsboro, NC 27534 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> \$2,374.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25 Nonpriority creditor's name and mailing address Classic Ford Attn: Managing Agent 1698 Booker Dairy Road Smithfield, NC 27577 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> \$26,354.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26 Nonpriority creditor's name and mailing address Clinton Urgent Care Attn: Managing Agent P.O. Box 890315 Charlotte, NC 28289-0315 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> \$40.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27 Nonpriority creditor's name and mailing address Cornerstone Custom Printing Attn: Managing Agent 149 Claire Drive Clayton, NC 27520 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> \$21,616.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28 Nonpriority creditor's name and mailing address Craven County Water Department Attn: Managing Agent 2830 Nesuse Blvd. New Bern, NC 28562 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> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.29 Nonpriority creditor's name and mailing address Dawson's Collision & Glass Attn: Managing Agent 1296 N.C. 581 North Pikeville, NC 27863 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> \$406.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30 Nonpriority creditor's name and mailing address De Lage Landen Financial Services Attn: Managing Agent P.O. Box 41602 Philadelphia, PA 19101-1602 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> \$8,181.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31 Nonpriority creditor's name and mailing address Deacon Jones Ford Attn: Managing Agent 1014 Eleventh Street Goldsboro, NC 27534 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> \$2,670.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32 Nonpriority creditor's name and mailing address Design by Doodle Attn: Managing Agent 115 Yeck Lane Swansboro, NC 28584 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> \$30.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33 Nonpriority creditor's name and mailing address Diesel Equipment Company Attn: Managing Agent P.O. Box 16066 Greensboro, NC 27416-0066 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> \$344.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34 Nonpriority creditor's name and mailing address Direct TV Attn: Managing Agent P.O. Box 60036 Los Angeles, CA 90060-0036 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> \$382.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35 Nonpriority creditor's name and mailing address DISH Network Attn: Managing Agent 9601 South Meridian Blvd. Englewood, CO 80112 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> \$323.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.36 Nonpriority creditor's name and mailing address Duke Energy Attn: Managing Agent P.O. Box 70516 Charlotte, NC 28272-0516 Date(s) debt was incurred _____ Last 4 digits of account number 3740	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,288.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37 Nonpriority creditor's name and mailing address Duke Energy Progress Attn: Managing Agent P.O. Box 1003 Charlotte, NC 28201-1003 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> \$2,207.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38 Nonpriority creditor's name and mailing address Electronic Billing Solutions, Inc. Attn: Managing Agent 2783 Hwy 70 West Goldsboro, NC 27530 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> \$2,032,769.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39 Nonpriority creditor's name and mailing address ESO Solutions Attn: Managing Agent P.O. Box 670324 Dallas, TX 75267-0324 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> \$168,283.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40 Nonpriority creditor's name and mailing address EverDixie, USA Attn: Managing Agent 10101 Foster Avenue Brooklyn, NY 11236 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> \$54,341.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41 Nonpriority creditor's name and mailing address Exxon Mobil Attn: Managing Agent P.O. Box 688938 Des Moines, IA 50368-8938 Date(s) debt was incurred _____ Last 4 digits of account number 5074	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$108.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42 Nonpriority creditor's name and mailing address FastMed Urgent Care Attn: Managing Agent 935 Shotwell Road, Suite 108 Clayton, NC 27520 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> \$54.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc. Name _____	_____
3.43 Nonpriority creditor's name and mailing address First Insurance Funding Corp. Attn: Managing Agent P.O. Box 7000 Carol Stream, IL 60197-7000 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> \$54,667.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44 Nonpriority creditor's name and mailing address FleetPride Attn: Managing Agent P.O. Box 281811 Atlanta, GA 30384-1811 Date(s) debt was incurred _____ Last 4 digits of account number 2130	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$505.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45 Nonpriority creditor's name and mailing address Fork Township Water Attn: Managing Agent 825 Rosewood Road Goldsboro, NC 27530 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> \$3,158.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46 Nonpriority creditor's name and mailing address Global RCP, LLC Attn: Managing Agent P.O. Box 11094 Pittsburgh, PA 15237 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> \$26,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47 Nonpriority creditor's name and mailing address GOECO Attn: Managing Agent 2500 East Ash Street Goldsboro, NC 27534 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> \$1,817.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48 Nonpriority creditor's name and mailing address Great American Financial Service Co Attn: Managing Agent P.O. Box 600831 Dallas, TX 75266-0831 Date(s) debt was incurred _____ Last 4 digits of account number 0035	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$63,053.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49 Nonpriority creditor's name and mailing address Great American Insurance Co. Attn: Managing Agent P.O. Box 89400 Cleveland, OH 44101-6400 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> \$47.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Johnston Ambulance Service, Inc.		Case number (if known)
Name		
3.50	Nonpriority creditor's name and mailing address Green Shoot Group, LLC Attn: Managing Agent 2054-423 Kildaire Farm Road Cary, NC 27518 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> \$33,885.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address Greenville Utilities Attn: Managing Agent P.O. Box 1847 Greenville, NC 27835-1847 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> \$776.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	Nonpriority creditor's name and mailing address Herring Heating & Air Conditioning Attn: Managing Agent P.O. Box 697 Mount Olive, NC 28365 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> \$713.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	Nonpriority creditor's name and mailing address High Standard Command Chemical Attn: Managing Agent 605 NC 581 North Goldsboro, NC 27530 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> \$3,160.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	Nonpriority creditor's name and mailing address Hocutt's Automotive, Inc. Attn: Managing Agent 324 Sherwee Drive Raleigh, NC 27603 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> \$27.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	Nonpriority creditor's name and mailing address HWB, Inc. Attn: Managing Agent P.O. Box 2063 Goldsboro, NC 27533 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> \$56,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent for Goldsboro location</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	Nonpriority creditor's name and mailing address Immediate Care of Goldsboro Attn: Managing Agent 2604 Medical Office Place Goldsboro, NC 27534 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> \$384.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.57 Nonpriority creditor's name and mailing address J.L. Price 5370 NC Hwy 111 South Seven Springs, NC 28578 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> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent for Greenville location</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58 Nonpriority creditor's name and mailing address Jarman & Garner, LLC Attn: Managing Agent 936 Riverwood Drive Clayton, NC 27527 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> \$2,950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent for old Raleigh location</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59 Nonpriority creditor's name and mailing address Jim's Signs Attn: Managing Agent 144 Dollard Road Goldsboro, NC 27534 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> \$1,881.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60 Nonpriority creditor's name and mailing address Jones County Water Department Attn: Managing Agent 418 Hwy 58 North, Unit B Trenton, NC 28585 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> \$11.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61 Nonpriority creditor's name and mailing address Keen Plumbing Co. Attn: Managing Agent P.O. Box 1796 Goldsboro, NC 27533-1796 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> \$921.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62 Nonpriority creditor's name and mailing address Lawson Products, Inc. Attn: Managing Agent P.O. Box 809401 Chicago, IL 60680-9401 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> \$519.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63 Nonpriority creditor's name and mailing address Lee Chemical Supply Co., Inc. Attn: Managing Agent P.O. Box 1459 Goldsboro, NC 27533 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> \$470.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.64 Nonpriority creditor's name and mailing address Leonard Turnage Estate Attn: Executor or Administrator P.O. Box 882 Wilson, NC 27894 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> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent for Wilson location</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65 Nonpriority creditor's name and mailing address Lowe's Attn: Managing Agent P.O. Box 530970 Atlanta, GA 30353-0970 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> \$983.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66 Nonpriority creditor's name and mailing address M. Kent Matthews 207 Westwood Drive Goldsboro, NC 27530 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> \$238.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>personal loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67 Nonpriority creditor's name and mailing address Machine & Welding Supply Co. Attn: Managing Agent P.O. Box 1708 Dunn, NC 28335 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> \$11,523.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68 Nonpriority creditor's name and mailing address Mangum's, Inc. Attn: Managing Agent P.O. Box 7177 Wilson, NC 27895 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> \$605.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69 Nonpriority creditor's name and mailing address Maynard E. Price 5418 NC Hwy 55 East Seven Springs, NC 28578 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> \$24,058.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>personal loan to Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70 Nonpriority creditor's name and mailing address Medforward Attn: Managing Agent 315 10th Avennue, Suite 93 Nashville, TN 37203 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> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.71 Nonpriority creditor's name and mailing address MEP Properties, LLC Attn: Managing Agent 5418 NC 55 East Seven Springs, NC 28578 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> \$308,650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>rent multiple locations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72 Nonpriority creditor's name and mailing address Mike's Paint & Body, Inc. Attn: Managing Agent 155 Peacock Road Kenly, NC 27542 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> \$2,549.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73 Nonpriority creditor's name and mailing address Milner, Inc. Attn: Managing Agent P.O. Box 923197 Norcross, GA 30010-3197 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> \$2,107.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74 Nonpriority creditor's name and mailing address Musgrave Equipment Co. Attn: Managing Agent 3866 US Hwy 70 West Goldsboro, NC 27530 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> \$166.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75 Nonpriority creditor's name and mailing address N.S. Farrington & Co. Attn: Managing Agent P.O. Box 12279 Winston Salem, NC 27117 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> \$1,441.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76 Nonpriority creditor's name and mailing address NC DMV Attn: Managing Agent P.O. Box 29620 Raleigh, NC 27676-0620 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> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77 Nonpriority creditor's name and mailing address NC Quick Pass Attn: Managing Agent 200 Sorrell Grove Church Rd Ste A Morrisville, NC 27560 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> \$780.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc. Name _____	_____
3.78 Nonpriority creditor's name and mailing address Neuse Termite & Pest Control, Inc. Attn: Managing Agent P.O. Box 446 Clayton, NC 27528 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> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79 Nonpriority creditor's name and mailing address NexTrax Attn: Managing Agent P.O. Box 538566 Atlanta, GA 30358 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> \$26,917.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80 Nonpriority creditor's name and mailing address Noble Oil Services, Inc. Attn: Managing Agent P.O. Box 4419 Sanford, NC 27330 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> \$125.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81 Nonpriority creditor's name and mailing address Northwestern Emergency Attn: Managing Agent P.O. Box 790 Jefferson, NC 28640 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> \$119,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82 Nonpriority creditor's name and mailing address O'Reilly Auto Attn: Managing Agent 2930 US Hwy 70 West Goldsboro, NC 27530-9560 Date(s) debt was incurred _____ Last 4 digits of account number 2366	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83 Nonpriority creditor's name and mailing address Occupational Health Centers of NC Attn: Managing Agent P.O. Box 82730 Atlanta, GA 30354-0730 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> \$126.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84 Nonpriority creditor's name and mailing address Page, Wolfberg & Wirth, LLC Attn: Managing Agent 5010 East Trindle Road, Suite 202 Mechanicsburg, PA 17050 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> \$3,307.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.85 Nonpriority creditor's name and mailing address Parmel & Company Attn: Managing Agent P.O. Box 69 Garner, NC 27529 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: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Unknown
3.86 Nonpriority creditor's name and mailing address Performance Heating & Cooling Attn: Managing Agent P.O. Box 217 Wilson, NC 27894 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: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	\$305.00
3.87 Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Attn: Managing Agent P.O. Box 371887 Pittsburgh, PA 15250-7887 Date(s) debt was incurred _ Last 4 digits of account number 1962	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: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	\$1,559.58
3.88 Nonpriority creditor's name and mailing address Principal Life Insurance Co. Attn: Managing Agent P.O. Box 10372 Des Moines, IA 50306-0372 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: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	\$8,017.71
3.89 Nonpriority creditor's name and mailing address Professional Nursing Service, Inc. Attn: Managing Agent 212 N. 35th Street Morehead City, NC 28557-3104 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: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Unknown
3.90 Nonpriority creditor's name and mailing address Professional Recovery Consultants Attn: Managing Agent 2700 Meridian Pkwy, Suite 200 Durham, NC 27713 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: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	\$4,003.55
3.91 Nonpriority creditor's name and mailing address PSNC Energy Attn: Managing agent PO Box 100256 Columbia, SC 29202 Date(s) debt was incurred _ Last 4 digits of account number 8748	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: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	\$50.69

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc. <small>Name</small>	
3.92 Nonpriority creditor's name and mailing address Purchase Power Attn: Managing Agent P.O. Box 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred _ Last 4 digits of account number 8210	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,443.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93 Nonpriority creditor's name and mailing address Quill Corporation Attn: Managing Agent P.O. Box 37600 Philadelphia, PA 19101-0600 Date(s) debt was incurred _ Last 4 digits of account number 7704	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,286.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94 Nonpriority creditor's name and mailing address Realmed Corporation Attn: Managing Agent 510 East 96 Street, Ste 400 Indianapolis, IN 46240 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> \$510.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95 Nonpriority creditor's name and mailing address RevSprings/DANTOM Attn: Managing Agent 105 Montgomery Avenue Oaks, PA 19456 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> \$1,958.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96 Nonpriority creditor's name and mailing address Robert Browning 1201 Aversboro Road, Suite G102 Garner, NC 27529-4586 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> \$3,382.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: rent for Garner location Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97 Nonpriority creditor's name and mailing address Rosewood Community Care Attn: Managing Agent 166-B Hwy 581 South Goldsboro, NC 27530 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> \$1,115.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98 Nonpriority creditor's name and mailing address SafeLight Raleigh Attn: Managing Agent P.O. Box 28448 Raleigh, NC 27611-8448 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> \$50.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.99 Nonpriority creditor's name and mailing address Safety-Kleen Attn: Managing Agent P.O. Box 382066 Pittsburgh, PA 15250-8066 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> \$399.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100 Nonpriority creditor's name and mailing address Sampson Regional Medical Center Attn: Managing Agent P.O. Box 890158 Charlotte, NC 28289-0158 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> \$862.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101 Nonpriority creditor's name and mailing address Select Bank Attn: Managing Agent P.O. Box 105025 Atlanta, GA 30348 Date(s) debt was incurred _____ Last 4 digits of account number 0764	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,049.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: credit card debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102 Nonpriority creditor's name and mailing address SFAX Secure Care Attn: Managing Agent 9050 North Capital of Texas Hwy Austin, TX 78759 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> \$479.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103 Nonpriority creditor's name and mailing address Southeastern Biomedical Assoc., Inc Attn: Managing Agent P.O. Box 654 Granite Falls, NC 28630 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> \$7,957.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104 Nonpriority creditor's name and mailing address Southeastern Emergency Equipment Attn: Managing Agent P.O. Box 1097 Youngsville, NC 27596-1097 Date(s) debt was incurred _____ Last 4 digits of account number 0002	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,358.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105 Nonpriority creditor's name and mailing address Sprint Attn: Managing Agent P.O. Box 219100 Kansas City, MO 64121-9100 Date(s) debt was incurred _____ Last 4 digits of account number 8892	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$142.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.106 Nonpriority creditor's name and mailing address Sprint Wireless Attn: Managing Agent P.O. Box 4181 Carol Stream, IL 60197-4181 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$30,172.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107 Nonpriority creditor's name and mailing address Staples Advantage Attn: Managing Agent P.O. Box 405836 Atlanta, GA 30384-5386 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$6,612.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108 Nonpriority creditor's name and mailing address Stericycle, Inc. Attn: Managing Agent P.O. Box 6582 Carol Stream, IL 60197-6582 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$3,016.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109 Nonpriority creditor's name and mailing address Sterling Backcheck Attn: Managing Agent P.O. Box 36482 Newark, NJ 07193-6482 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,097.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110 Nonpriority creditor's name and mailing address Stubbs & Perdue, P.A. Attn: Managing Agent P.O. Box 1654 New Bern, NC 28563 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$11,698.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111 Nonpriority creditor's name and mailing address Suddenlink Attn: Managing Agent P.O. Box 600365 Dallas, TX 75266-0365 Date(s) debt was incurred _____ Last 4 digits of account number <u>5501</u>	As of the petition filing date, the claim is: Check all that apply. \$393.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112 Nonpriority creditor's name and mailing address Teague Campbell Dennis & Gorham LLP Attn: Managing Agent P.O. Box 19207 Raleigh, NC 27619-9207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,093.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.113 Nonpriority creditor's name and mailing address The Toolkit Group Attn: Managing Agent 13200 Strickland Road, Suite 114-23 Raleigh, NC 27613 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> \$6,311.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114 Nonpriority creditor's name and mailing address Tidewater Energy- New Bern Attn: Managing Agent P.O. Box 667 New Bern, NC 28560 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> \$817.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 Nonpriority creditor's name and mailing address Time Warner Cable Attn: Managing Agent P.O. Box 70872 Charlotte, NC 28272-0872 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> \$1,680.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116 Nonpriority creditor's name and mailing address Town of Black Creek Attn: Managing Agent P.O. Box 8 Black Creek, NC 27813 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> \$1,259.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117 Nonpriority creditor's name and mailing address Two Amigos Heating & Air, LLC Attn: Managing Agent 5935 Hwy 70 Dover, NC 28526 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> \$651.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118 Nonpriority creditor's name and mailing address UniFirst Corporation Attn: Managing Agent 800 South John Street Goldsboro, NC 27530 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> \$119.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119 Nonpriority creditor's name and mailing address Uniforms Plus Attn: Managing Agent 2305-A Norwood Avenue Goldsboro, NC 27530 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> \$127.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc. Name _____	_____
3.120 Nonpriority creditor's name and mailing address United Healthcare Insurance Co. Attn: Managing Agent 22703 Network Place Chicago, IL 60673-1227 Date(s) debt was incurred _____ Last 4 digits of account number 06U6	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,005.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121 Nonpriority creditor's name and mailing address US Cellular Attn: Managing Agent Dept 0205 Palatine, IL 60055 Date(s) debt was incurred _____ Last 4 digits of account number 2487	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37,442.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122 Nonpriority creditor's name and mailing address Verizon Wireless Attn: Managing Agent P.O. Box 600108 Dallas, TX 75266-0108 Date(s) debt was incurred _____ Last 4 digits of account number 6505	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,419.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123 Nonpriority creditor's name and mailing address Warren Kerr Walston Taylor & Smith Attn: Managing Agent P.O. Box 1616 Goldsboro, NC 27533 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> \$5,775.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124 Nonpriority creditor's name and mailing address Warsaw Chamber of Commerce Attn: Managing Agent P.O. Box 585 Warsaw, NC 28398 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> \$350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.125 Nonpriority creditor's name and mailing address Warsaw Heating & A/C, Inc. Attn: Managing Agent P.O. Box 494 Warsaw, NC 28398 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> \$130.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126 Nonpriority creditor's name and mailing address Waste Industries Attn: Managing Agent P.O. Box 580027 Charlotte, NC 28258-0027 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> \$4,544.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
Johnston Ambulance Service, Inc.	
3.127 Nonpriority creditor's name and mailing address Wayne Pharmacy, Inc. Attn: Managing Agent 2302 Wayne Memorial Drive Goldsboro, NC 27534 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> \$1,942.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128 Nonpriority creditor's name and mailing address West Virginia Packways Attn: Managing Agent P.O. Box 1469 Charleston, WV 25325-1469 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> \$76.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129 Nonpriority creditor's name and mailing address White Collar Crime Investigations Attn: Managing Agent P.O. Box 177 Clayton, NC 27528 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> \$7,102.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130 Nonpriority creditor's name and mailing address White's Tractor & Truck Attn: Managing Agent P.O. Box 3817 Wilson, NC 27895 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> \$259.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131 Nonpriority creditor's name and mailing address Williams Mullen Attn: Managing Agent P.O. Box 1000 Raleigh, NC 27602 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> \$28,896.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: legal fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132 Nonpriority creditor's name and mailing address Wilson Overhead Door Service, Inc. Attn: Managing Agent P.O. Box 1548 Wilson, NC 27893 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> \$7.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133 Nonpriority creditor's name and mailing address Your Country Connection Ford Attn: Managing Agent 213 Southeast Blvd. Clinton, NC 28328 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> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: business debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Johnston Ambulance Service, Inc. Case number (if known) _____
Name

3.134	Nonpriority creditor's name and mailing address Zoll Data Systems, Inc. Attn: Gerald Groon, Jr. P.O. Box 26268 Raleigh, NC 27611 Date(s) debt was incurred <u>5/18/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> <u>Wake Co. 16 CVD 3923</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$156,352.29</u>
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3.135	Nonpriority creditor's name and mailing address Zoll Medical Corporation Attn: Managing Agent P.O. Box 27028 New York, NY 10087-7028 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$740.38</u>
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3.136	Nonpriority creditor's name and mailing address Zurich American Insurance Company Strauch Green & Mistretta, PC 530 N. Trade Street, Suite 303 Winston Salem, NC 27101 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>5311</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$118,794.20</u>
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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 Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Chase Weiss & Kehoe Attn: Matthew Weiss 190 Moore Street, Suite 203 Hackensack, NJ 07601	Line <u>3.48</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Laurie Biggs Stubbs & Perdue, P.A. 9208 Falls of Neuse Road Raleigh, NC 27615	Line <u>3.69</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Warren Shackelford & Thomas, PLLC Attn: R. Keith Shackelford P.O. Box 1187 Wake Forest, NC 27588	Line <u>3.104</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	William F. Braziel, III Janvier Law Firm 1101 Haynes Street, Suite 102 Raleigh, NC 27604	Line <u>3.66</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Zoll Data Systems, Inc. Attn: Managing Agent 11802 Ridge Parkway, Suite 400 Broomfield, CO 80021	Line <u>3.134</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor **Johnston Ambulance Service, Inc.**
Name

Case number (if known)

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>73,309.25</u>
5b. +	\$ <u>4,385,697.10</u>
5c.	\$ <u>4,459,006.35</u>

Fill in this information to identify the case:

Debtor name Johnston Ambulance Service, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

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
<p>2.1. State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease of Goldsboro location</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p>HWB, Inc. Attn: Managing Agent P.O. Box 2063 Goldsboro, NC 27533</p>
<p>2.2. State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease of Greenville location</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p>J.L. Price 5370 NC Hwy 111 South Seven Springs, NC 28578</p>
<p>2.3. State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease of Wilson location</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p>Leonard Turnage Estate Attn: Executor or Administrator P.O. Box 882 Wilson, NC 27894</p>
<p>2.4. State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease of Durham, Smithfield, Warsaw, Clinton, New Bern, Jacksonville locations</p> <p>State the term remaining _____</p> <p>List the contract number of any government contract _____</p>	<p>MEP Properties, LLC Attn: Managing Agent 5418 NC 55 East Seven Springs, NC 28578</p>

Debtor 1 **Johnston Ambulance Service, Inc.**
First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

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

2.5. State what the contract or lease is for and the nature of the debtor's interest **Lease of Garner location**

State the term remaining

List the contract number of any government contract

**Robert Browning
1201 Aversboro Road, Suite G102
Garner, NC 27529-4586**

Fill in this information to identify the case:

Debtor name Johnston Ambulance Service, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

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 Electronic Billing Solutions, Inc.	Attn: Managing Agent 2783 Hwy 70 West Goldsboro, NC 27530	Oceanus Investments, LLC	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Electronic Billing Solutions, Inc.	Attn: Managing Agent 2783 Hwy 70 West Goldsboro, NC 27530	Oceanus Investments, LLC	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Emergency Billing Service, Inc.	Attn: Managing Agent 2783 Hwy 70 West Goldsboro, NC 27530	Oceanus Investments, LLC	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Emergency Billing Service, Inc.	Attn: Managing Agent 2783 Hwy 70 West Goldsboro, NC 27530	Oceanus Investments, LLC	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Johnston Ambulance Service, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5 **JAS Vans, LLC** **Attn: Managing Agent**
5670 US Hwy 70 East, Suite A
Goldsboro, NC 27534 **Zurich American**
Insurance Company D _____
 E/F **3.136**
 G _____

2.6 **Maynard E. Price** **5418 NC Hwy 55E**
Seven Springs, NC 28578 **Oceanus**
Investments, LLC D **2.6**
 E/F _____
 G _____

2.7 **Maynard E. Price** **5418 NC Hwy 55E**
Seven Springs, NC 28578 **Oceanus**
Investments, LLC D **2.7**
 E/F _____
 G _____

2.8 **Medical Response Personnel, LLC** **Attn: Managing Agent**
5670 US Hwy 70 East, Suite B
Goldsboro, NC 27534 **Zurich American**
Insurance Company D _____
 E/F **3.136**
 G _____

2.9 **MEP Properties, LLC** **Attn: Managing Agent**
5418 NC 55 East
Seven Springs, NC 28578 **Oceanus**
Investments, LLC D **2.6**
 E/F _____
 G _____

2.10 **MEP Properties, LLC** **Attn: Managing Agent**
5418 NC 55 East
Seven Springs, NC 28578 **Oceanus**
Investments, LLC D **2.7**
 E/F _____
 G _____

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

In re Johnston Ambulance Service, 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
Maynard E. Price 5418 NC Hwy 55E Seven Springs, NC 28578			100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF 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 of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date November 10, 2016

Signature /s/ Maynard E. Price
Maynard E. Price

*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
Eastern District of North Carolina**

In re **Johnston Ambulance Service, 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: **November 10, 2016**

/s/ Maynard E. Price
Maynard E. Price/President
Signer/Title

Advantage Auto
Attn: Managing Agent
1225 W. Grantham Street
Goldsboro, NC 27530

ATMC
Attn: Managing Agent
P.O. Box 580079
Charlotte, NC 28258-0079

Bull City Radiator&Wrecker Service
Attn: Managing Agent
4918 US Hwy 70 W
Durham, NC 27705

AFLAC
Attn: Managing Agent
1932 Wynnton Road
Columbus, GA 31999-0797

Baker Pipe & Parts
Attn: Managing Agent
P.O. Box 1824
Goldsboro, NC 27533

Carr, Riggs & Ingram
Attn: Managing Agent
P.O. Box 605
La Grange, NC 28551

Allied Waste Services
Attn: Managing Agent
P.O. Box 9001099
Louisville, KY 40209

BASWellness, Inc.
Attn: Managing Agent
2015 Carskill Court
Apex, NC 27502

CenturyLink
Attn: Managing Agent
P.O. Box 4300
Carol Stream, IL 60197-4300

American Express
Attn: Managing Agent
P.O. Box 1270
Newark, NJ 07101

BB&T Equipment Finance Corp.
Attn: Managing Agent
2713-B Forest Hill Road
Wilson, NC 27893

Chase Weiss & Kehoe
Attn: Matthew Weiss
190 Moore Street, Suite 203
Hackensack, NJ 07601

Applied Underwriters
Attn: Managing Agent
10805 Old Mill Road
Omaha, NE 68154

BB&T Equipment Finance Corporation
Attn: Managing Agent
600 Washington Avenue, Suite 201
Towson, MD 21204

Cherry Energy
Attn: Managing Agent
P.O. Box 1424
Kinston, NC 28503

AT&T
Attn: Managing Agent
P.O. Box 105262
Atlanta, GA 30348-5262

Beneficial Equipment Finance
Attn: Managing Agent
165 Pottstown Pike
Chester Springs, PA 19425

City of Durham
Attn: Managing Agent
P.O. Box 30041
Durham, NC 27702-0041

AT&T Business Services
Attn: Managing Agent
P.O. Box 5019
Carol Stream, IL 60197-5019

Brewer Company Ace
Attn: Managing Agent
348 NE Center Street
Faison, NC 28341

City of Jacksonville
Attn: Managing Agent
P.O. Box 128
Jacksonville, NC 28541

AT&T Communications Systems SE
Attn: Managing Agent
P.O. Box 9009
Aurora, IL 60507

Brewer-Hendley Oil Company
Attn: Managing Agent
P.O. Box 769
Marshville, NC 28103

City of Raleigh
Attn: Managing Agent
P.O. Box 590
Raleigh, NC 27602

AT&T Mobility
Attn: Managing Agent
P.O. Box 9009
Carol Stream, IL 60197

Brunswick County Tax Administration
Attn: Managing Agent
30 Government Center Dr. NW
Bolivia, NC 28422

Classic Dodge
Attn: Managing Agent
306 N. Oak Forest Road
Goldsboro, NC 27534

Classic Ford
Attn: Managing Agent
1698 Booker Dairy Road
Smithfield, NC 27577

Design by Doodle
Attn: Managing Agent
115 Yeck Lane
Swansboro, NC 28584

Emergency Billing Service, Inc.
Attn: Managing Agent
2783 Hwy 70 West
Goldsboro, NC 27530

Clinton Urgent Care
Attn: Managing Agent
P.O. Box 890315
Charlotte, NC 28289-0315

Diesel Equipment Company
Attn: Managing Agent
P.O. Box 16066
Greensboro, NC 27416-0066

ESO Solutions
Attn: Managing Agent
P.O. Box 670324
Dallas, TX 75267-0324

Cornerstone Custom Printing
Attn: Managing Agent
149 Claire Drive
Clayton, NC 27520

Direct TV
Attn: Managing Agent
P.O. Box 60036
Los Angeles, CA 90060-0036

EverDixie, USA
Attn: Managing Agent
10101 Foster Avenue
Brooklyn, NY 11236

Craven County Tax Collector
Attn: Managing Agent
226 Pollock St L2
New Bern, NC 28560

DISH Network
Attn: Managing Agent
9601 South Meridian Blvd.
Englewood, CO 80112

Exxon Mobil
Attn: Managing Agent
P.O. Box 688938
Des Moines, IA 50368-8938

Craven County Water Department
Attn: Managing Agent
2830 Nesuse Blvd.
New Bern, NC 28562

Duke Energy
Attn: Managing Agent
P.O. Box 70516
Charlotte, NC 28272-0516

FastMed Urgent Care
Attn: Managing Agent
935 Shotwell Road, Suite 108
Clayton, NC 27520

Dawson's Collision & Glass
Attn: Managing Agent
1296 N.C. 581 North
Pikeville, NC 27863

Duke Energy Progress
Attn: Managing Agent
P.O. Box 1003
Charlotte, NC 28201-1003

First Insurance Funding Corp.
Attn: Managing Agent
P.O. Box 7000
Carol Stream, IL 60197-7000

De Lage Landen Financial Services
Attn: Managing Agent
P.O. Box 41602
Philadelphia, PA 19101-1602

Duplin County Tax Administration
Attn: Managing Agent
117 Beasley Street
Kenansville, NC 28349

FleetPride
Attn: Managing Agent
P.O. Box 281811
Atlanta, GA 30384-1811

Deacon Jones Ford
Attn: Managing Agent
1014 Eleventh Street
Goldsboro, NC 27534

Durham County Tax Administration
Attn: Managing Agent
200 East Main Street
Durham, NC 27701

Fork Township Water
Attn: Managing Agent
825 Rosewood Road
Goldsboro, NC 27530

Dell Financial Services
Attn: Managing Agent
12234 N IH-35 Bldg B
Austin, TX 78753-2000

Electronic Billing Solutions, Inc.
Attn: Managing Agent
2783 Hwy 70 West
Goldsboro, NC 27530

Global RCP, LLC
Attn: Managing Agent
P.O. Box 11094
Pittsburgh, PA 15237

GOECO
Attn: Managing Agent
2500 East Ash Street
Goldsboro, NC 27534

Immediate Care of Goldsboro
Attn: Managing Agent
2604 Medical Office Place
Goldsboro, NC 27534

Keen Plumbing Co.
Attn: Managing Agent
P.O. Box 1796
Goldsboro, NC 27533-1796

Great American Financial Service Co
Attn: Managing Agent
P.O. Box 600831
Dallas, TX 75266-0831

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19114-0326

Laurie Biggs
Stubbs & Perdue, P.A.
9208 Falls of Neuse Road
Raleigh, NC 27615

Great American Insurance Co.
Attn: Managing Agent
P.O. Box 89400
Cleveland, OH 44101-6400

J.L. Price
5370 NC Hwy 111 South
Seven Springs, NC 28578

Lawson Products, Inc.
Attn: Managing Agent
P.O. Box 809401
Chicago, IL 60680-9401

Green Shoot Group, LLC
Attn: Managing Agent
2054-423 Kildaire Farm Road
Cary, NC 27518

Jarman & Garner, LLC
Attn: Managing Agent
936 Riverwood Drive
Clayton, NC 27527

Lease Corporation of America
Attn: Managing Agent
3150 Livernois Road, Suite 300
Troy, MI 48083

Greenville Utilities
Attn: Managing Agent
P.O. Box 1847
Greenville, NC 27835-1847

JAS Vans, LLC
Attn: Managing Agent
5670 US Hwy 70 East, Suite A
Goldsboro, NC 27534

Lee Chemical Supply Co., Inc.
Attn: Managing Agent
P.O. Box 1459
Goldsboro, NC 27533

Herring Heating & Air Conditioning
Attn: Managing Agent
P.O. Box 697
Mount Olive, NC 28365

Jim's Signs
Attn: Managing Agent
144 Dollard Road
Goldsboro, NC 27534

Leonard Turnage Estate
Attn: Executor or Administrator
P.O. Box 882
Wilson, NC 27894

High Standard Command Chemical
Attn: Managing Agent
605 NC 581 North
Goldsboro, NC 27530

Johnston County Tax Collector
Attn: Managing Agent
207 East Johnston Street
Smithfield, NC 27577

Lowes
Attn: Managing Agent
P.O. Box 530970
Atlanta, GA 30353-0970

Hocutt's Automotive, Inc.
Attn: Managing Agent
324 Sherwee Drive
Raleigh, NC 27603

Jones County Tax Office
Attn: Managing Agent
107 Lakeview Drive
Trenton, NC 28585

M. Kent Matthews
207 Westwood Drive
Goldsboro, NC 27530

HWB, Inc.
Attn: Managing Agent
P.O. Box 2063
Goldsboro, NC 27533

Jones County Water Department
Attn: Managing Agent
418 Hwy 58 North, Unit B
Trenton, NC 28585

Machine & Welding Supply Co.
Attn: Managing Agent
P.O. Box 1708
Dunn, NC 28335

Mangum's, Inc.
Attn: Managing Agent
P.O. Box 7177
Wilson, NC 27895

Musgrave Equipment Co.
Attn: Managing Agent
3866 US Hwy 70 West
Goldsboro, NC 27530

Northwestern Emergency
Attn: Managing Agent
P.O. Box 790
Jefferson, NC 28640

Maynard E. Price
5418 NC Hwy 55 East
Seven Springs, NC 28578

N.S. Farrington & Co.
Attn: Managing Agent
P.O. Box 12279
Winston Salem, NC 27117

O'Reilly Auto
Attn: Managing Agent
2930 US Hwy 70 West
Goldsboro, NC 27530-9560

Maynard E. Price
5418 NC Hwy 55E
Seven Springs, NC 28578

NC Department of Revenue
Attn: Bankruptcy Department
P.O. Box 1168
Raleigh, NC 27602-1168

Occupational Health Centers of NC
Attn: Managing Agent
P.O. Box 82730
Atlanta, GA 30354-0730

Maynard Price
c/o Stubbs & Perdue
9208 Falls of Neuse Road, Suite 201
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NC Dept. of Labor, DES
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P.O. Box 26504
Raleigh, NC 27611

Oceanus Investments, LLC
Warren Kerr Walston Taylor & Smi
P.O. Box 1616
Goldsboro, NC 27533

Medforward
Attn: Managing Agent
315 10th Avenue, Suite 93
Nashville, TN 37203

NC DMV
Attn: Managing Agent
P.O. Box 29620
Raleigh, NC 27676-0620

Oceanus Investments, LLC
Attn: Tim Pate
1417 Alexander Lane
Trent Woods, NC 28562

Medical Response Personnel, LLC
Attn: Managing Agent
5670 US Hwy 70 East, Suite B
Goldsboro, NC 27534

NC Quick Pass
Attn: Managing Agent
200 Sorrell Grove Church Rd Ste A
Morrisville, NC 27560

Onslow County Tax Office
Attn: Managing Agent
234 Northwest Corridor Blvd.
Jacksonville, NC 28540

MEP Properties, LLC
Attn: Managing Agent
5418 NC 55 East
Seven Springs, NC 28578

Neuse Termite & Pest Control, Inc.
Attn: Managing Agent
P.O. Box 446
Clayton, NC 27528

Optumhealth Bank, Inc.
Attn: Managing Agent
2525 Lake Park Blvd.
Salt Lake City, UT 84120

Mike's Paint & Body, Inc.
Attn: Managing Agent
155 Peacock Road
Kenly, NC 27542

NexTrax
Attn: Managing Agent
P.O. Box 538566
Atlanta, GA 30358

Orange County Tax Office
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228 S Churton Street
Hillsborough, NC 27278

Milner, Inc.
Attn: Managing Agent
P.O. Box 923197
Norcross, GA 30010-3197

Noble Oil Services, Inc.
Attn: Managing Agent
P.O. Box 4419
Sanford, NC 27330

Page, Wolfberg & Wirth, LLC
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5010 East Trindle Road, Suite 202
Mechanicsburg, PA 17050

Pamlico County Tax Collector
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202 Main Street
Bayboro, NC 28515

Quill Corporation
Attn: Managing Agent
P.O. Box 37600
Philadelphia, PA 19101-0600

Select Bank
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P.O. Box 105025
Atlanta, GA 30348

Parmel & Company
Attn: Managing Agent
P.O. Box 69
Garner, NC 27529

Realmed Corporation
Attn: Managing Agent
510 East 96 Street, Ste 400
Indianapolis, IN 46240

SFAX Secure Care
Attn: Managing Agent
9050 North Capital of Texas Hwy
Austin, TX 78759

Performance Heating & Cooling
Attn: Managing Agent
P.O. Box 217
Wilson, NC 27894

RevSprings/DANTOM
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105 Montgomery Avenue
Oaks, PA 19456

Southeastern Biomedical Assoc., In
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Granite Falls, NC 28630

Pitney Bowes Global Financial
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Robert Browning
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Principal Life Insurance Co.
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P.O. Box 10372
Des Moines, IA 50306-0372

Rosewood Community Care
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166-B Hwy 581 South
Goldsboro, NC 27530

Sprint
Attn: Managing Agent
P.O. Box 219100
Kansas City, MO 64121-9100

Professional Nursing Service, Inc.
Attn: Managing Agent
212 N. 35th Street
Morehead City, NC 28557-3104

SafeLight Raleigh
Attn: Managing Agent
P.O. Box 28448
Raleigh, NC 27611-8448

Sprint Wireless
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P.O. Box 4181
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Professional Recovery Consultants
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Durham, NC 27713

Safety-Kleen
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Pittsburgh, PA 15250-8066

Staples Advantage
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Atlanta, GA 30384-5386

PSNC Energy
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Columbia, SC 29202

Sampson County Tax Administration
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Carol Stream, IL 60197-6582

Purchase Power
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Sampson Regional Medical Center
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Charlotte, NC 28289-0158

Sterling Backcheck
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Newark, NJ 07193-6482

Stubbs & Perdue, P.A.
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Waste Industries
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Suddenlink
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P.O. Box 600365
Dallas, TX 75266-0365

United Healthcare Insurance Co.
Attn: Managing Agent
22703 Network Place
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Wayne County Tax Collector
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224 E Walnut Street
Goldsboro, NC 27530

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Raleigh, NC 27619-9207

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Palatine, IL 60055

Wayne Pharmacy, Inc.
Attn: Managing Agent
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Goldsboro, NC 27534

The Toolkit Group
Attn: Managing Agent
13200 Strickland Road, Suite 114-23
Raleigh, NC 27613

Verizon Wireless
Attn: Managing Agent
P.O. Box 600108
Dallas, TX 75266-0108

West Virginia Packways
Attn: Managing Agent
P.O. Box 1469
Charleston, WV 25325-1469

Tidewater Energy- New Bern
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New Bern, NC 28560

Wake County Dept. of Revenue
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White Collar Crime Investigations
Attn: Managing Agent
P.O. Box 177
Clayton, NC 27528

Time Warner Cable
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P.O. Box 70872
Charlotte, NC 28272-0872

Warren Kerr Walston Taylor & Smith
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White's Tractor & Truck
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Attn: Managing Agent
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Dover, NC 28526

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Attn: Managing Agent
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Warsaw, NC 28398

Williams Mullen
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P.O. Box 1000
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UniFirst Corporation
Attn: Managing Agent
800 South John Street
Goldsboro, NC 27530

Warsaw Heating & A/C, Inc.
Attn: Managing Agent
P.O. Box 494
Warsaw, NC 28398

Wilson County Tax Department
Attn: Managing Agent
113 Nash Street E #100
Wilson, NC 27893

Wilson Overhead Door Service, Inc.
Attn: Managing Agent
P.O. Box 1548
Wilson, NC 27893

Your Country Connection Ford
Attn: Managing Agent
213 Southeast Blvd.
Clinton, NC 28328

Zoll Data Systems, Inc.
Attn: Gerald Groom, Jr.
P.O. Box 26268
Raleigh, NC 27611

Zoll Data Systems, Inc.
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11802 Ridge Parkway, Suite 400
Broomfield, CO 80021

Zoll Medical Corporation
Attn: Managing Agent
P.O. Box 27028
New York, NY 10087-7028

Zurich American Insurance Company
Strauch Green & Mistretta, PC
530 N. Trade Street, Suite 303
Winston Salem, NC 27101

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

In re Johnston Ambulance Service, 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 Johnston Ambulance Service, 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*]

November 10, 2016

Date

/s/ Jason L. Hendren

Jason L. Hendren

Signature of Attorney or Litigant

Counsel for Johnston Ambulance Service, Inc.

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