

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA - FAYETTEVILLE
DIVISION

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** Tracie W. Legette, D.D.S., M.P.H., PLLC

2. **All other names debtor used in the last 8 years**
Include any assumed names, trade names and *doing business as* names
DBA College Lakes Family Dentistry

3. **Debtor's federal Employer Identification Number (EIN)** 61-1551049

<p>4. Debtor's address</p>	<p>Principal place of business</p> <p><u>4823 Rosehill Road</u> <u>Fayetteville, NC 28311</u> Number, Street, City, State & ZIP Code</p> <p><u>Cumberland</u> County</p>	<p>Mailing address, if different from principal place of business</p> <p><u>P.O. Box 610</u> <u>Fayetteville, NC 28302</u> P.O. Box, Number, Street, City, State & ZIP Code</p> <p>Location of principal assets, if different from principal place of business</p> <p>_____ Number, Street, City, State & ZIP Code</p>
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5. **Debtor's website (URL)** www.collegelakesdentistry.org

6. **Type of debtor**

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

Partnership (excluding LLP)

Other. Specify: _____

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC
 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 Tracie W. Legette, D.D.S., M.P.H., PLLC
 Name

Case number (if known) _____

11. **Why is the case filed in this district?** *Check all that apply:*
- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 - A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**
- No
 - Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____
 - It needs to be physically secured or protected from the weather.
 - It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
 - Other _____
- Where is the property?** _____
 Number, Street, City, State & ZIP Code
- Is the property insured?**
- No
 - Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. **Debtor's estimation of available funds** *Check one:*
- Funds will be available for distribution to unsecured creditors.
 - After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. **Estimated Assets**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. **Estimated liabilities**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC
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 April 5, 2017
MM / DD / YYYY

/s/ Tracie W. Legette
Signature of authorized representative of debtor

Title Owner

Tracie W. Legette
Printed name

18. Signature of attorney

/s/ Trawick H. Stubbs, Jr./Laurie B. Biggs
Signature of attorney for debtor

Date April 5, 2017
MM / DD / YYYY

Trawick H. Stubbs, Jr./Laurie B. Biggs
Printed name

Stubbs & Perdue, P.A.
Firm name

PO Box 1654
New Bern, NC 28563
Number, Street, City, State & ZIP Code

Contact phone 252-633-2700 Email address _____

4221/31845
Bar number and State

Fill in this information to identify the case:

Debtor name Tracie W. Legette, D.D.S., M.P.H., PLLC

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

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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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 April 5, 2017

X /s/ Tracie W. Legette
Signature of individual signing on behalf of debtor

Tracie W. Legette
Printed name

Owner
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Tracie W. Legette, D.D.S., M.P.H., PLLC
 United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA - FAYETTEVILLE DIVISION
 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
Wells Fargo Attn: Manager, Agent, Officer P.O. Box 10335 Des Moines, IA 50306		Misc. equipment, tools and supplies (See attached Exhibit C)		\$126,648.00	\$230,977.70	\$126,648.00
Bank of America Attn: Mgr, Agt or Officer P.O. Box 15019 Wilmington, DE		Misc. equipment, tools and supplies (See attached Exhibit C)		\$300,554.10	\$230,977.70	\$69,576.40
Bank of America Attn: Mgr, Agt or Officer P.O. Box 15019 Wilmington, DE		Misc. equipment, tools and supplies (See attached Exhibit C)		\$41,229.16	\$230,977.70	\$41,229.16
Patterson Dental Supply, Inc. Attn: Manager or Agent 1031 Mendota Hgts. Rd. Saint Paul, MN 55120		NOTICE PURPOSES ONLY - Obligation is with Tracie W. Legette, personally but Debtor uses the collateral for its practice	Contingent Unliquidated			\$31,653.00
PNC Bank Attn: Manager, Agent, Officer P. O. Box 3180 Pittsburgh, PA 15230-3180		Line of Credit				\$23,457.00
John E. Legette P.O. Box 610 Fayetteville, NC 28302						\$22,714.00

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC
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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Patterson Dental Supply, Inc. Attn: Manager or Agent 1031 Mendota Hgts. Rd. Saint Paul, MN 55120		NOTICE PURPOSES ONLY - Obligation is with Tracie W. Legette, personally but Debtor uses the collateral for its practice	Contingent Unliquidated			\$20,952.35
PNC Bank Attn: Manager, Agent, Officer P.O. Box 747032 Pittsburgh, PA 15274						\$4,491.00
Cumberland Co Tax Collect Attn: Manager or Agent 117 Dick Street #530 Fayetteville, NC 28301		Personal property taxes				\$0.00
Internal Revenue Service Attn: Managing Agent PO Box 7346 Philadelphia, PA 19101-7346						\$0.00
NC Department of Revenue Attn: Manager, Agent, Officer P.O. Box 1168 Raleigh, NC 27602-1168						\$0.00

Fill in this information to identify the case:

Debtor name Tracie W. Legette, D.D.S., M.P.H., PLLC

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

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>242,175.02</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>242,175.02</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>468,431.26</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>0.00</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>122,479.35</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>590,910.61</u>

Fill in this information to identify the case:

Debtor name Tracie W. Legette, D.D.S., M.P.H., PLLC

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

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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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		\$100.00
3.	Checking, savings, money market, or financial brokerage accounts (Identify all)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>PNC Bank</u>	<u>Business checking</u>	<u>2749</u> <u>\$5,029.10</u>
3.2.	<u>Bank of America</u>	<u>Business checking</u>	<u>9419</u> <u>\$30.27</u>
3.3.	<u>Bank of America</u>	<u>Business Checking</u>	<u>9422</u> <u>\$1.26</u>
3.4.	<u>Bank of America</u>	<u>Business checking</u>	<u>9435</u> <u>\$1.69</u>
4.	Other cash equivalents (Identify all)		
5.	Total of Part 1.		\$5,162.32
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 Tracie W. Legette, D.D.S., M.P.H., PLLC
Name

Case number (if known) _____

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

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

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.
- Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Misc. office furniture including desks, chairs, couches, and cabinets (see attached Exhibit A)	\$0.00		\$1,380.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Misc. computers, monitors, printers, fax machine, phones and scanners (see attached Exhibit B)	\$0.00		\$4,655.00
	Misc. equipment, tools and supplies (See attached Exhibit C)	\$0.00		\$230,977.70

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

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Name

Case number (If known) _____

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$237,012.70

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

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

Part 8: Machinery, equipment, and vehicles

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

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

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.

	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>www.collegelakesdentistry.org</u>	\$0.00		\$0.00

- 62. **Licenses, franchises, and royalties**
- 63. **Customer lists, mailing lists, or other compilations**
- 64. **Other intangibles, or intellectual property**
- 65. **Goodwill**

66. **Total of Part 10.**
Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)
 No
 Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
 No
 Yes

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Name

Case number (if known) _____

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
- No
 - Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC
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>	\$5,162.32	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$237,012.70	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$242,175.02	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$242,175.02

Exhibit A - Office furniture

	<u>Number</u>	<u>Cost</u>		<u>Purchase Price</u>		<u>Market Value</u>
ADMIN CHAIRS	5	\$ 100.00	\$	500.00	\$	100.00
CONFERENCE ROOM DESK	1	\$ 150.00	\$	150.00	\$	50.00
CONFERENCE ROOM CHAIRS	5	\$ 100.00	\$	500.00	\$	100.00
CONSULT ROOM DESK	1	\$ 150.00	\$	150.00	\$	25.00
CONSULT ROOM CHAIRS	3	\$ 50.00	\$	150.00	\$	30.00
COUCHES	3	\$ 800.00	\$	2,400.00	\$	450.00
ARM CHAIRS	3	\$ 100.00	\$	300.00	\$	75.00
OFFICE DESKS	6	\$ 200.00	\$	1,200.00	\$	400.00
OFFICE CABINETS	10	\$ 79.00	\$	790.00	\$	150.00
					\$	1,380.00

Exhibit B - Office equipment

	<u>Number</u>	<u>Cost</u>	<u>Purchase Price</u>	<u>Market Value</u>
COMPUTERS	13	\$ 1,000.00	\$ 13,000.00	\$ 2,600.00
MONITORS	17	\$ 200.00	\$ 3,400.00	\$ 425.00
PRINTERS	6	\$ 300.00	\$ 1,800.00	\$ 450.00
FAX MACHINES	1	\$ 200.00	\$ 200.00	\$ 50.00
POSTAGE MACHINE	1	\$ 996.00	\$ 996.00	\$ 450.00
TV MONITORS	3	\$ 110.00	\$ 330.00	\$ 120.00
MONITOR CAGES	1	\$ 500.00	\$ 500.00	\$ 100.00
SERVER SWITCHES	1	\$ 200.00	\$ 200.00	\$ 20.00
DYMO	3	\$ 100.00	\$ 300.00	\$ 50.00
DYMO TURBO	1	\$ 125.00	\$ 125.00	\$ 25.00
PHONES	7	\$ 300.00	\$ 2,100.00	\$ 100.00
SCANNERS	2	\$ 400.00	\$ 800.00	\$ 80.00
IOSAFE--back-up drive thr	1	\$ 350.00	\$ 350.00	\$ 50.00
SPEAKERS	2	\$ 20.00	\$ 40.00	\$ 10.00
INPUT DEVICE- 1 X 5 SIGN	3	\$ 475.00	\$ 1,425.00	\$ 100.00
MINI USB CARD READER	3	\$ 75.00	\$ 225.00	\$ 25.00
		\$ 5,351.00	\$ 25,791.00	\$ 4,655.00

EQUIPMENT INVENTORY FOR TRACIE W. LEGETTE, DDS, MPH, PLLC dba COLLEGE LAKES FAMILY DENTISTRY				
Exhibit C				
EQUIPMENT NAME AND CATEGORY	NUMBER	COST PER UNIT	PURCHASE VALUE	MARKET VALUE
ORAL SURGERY:				
FORCEP 286	2	\$ 144.00	\$ 288.00	\$ 60.00
FORCEP 69	2	\$ 144.00	\$ 288.00	\$ 60.00
FORCEP 53-R	2	\$ 144.00	\$ 288.00	\$ 60.00
FORCEP 53-L	2	\$ 144.00	\$ 288.00	\$ 60.00
FORCEP 88-R	2	\$ 144.00	\$ 288.00	\$ 60.00
FORCEP 88-L	2	\$ 144.00	\$ 288.00	\$ 60.00
FORCEP 150	1	\$ 144.00	\$ 144.00	\$ 30.00
FORCEP 151	1	\$ 144.00	\$ 144.00	\$ 30.00
FORCEP 1	1	\$ 144.00	\$ 144.00	\$ 30.00
PEDO FORCEP 150K	2	\$ 206.00	\$ 412.00	\$ 50.00
PEDO FORCEP 151K	2	\$ 206.00	\$ 412.00	\$ 50.00
PEDO FORCEP F23K	1	\$ 206.00	\$ 206.00	\$ 25.00
SCAPEL HOLDER	2	\$ 20.75	\$ 41.50	\$ 10.00
ROOT TIP F301	2	\$ 175.00	\$ 350.00	\$ 25.00
ROOT TIP F300	2	\$ 175.00	\$ 350.00	\$ 25.00
ROOT TIP EW2	2	\$ 42.55	\$ 85.10	\$ 15.00
ROOT TIP EW3	2	\$ 42.55	\$ 85.10	\$ 15.00
ROOT TIP EW 5	1	\$ 42.55	\$ 42.55	\$ 10.00
ROOT TIP EW6	1	\$ 42.55	\$ 42.55	\$ 10.00
ROOT TIP EHB 13/14	2	\$ 57.50	\$ 115.00	\$ 20.00
ELEVATOR E44 --SMALL CRYER	2	\$ 63.00	\$ 126.00	\$ 20.00
ELEVATOR E 45--SMALL CRYER	2	\$ 63.00	\$ 126.00	\$ 20.00
ELEVATOR E301	5	\$ 61.50	\$ 307.50	\$ 20.00
ELEVATOR E34S	4	\$ 61.50	\$ 246.00	\$ 20.00
ELEVATOR EHB2	2	\$ 49.40	\$ 98.80	\$ 20.00
ELEVATOR EHB3	2	\$ 49.40	\$ 98.80	\$ 20.00
3MM STRAIGHT LUXATING ELEVATOR	1	\$ 61.50	\$ 61.50	\$ 10.00
FORCEP 23	2	\$ 144.00	\$ 288.00	\$ 60.00
FORCEP 203	1	\$ 144.00	\$ 144.00	\$ 20.00
FORCEP 74N	1	\$ 211.50	\$ 211.50	\$ 20.00
FORCEP MD3	2	\$ 211.50	\$ 423.00	\$ 40.00
FRIEDMAN RONGEURS	2	\$ 237.00	\$ 474.00	\$ 50.00
3S/42 SUGARMAN PERIODONTAL FILE	2	\$ 56.50	\$ 113.00	\$ 20.00
1X MILLER-COLBURN BONE FILE	2	\$ 67.75	\$ 135.50	\$ 10.00
10 MILLER SURGICAL CURETTE	5	\$ 53.50	\$ 267.50	\$ 25.00
HEMOSTAT STRAIGHT, 14CM/5.5"	2	\$ 51.50	\$ 103.00	\$ 20.00
HEMOSTAT CURVED-MOSQUITO 12CM/4.5"	2	\$ 51.50	\$ 103.00	\$ 20.00
SUTURE SCISSORS	2	\$ 106.50	\$ 213.00	\$ 20.00
ORAL SURGERY HANDPIECE	1	\$ 900.00	\$ 900.00	\$ 150.00
ORAL SURGERY HANDPIECE MOTOR	1	\$ 100.00	\$ 100.00	\$ 25.00
BRIDGE REMOVER	1	\$ 63.00	\$ 63.00	\$ 5.00
COTTON PLIERS/U17 UTILITY PICK-UP DRESSING PLIERS	5	\$ 16.85	\$ 84.25	\$ 10.00
TYPE A ANESTHETIC ASPIRATING SYRINGES	5	\$ 47.20	\$ 236.00	\$ 50.00
9 MOLT PERIOSTEAL	5	\$ 51.00	\$ 255.00	\$ 50.00
ELEVATORS	10	\$ 61.50	\$ 615.00	\$ 80.00
#1 MIRROR	5	\$ 14.10	\$ 70.50	\$ 5.00
5 FRONT SURFACE MOUTH MIRROR, ONE	5	\$ 6.30	\$ 31.50	\$ 6.00
SPOONS	5	\$ 51.00	\$ 255.00	\$ 10.00
SPOON EXCAVATOR 36/37	10	\$ 25.65	\$ 256.50	\$ 20.00
SMALL CASSETTE-8 INSTRUMENTS--GREEN	5	\$ 96.75	\$ 483.75	\$ 120.00
COMFORTVIEW RETRACTOR UNIVERSAL	1	\$ 36.95	\$ 36.95	\$ 5.00
				\$ 1,676.00
RESTORATIVE:				
LRG. SIG. SERIES 16 INST. CASSETTE W/ ACCESSORY AREA, BLUE	10	\$ 121.00	\$ 1,210.00	\$ 200.00
#1 MOUTH MIRRORS	10	\$ 14.10	\$ 141.00	\$ 10.00
5 FRONT SURFACE MOUTH MIRROR, ONE	10	\$ 6.30	\$ 63.00	\$ 10.00
TOFFLEMIRE MATRIX RETAINER	12	\$ 11.95	\$ 143.40	\$ 24.00
COTTON PLIERS-U17 UTILITY PICK-UP DRESSING PLIERS	20	\$ 16.85	\$ 337.00	\$ 40.00
3CH COWHORN EXPLORER--#31 ROUND HANDLE	10	\$ 16.55	\$ 165.50	\$ 20.00
6061 MINI SPATULA PLACEMENT INSTRUMENT	10	\$ 29.10	\$ 291.00	\$ 50.00
2 OREGON PLUGGER--SMALL CONDENSOR	10	\$ 24.45	\$ 244.50	\$ 50.00
4 OREGON PLUGGER--LARGE CONDENSOR	10	\$ 24.45	\$ 244.50	\$ 50.00
27/29 FOOTBALL BURNISHER	10	\$ 24.65	\$ 246.50	\$ 50.00
3S HOLLENBACK CARVER	10	\$ 24.50	\$ 245.00	\$ 50.00
17 EXCAVATOR	10	\$ 25.65	\$ 256.50	\$ 50.00
CR-20	10		\$ -	
8/9 BIANGL CHISEL	10	\$ 27.55	\$ 275.50	\$ 50.00
S6 GINGIVAL CORD PACKER	10	\$ 29.70	\$ 297.00	\$ 50.00
SPATULA	10	\$ 29.10	\$ 291.00	\$ 50.00
MOUTH PROP--CHILD	10	\$ 38.45	\$ 384.50	\$ 50.00
MOUTH PROP--SMALL CHILD MARKEL	5	\$ 38.45	\$ 192.25	\$ 25.00
MOUTH PROP--ADULT	5	\$ 38.45	\$ 192.25	\$ 25.00
CLEOID-DISCOID 4/5 CARVER	10	\$ 25.60	\$ 256.00	\$ 50.00
LARGE CARVER #5--TANNER CARVER	10	\$ 25.60	\$ 256.00	\$ 50.00
MILLER ARTICULATION PAPER HOLDER	10	\$ 23.90	\$ 239.00	\$ 50.00
16 GOLDMAN-FOX IRIS SCISSORS 12.5 CM/5"	10	\$ 86.25	\$ 862.50	\$ 50.00
REGULAR/LARGE CFII AMALGAM CARRIER	10	\$ 66.00	\$ 660.00	\$ 50.00
AMALGAM WELL	10	\$ 8.95	\$ 89.50	\$ 20.00

AMALGAMATOR	3	\$ 319.00	\$ 957.00	\$ 300.00
VALO CURING LIGHTS	2	\$ 1,000.00	\$ 2,000.00	\$ 300.00
DEMI CURING LIGHTS	2	\$ 500.00	\$ 1,000.00	\$ 100.00
HINGED INSTRUMENT CLIPS	3	\$ 14.25	\$ 42.75	\$ 3.00
TYPE A ANESTHETIC ASPIRATING SYRINGE	10	\$ 47.20	\$ 472.00	\$ 100.00
BUR BLOCKS	10	\$ 29.55	\$ 295.50	\$ 50.00
CROWN REMOVER MORRELL W/ 2 PT	1	\$ 48.95	\$ 48.95	\$ 20.00
IMPRESSION TRY SET PERFORATED	8	\$ 104.95	\$ 839.60	\$ 40.00
SUPERMAT MATRIX SYSTEM KIT	1	\$ 179.95	\$ 179.95	\$ 50.00
DISPENSING GUN	3	\$ 80.95	\$ 242.85	\$ 30.00
				\$ 2,117.00
HANDPIECES:				
KAVO	6			
CONTRA ANGLE	5			
STRAIGHT ATTACHMENT FOR SHORTY	4	\$ 306.00	\$ 1,224.00	\$ 300.00
LATCH TYPE	2			
MIDWEST TRADITION PUSH BUTTON FIBER OPTIC HIGH SPEED	4	\$ 843.00	\$ 3,372.00	\$ 800.00
LED HIGHSPEED	3			
HANDPIECE MOTOR--SHORTY SINGLE SPEED AIR MOTOR	5	\$ 883.00	\$ 4,415.00	\$ 500.00
ORAL SURGERY HANDPIECE	1			
LABORATORY HAND PIECE-----SEE LAB SECTION	1			
TUBING FOR FIBER OPTIC HANDPIECES	5	\$ 134.00	\$ 670.00	\$ 25.00
MIDWEST ADAPTER QUICK CONNECT	3	\$ 194.95	\$ 584.85	\$ 45.00
				\$ 1,670.00
ORTHO:				
SPACE MAINTAINER KIT	1			
TOOTH SLOOTH II-- BAND SEATER	2	\$ 17.75	\$ 35.50	\$ 10.00
POSTERIOR BAND REMOVER SHORT	1	\$ 145.00	\$ 145.00	\$ 40.00
POSTERIOR BAND REMOVER LONG	1			
SOFT WIRE CUTTER	1	\$ 187.50		\$ 50.00
110 PLIERS	4			
3 PRONG PLIERS	2	\$ 145.00	\$ 290.00	\$ 40.00
BIRD BEAK PLIERS WITH CUTTER	1	\$ 161.00	\$ 161.00	\$ 45.00
ARCH BENDING PLIERS	2	\$ 145.00	\$ 290.00	\$ 80.00
FLUSH CUT AND HOLD DISTAL END CUTTER	1	\$ 187.50	\$ 187.50	\$ 50.00
BAND CONTOUR PLIERS MODIFIED	1	\$ 109.50	\$ 109.50	\$ 30.00
BITE STICK	1			
TITANIUM TRAUMA SPLINT				
MICRO-MINI PIN AND LIGATURE CUTTER	1	\$ 161.00	\$ 161.00	\$ 50.00
				\$ 395.00
SPARE INSTRUMENTS:				
SC 13/14 SCALER	2	\$ 52.95	\$ 105.90	\$ 50.00
SRP 13/14 SCALER	1	\$ 52.95	\$ 52.95	\$ 25.00
HOLLENBACK	4	\$ 24.50	\$ 98.00	\$ 50.00
SPATULA	2	\$ 29.10	\$ 58.20	\$ 25.00
PERIOSTEL	2	\$ 51.00	\$ 102.00	\$ 50.00
BLACKSPOON	4	\$ 25.65	\$ 102.60	\$ 50.00
COTTON PLIERS	5	\$ 16.85	\$ 84.25	\$ 40.00
MOUTH MIRRORS	3	\$ 14.10	\$ 42.30	\$ 20.00
EXPLORE	6	\$ 16.55	\$ 99.30	\$ 50.00
PROBE	1	\$ 75.75	\$ 75.75	\$ 35.00
ENDO SPREADERS	2			
BURNISHER	4	\$ 24.65	\$ 98.60	\$ 50.00
SMALL SPOON ESCAVATOR	3	\$ 25.65	\$ 76.95	\$ 35.00
AMALGAM CARRIER	2	\$ 66.00	\$ 132.00	\$ 66.00
ENDO PLUGGER	2	\$ 99.95	\$ 199.90	\$ 100.00
BITE STICK--TOOTH SLOOTH	1	\$ 17.75	\$ 17.75	\$ 8.00
13/14 SCALER	1	\$ 52.95	\$ 52.95	\$ 25.00
SMALL CHILD MOUTH PROP	6	\$ 38.45	\$ 230.70	\$ 115.00
CHILD MOUTH PROP	3	\$ 38.45	\$ 115.35	\$ 55.00
ADULT MOUTH PROP	10	\$ 38.45	\$ 384.50	\$ 190.00
				\$ 1,039.00
RUBBER DAM BASKET:				
DAM FRAME	2			
#14 DAM CLAMP	7			
#13A DAM CLAMP	2			
#2 DAM CLAMP	2			
DAM PUNCH	2	\$ 70.50	\$ 141.00	\$ 40.00
DAM FORCEPS	2			
FIESTA CODED CLAMP KIT	1	\$ 99.95	\$ 99.95	\$ 20.00
SUPER CAP MATRIX KIT	1	\$ 99.95	\$ 99.95	\$ 20.00
6.3MM BLUE	14			
6.3 MM REGULAR	14			
				\$ 80.00
XCP KIT:				
PA KIT	4			
BWX KIT	4			
CENTER AIMING RING	6	\$ 11.50	\$ 69.00	\$ 30.00
ANTERIOR ARM	3	\$ 25.50	\$ 76.50	\$ 35.00
POSTERIOR AIMING RING	3	\$ 11.50	\$ 34.50	\$ 15.00
POSTERIOR ARM	3	\$ 23.95	\$ 71.85	\$ 30.00
BITEWING ARM	3	\$ 20.50	\$ 61.50	\$ 30.00

UNIVERSAL ENDO HOLDER SYSTEM	1	\$ 25.75	\$ 25.75	\$ 15.00
CDR SENSOR SIZE 2	2	\$ 6,924.00	\$ 13,848.00	\$ 2,700.00
CDR SENSOR SIZE 1	2	\$ 5,962.00	\$ 11,924.00	\$ 2,400.00
CDR SENSORE SIZE 0	1	\$ 5,000.00	\$ 5,000.00	\$ 1,000.00
USB REMOTE HS	5	\$ 2,502.00	\$ 12,510.00	\$ 2,500.00
				\$ 8,755.00
STAINLESS STEEL CROWNS:				
PRIMARY STAINLESS STEEL CROWN KIT	1	\$ 555.00	\$ 555.00	\$ 110.00
PERMANENT STAINLESS STEEL CROWN KIT	1	\$ 555.00	\$ 555.00	\$ 110.00
CLASS 2 RESTORATIVE KIT	1	\$ 295.00	\$ 295.00	\$ 59.00
				\$ 279.00
HYGIENE:				
HYGIENE HANDPIECES--MIDWEST RDH FOR DISPOSABLE ANGLES	9	\$ 1,845.00	\$ 16,605.00	\$ 215.00
CASSETTES--SM SIG SERIES 10 INST. , PURPLE	11	\$ 96.75	\$ 1,064.25	\$ 220.00
BLK CAVITRON 30K STER MATE	2	\$ 3,911.00	\$ 7,822.00	\$ 1,565.00
PROPHY JET	1	\$ 3,500.00	\$ 3,500.00	\$ 700.00
SYMMETRY IQ 3000	1	\$ 1,599.00	\$ 1,599.00	\$ 320.00
P10 UNIVERSAL TIP FOR REMOVING LIGHT DEP. AND PLAQUE	1	\$ 84.95	\$ 84.95	\$ 15.00
STRAIGHT DIAMOND TIP REMOVAL OF DEBREIS	1	\$ 120.95	\$ 120.95	\$ 25.00
ORAQIX DISPENSER	3	\$ 25.00	\$ 75.00	\$ 15.00
SYRINGES	2	\$ 47.20	\$ 94.40	\$ 20.00
FSI-SLI 10 R CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
FSI-3-27 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
FSI-1000-08 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
FSI-1000-17 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
FSI-1000-21 CAVITRON TIP	2	\$ 189.75	\$ 379.50	\$ 75.00
FSI-1000-23 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
FSI-10-28	1	\$ 189.75	\$ 189.75	\$ 35.00
30K TFI-10 3311	1	\$ 189.75	\$ 189.75	\$ 35.00
IMPLANT CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
3070 30K TFI-10 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
3281 30K TFI-1000 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
3317 30K TFI-1000 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
3229 30K TFI-1000 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
2254 30K TFI-10 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
9113 30K FSI-SLI105-EE CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
9132 30K CTI-10S 11 CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
0307 30K FSI-SLI-105-BL CAVITRON TIP	1	\$ 189.75	\$ 189.75	\$ 35.00
S204S6 SCALER	3	\$ 27.50	\$ 82.50	\$ 15.00
SRPGIL/127 SCALER	1	\$ 27.50	\$ 27.50	\$ 5.00
SC13/14 6 SCALER	11	\$ 31.90	\$ 350.90	\$ 70.00
SH6/79 SCALER	21	\$ 27.50	\$ 577.50	\$ 115.00
SG1/29 SCALER	1	\$ 27.50	\$ 27.50	\$ 5.00
SRP11/12R6 SCALER	20	\$ 31.90	\$ 638.00	\$ 125.00
SG13/149 SCALER	1	\$ 27.50	\$ 27.50	\$ 5.00
SG1/27 SCALER	11	\$ 27.50	\$ 302.50	\$ 60.00
SG1127 SCALER	1	\$ 27.50	\$ 27.50	\$ 5.00
XP SICKLE SCALERS	11	\$ 52.95	\$ 582.45	\$ 115.00
IMPLANT SCALER--4R/4L COLUMBIA UNIVERSAL	2	\$ 67.95	\$ 135.90	\$ 25.00
SH6/77 SCALER	1	\$ 31.90	\$ 31.90	\$ 6.00
SH6/76 SCALER	17	\$ 31.90	\$ 542.30	\$ 105.00
3CH COWHORN EXPLORER	11	\$ 16.55	\$ 182.05	\$ 35.00
#1 MOUTH MIRROR	11	\$ 14.10	\$ 155.10	\$ 30.00
5 FRONT SURFACE MOUTH MIRROR	11	\$ 6.30	\$ 69.30	\$ 15.00
SC 13/14 SCALER	19	\$ 52.95	\$ 1,006.05	\$ 200.00
SG 1/26 SCALER	11	\$ 31.90	\$ 350.90	\$ 70.00
PROBE--UNC 12 COLORVUE PROBE TIPS	11	\$ 75.75	\$ 833.25	\$ 165.00
MONTANA JACK SICKLE SCALERS	11	\$ 33.95	\$ 746.90	\$ 150.00
				\$ 5,051.00
EXAM KITS:				
EXAM CASSETTES	8	\$ 73.00	\$ 584.00	\$ 160.00
MOUTH MIRRORS #1	8	\$ 14.10	\$ 112.80	\$ 20.00
3CH COWHORN EXPLORER #31 ROUND HANDLE	8	\$ 16.50	\$ 132.00	\$ 25.00
SG 11/127 SCALER	8	\$ 31.90	\$ 255.20	\$ 50.00
SH 6/76 SCALER	8	\$ 31.90	\$ 255.20	\$ 50.00
COLORVUE PROBE HANDLE	8	\$ 14.10	\$ 112.80	\$ 20.00
U17 UTILITY PICK-UP DRESSING PLIERS	8	\$ 16.85	\$ 134.80	\$ 25.00
				\$ 350.00
ENDODONTIC INSTRUMENTATION:				
SYBRON ENDO + K-FILE M4 + ENDO FILE HP + OBTURATION UNIT	1	\$ 6,000.00	\$ 6,000.00	\$ 1,200.00
SYBRON APEX LOCATOR	1	\$ 949.00	\$ 949.00	\$ 190.00
HANDPIECE SHEALTH	4	\$ -	\$ -	\$ -
SYBRON BUCHAN	2	\$ 100.00	\$ -	\$ 20.00
K-FILES PACKS	10			
ENDO FILE PACKS	10			
100 THIN SWIVEL DIRECT FLOW 30K	1	\$ 170.00	\$ 170.00	\$ 35.00
10 SWIVEL DIRECT FLOW 30K	1	\$ 170.00	\$ 170.00	\$ 35.00
D11 ENDODONTIC SPREADER	2	\$ 22.75	\$ 45.50	\$ 10.00
1 GLICK BLADE/ENDODONTIC PLUGGER	2	\$ 28.95	\$ 57.90	\$ 12.00
	2	\$ 144.00	\$ 288.00	\$ 55.00
				\$ 1,557.00
CEREC CROWN & BRIDGE UNIT:				
CEREC MILL UNIT + CEREC CAMERA + OVEN	1	\$ 145,000.00	\$ 145,000.00	\$ 110,000.00
CEREC BLOCKS--CASES	7	\$ 155.95	\$ 1,091.65	\$ 220.00
CEREC DRIVER	1	\$ 16.95	\$ 16.95	\$ 5.00

CEREC HEMOSTAT FOR OVEN	1	\$ 51.50	\$ 51.50	\$ 10.00
CEREC TYPODONT	1	\$ 150.00	\$ 150.00	\$ 30.00
MICRO ETCHER	1	\$ 241.00	\$ 241.00	\$ 50.00
CEREC ALL-IN-ONE MILLING INSTRUMENTS FOR IN LAB	2	\$ 203.20	\$ 241.00	\$ 50.00
NTI SOFT TISSUE TRIMMER	1	\$ 111.95	\$ 111.95	\$ 25.00
				\$ 110,390.00
IMPLANT EQUIPMENT				
BIOHORIZON IMPLANT KIT	1	\$ 600.00	\$ 600.00	\$ 120.00
ASTRA KIT	1	\$ 600.00	\$ 600.00	\$ 120.00
BIOHORIZON DRIVER	1	\$ 109.00	\$ 109.00	\$ 20.00
EDENTULOUS INSTRUMENT	1	\$ 80.00	\$ 80.00	\$ 15.00
HEX SCREW DRIVER	1	\$ 109.00	\$ 109.00	\$ 20.00
				\$ 295.00
STERILIZATION AND CLEANING				
M11 ULTRACLAVE STERILIZER W/ AUTOMATIC DOOR	2	\$ 4,627.00	\$ 9,254.00	\$ 1,850.00
STATIM 5000 CASSETTE AUTOCLAVE	1	\$ 5,881.00	\$ 5,881.00	\$ 1,175.00
ASSISTINA 301 PLUS / STARTER KIT--HANDPIECE CLEANER	1	\$ 1,849.00	\$ 1,849.00	\$ 370.00
MIDWEST HANDPIECE CLEANER	1	\$ 2,500.00	\$ 2,500.00	\$ 500.00
HYDRIM DISHWASHER	1	\$ 6,000.00	\$ 6,000.00	\$ 1,200.00
WASHING MACHINE	1	\$ 300.00	\$ 300.00	\$ 60.00
DRYER	1	\$ 250.00	\$ 250.00	\$ 50.00
ULTRASONIC CLEANER	2	\$ 325.00	\$ 650.00	\$ 130.00
				\$ 5,335.00
LAB EQUIPMENT AND SAFETY				
SONIC FILL	3	\$ 1,000.00	\$ 3,000.00	\$ 600.00
NC-350II ELECTRIC HANDPIECE--LAB HANDPIECE	1	\$ 739.00	\$ 739.00	\$ 150.00
CARTS	2	\$ 50.00	\$ 100.00	\$ 20.00
BLOOD PRESSURE MACHINE/O2 SAT/PRINTER	1	\$ 3,000.00	\$ 3,000.00	\$ 600.00
BLOOD PRESSURE MACHINE--ARM AND WRIST	2	\$ 40.00	\$ 80.00	\$ 16.00
LEAD FREE APRON CHILD W/ COLLAR	1	\$ 159.95	\$ 159.95	\$ 32.00
LEAD FREE APRON ADULT W/ COLLAR	2	\$ 179.95	\$ 359.90	\$ 72.00
LEAD FREE APRON PANORAMIC	1	\$ 239.00	\$ 239.00	\$ 48.00
VACUUM FORMER--LAB SUCK DOWN MACHINE	1	\$ 289.00	\$ 289.00	\$ 58.00
MODEL 26A RED WING LATHE	1	\$ 252.00	\$ 252.00	\$ 50.00
RED WING HANDLER LAB VACUUM HOOD	1	\$ 300.00	\$ 300.00	\$ 60.00
16 CHUK/CHANGER W/ ACCESSORIES--RED BALL BEARING MOTOR	1	\$ 278.00	\$ 278.00	\$ 55.00
CHUCK STONE-RIGHT-1260080 BRASS	1	\$ 19.95	\$ 19.95	\$ 4.00
VIBRATOR	1	\$ 89.95	\$ 89.95	\$ 18.00
THERMO KNIFE	1	\$ 196.95	\$ 196.95	\$ 40.00
HAIER FRIDGE	1	\$ 69.00	\$ 69.00	\$ 14.00
SILHOETTE NITROUS SYSTEM	1	\$ 200.00	\$ 200.00	\$ 40.00
ARTICULATOR AND FACEBOW	1	\$ 500.00	\$ 500.00	\$ 100.00
INTRAORAL CAMERA	1	\$ 3,292.00	\$ 3,292.00	\$ 660.00
BLOOD SPILL KIT	1	\$ 300.00	\$ 300.00	\$ 60.00
EMERGENCY DRUG KIT	1	\$ 499.00	\$ 499.00	\$ 100.00
FIRST AID KIT	1	\$ 25.00	\$ 25.00	\$ 5.00
AED	1	\$ 3,500.00	\$ 3,500.00	\$ 700.00
OXYGEN TANK	1	\$ 100.00	\$ 100.00	\$ 20.00
OXYGEN TANK MASK	2	\$ 10.00	\$ 20.00	\$ 4.00
AED PADS	2	\$ 59.00	\$ 118.00	\$ 24.00
CLEAR JARS	15	\$ 5.00	\$ 75.00	\$ 15.00
MODEL TRIMMER 10' W/ SOLENOID	1	\$ 546.00	\$ 546.00	\$ 110.00
BOWL FLEX RUBBER MEDIUM	3	\$ 7.75	\$ 23.25	\$ 5.00
OPTI-KLENS I EYEWASH FOUNTAIN	1	\$ 57.95	\$ 57.95	\$ 12.00
KNIFE LAB 12R ROSEHOOD HNDL	2	\$ 9.75	\$ 19.50	\$ 4.00
KNIFE 1 3/4" SHORT OSLOY	1	\$ 9.95	\$ 9.95	\$ 2.00
SPATULA #10R	3	\$ 8.40	\$ 25.20	\$ 5.00
SCRAPER KINGSLEY #3	1	\$ 10.95	\$ 10.95	\$ 2.00
				\$ 3,705.00
EQUIPMENT ROOM				
POWER AIR OIL-LESS COMPRESSOR, 3-5 USER, 2.25HP	1	\$ 5,187.00	\$ 5,187.00	\$ 1,037.00
MIDMARK COMPRESSOR P32/P3/CP2 PKG	1	\$ 12,044.00	\$ 12,044.00	\$ 2,400.00
POWER VAC SINGLE--2HP (208-230V)	1	\$ 6,680.00	\$ 6,680.00	\$ 1,336.00
CP-2 CONTROL PANEL, AIR & VAC	1	\$ 177.00	\$ 177.00	\$ 35.00
RHINO XP SINGLE SPEED AIR MOTOR	1	\$ 931.00	\$ 931.00	\$ 186.00
				\$ 4,994.00
OPERATORY EQUIPMENT				
PLANMECA INTRAORAL XRAY UNIT	1	\$ 3,971.00	\$ 3,971.00	\$ 794.20
PLANMECA X-RAY COMPUTER MOUNT	3	\$ 330.00	\$ 990.00	\$ 200.00
PLANMECA WALL MOUNT INTRAORAL X-RAY W/ SPECIAL ARM 74"	3	\$ 4,030.00	\$ 12,090.00	\$ 2,418.00
PLANMECA PRO ONE DIGITAL PANORAMIC X-RAY	3	\$ 27,995.00	\$ 83,985.00	\$ 17.00
PLANMECA CHIN SUPPORT	1	\$ 10.77	\$ 10.77	\$ 2.00
MIDMARK TRACK LIGHT & MONITOR MOUNT ONLY	3	\$ 4,134.00	\$ 12,402.00	\$ 2,480.00
MIDMARK ULTRATRIM CONCEPT LR PATIENT CHAIRS	5	\$ 6,844.00	\$ 34,220.00	\$ 6,844.00
MIDMARK ASSISTANT STOOLS	5	\$ 703.00	\$ 3,515.00	\$ 703.00
MIDMARK DOCTOR STOOLS	5	\$ 493.00	\$ 2,465.00	\$ 493.00
MIDMARK CABINET CONSOLE	5	\$ 12,640.00	\$ 63,200.00	\$ 12,640.00
MIDMARK REAR CABINET CONSOLE	4	\$ 6,917.00	\$ 27,668.00	\$ 5,533.00
MIDMARK UNIT PRO	5	\$ 5,307.00	\$ 26,535.00	\$ 5,307.00
MIDMARK OPERATORY SIDE CASEWORK STAINLESS STEELL SINK & FAUCET	5	\$ 3,698.00	\$ 18,490.00	\$ 3,698.00
MIDMARK GLOVE/TOWEL/CUP DISPENSER	3	\$ 306.00	\$ 918.00	\$ 184.00

MIDMARK INTL CONCEPT LR PROCENTER DELIVERY SYSTEM	3	\$ 4,631.00	\$ 13,893.00	\$ 2,780.00
MIDMARK FREESTANDING TREATMENT CONSOLE	5	\$ 7,306.00	\$ 36,530.00	\$ 7,305.00
MIDMARK FREESTANDING CONSOLE W/ X-RAY	5	\$ 10,586.00	\$ 52,930.00	\$ 10,600.00
MIDMARK FREESTANDING CONSOLE NON X-RAY	2	\$ 10,993.00	\$ 21,986.00	\$ 4,400.00
MIDMARK 10 FT STERILIZATION CENTER W/ SOLID SURFACE TOP	2	\$ 12,160.00	\$ 24,320.00	\$ 49.00
MIDMARK CABINET CONSOLE	1	\$ 3,971.00	\$ 3,971.00	\$ 800.00
DIGITAL MXR-D CABINET MOUNT FLOWMETER PACKAGE--NITROUS	1	\$ 3,971.00	\$ 3,971.00	\$ 800.00
UNDER CABINET SLIDE MOUNT FOR BAG TEE & PORTER AVS 5000	1	\$ 311.00	\$ 311.00	\$ 60.00
MANIFOLD SYSTEM 2-202/2-N2O; WALL MODEL SENTINEL	1	\$ 2,503.00	\$ 2,503.00	\$ 500.00
CONCEALED ZONE VALVE FOR USE W/ 4222 VANGUARD MANIFOLD	1	\$ 870.00	\$ 870.00	\$ 175.00
HANDPIECE ILLUMINATION SYSTEM	3	\$ 405.00	\$ 1,215.00	\$ 240.00
SCHICK SENSORS--CDR SENSOR SIZE 2	2	\$ 5,962.00	\$ 11,924.00	\$ 2,385.00
SCHICK SENSORS--CDR SENSOR SIZE 1	2	\$ 4,962.00	\$ 9,924.00	\$ 1,985.00
SCHICK SENSORS--CDR SENSOR SIZE 0	1	\$ 6,924.00	\$ 6,924.00	\$ 1,385.00
SCHICK REMOTE INTERFACE	5	\$ 1,251.00	\$ 6,255.00	\$ 1,250.00
SCHICK REMOTE CABLE	5	\$ 24.00	\$ 120.00	\$ 25.00
UNIVERSAL SENSOR HOLDER	3	\$ 3,292.00	\$ 9,876.00	\$ 1,975.00
USB CAM 2 INTRAORAL CAMBERA KIT	1	\$ 8.00	\$ 8.00	\$ 2.00
CABLES 10' USB EXTENSION CABLE FOR CAMERA	2	\$ 39.00	\$ 78.00	\$ 15.00
LAB CABINET UNITS	8	\$ 100.00	\$ 800.00	\$ 160.00
CENTER STATION CABINET UNITS	1	\$ 100.00	\$ 100.00	\$ 20.00
CEREC STATION CABINET UNITS	1	\$ 1,200.00	\$ 1,200.00	\$ 240.00
				\$ 82,759.20
HYGIENE EXTRAS:				
1175 30K CAVITRON TIP	2	\$ 189.75	\$ 379.50	\$ 75.00
8183 30K CAVITRON TIP	2	\$ 189.75	\$ 379.50	\$ 75.00
SHARPENING STONE	3	\$ 18.95	\$ 56.85	\$ 12.00
HYGIENE TEST STICKS	6	\$ 18.95	\$ 113.70	\$ 23.00
				\$ 185.00
ENDO CASSETTE:				
SMALL CASSETTE--8 INSTRUMENTS	2	\$ 96.75	\$ 193.50	\$ 40.00
STRAIGHT EXPLORER	2	\$ 16.55	\$ 33.10	\$ 7.00
COLORVUE PROBE HANDLE	2	\$ 14.10	\$ 28.20	\$ 6.00
SPOON	2	\$ 25.65	\$ 51.30	\$ 10.00
#1 MIRROR--HANDLE	2	\$ 14.10	\$ 28.20	\$ 6.00
5 FRONT SURFACE MOUTH MIRROR, ONE	2	\$ 6.30	\$ 12.60	\$ 3.00
BUCHANAN HAND PLUGGER--SIZE 1, RED TIP	1	\$ 99.95	\$ 99.95	\$ 20.00
BUCHANAN HAND PLUGGER--SIZE 2, BLUE TIP	1	\$ 99.85	\$ 99.85	\$ 20.00
CANAL SPREADER	2		\$ 2.00	\$ 0.50
				\$ 112.50
LABORATORY BURS	13	\$ 24.00	\$ 312.00	\$ 63.00
LOUPES AND LIGHT + 2 BATTERIES	2	\$ 1,300.00	\$ 2,600.00	\$ 520.00
				\$ 230,977.70

Fill in this information to identify the case:

Debtor name Tracie W. Legette, D.D.S., M.P.H., PLLC

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

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 Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p>2.1 <u>Bank of America</u></p> <p><small>Creditor's Name</small> Attn: Mgr, Agt or Officer P.O. Box 15019 Wilmington, DE</p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 273</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>1. Bank of America 2. Bank of America 3. Wells Fargo</p>	<p>Describe debtor's property that is subject to a lien Misc. equipment, tools and supplies (See attached Exhibit C)</p> <hr/> <p>Describe the lien UCC-1 Financing Statement</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p><u>\$300,554.10</u></p>	<p><u>\$230,977.70</u></p>

<p>2.2 <u>Bank of America</u></p> <p><small>Creditor's Name</small> Attn: Mgr, Agt or Officer P.O. Box 15019 Wilmington, DE</p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 265</p>	<p>Describe debtor's property that is subject to a lien Misc. equipment, tools and supplies (See attached Exhibit C)</p> <hr/> <p>Describe the lien UCC-1 Financing Statement</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>	<p><u>\$41,229.16</u></p>	<p><u>\$230,977.70</u></p>
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Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC 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.
 Specified on line 2.1

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

2.3 Wells Fargo **Describe debtor's property that is subject to a lien** \$126,648.00 \$230,977.70

Creditor's Name
 Attn: Manager, Agent, Officer
 P.O. Box 10335
 Des Moines, IA 50306
Creditor's mailing address

Misc. equipment, tools and supplies (See attached Exhibit C)

Creditor's email address, if known

Describe the lien
 UCC-1 Financing Statement

Date debt was incurred

Is the creditor an insider or related party?
 No
 Yes

Last 4 digits of account number

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.
 Specified on line 2.1

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.** \$468,431.26

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 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
Bell Davis Pitt Attn: Stephen D. Poe PO Box 21029 Winston Salem, NC 27120-1029	Line <u>2.1</u>	

Fill in this information to identify the case:

Debtor name Tracie W. Legette, D.D.S., M.P.H., PLLC

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

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 Cumberland Co Tax Collect Attn: Manager or Agent 117 Dick Street #530 Fayetteville, NC 28301 Date or dates debt was incurred 2017 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	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: Personal property taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown \$0.00
2.2	Priority creditor's name and mailing address Internal Revenue Service Attn: Managing Agent PO Box 7346 Philadelphia, PA 19101-7346 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)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown \$0.00

Debtor	Tracie W. Legette, D.D.S., M.P.H., PLLC <small>Name</small>	Case number (if known)	
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2.3	Priority creditor's name and mailing address NC Department of Revenue Attn: Manager, Agent, Officer 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	Unknown \$0.00
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Date or dates debt was incurred	Basis for the claim:
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Last 4 digits of account number	Is the claim subject to offset?
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Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) No 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
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3.1	Nonpriority creditor's name and mailing address John E. Legette P.O. Box 610 Fayetteville, NC 28302 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,714.00
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3.2	Nonpriority creditor's name and mailing address Patterson Dental Supply, Inc. Attn: Manager or Agent 1031 Mendota Hgts. Rd. Saint Paul, MN 55120 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE PURPOSES ONLY - Obligation is with Tracie W. Legette, personally but Debtor uses the collateral for its practice</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,653.00
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3.3	Nonpriority creditor's name and mailing address Patterson Dental Supply, Inc. Attn: Manager or Agent 1031 Mendota Hgts. Rd. Saint Paul, MN 55120 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 checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>NOTICE PURPOSES ONLY - Obligation is with Tracie W. Legette, personally but Debtor uses the collateral for its practice</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,952.35
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3.4	Nonpriority creditor's name and mailing address PNC Bank Attn: Manager, Agent, Officer P.O. Box 747032 Pittsburgh, PA 15274 Date(s) debt was incurred _ Last 4 digits of account number <u>0126</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 type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,491.00
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3.5	Nonpriority creditor's name and mailing address PNC Bank Attn: Manager, Agent, Officer P. O. Box 3180 Pittsburgh, PA 15230-3180 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,457.00
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Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC Case number (if known) _____
Name

3.6	Nonpriority creditor's name and mailing address Tracie W. Legette P.O. Box 610 Fayetteville, NC 28302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,212.00
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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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

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

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

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ 0.00
5b. Total claims from Part 2	5b. + \$ 122,479.35
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	5c. \$ 122,479.35

Fill in this information to identify the case:

Debtor name Tracie W. Legette, D.D.S., M.P.H., PLLC

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

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>State the term remaining</p> <p>List the contract number of any government contract _____</p>	<p>Lease of dental office space located at 4823 Rosehill Road, Fayetteville NC</p> <p>December 31, 2019</p>	<p>H&W Group, LLC Attn: Manager or Agent PO Box 610 Fayetteville, NC 28302-0610</p>
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Fill in this information to identify the case:

Debtor name Tracie W. Legette, D.D.S., M.P.H., PLLC

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

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	H&W Group, LLC	Attn: Manager or Agent PO Box 610 Fayetteville, NC 28302-0610	Bank of America	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	H&W Group, LLC	Attn: Manager or Agent PO Box 610 Fayetteville, NC 28302-0610	Bank of America	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	John E. Legette	P.O. Box 610 Fayetteville, NC 28302	Bank of America	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Tracie W. Legette	P.O. Box 610 Fayetteville, NC 28302	Bank of America	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC

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 Tracie W. Legette P.O. Box 610
Fayetteville, NC 28302

Bank of America

D 2.2
 E/F _____
 G _____

Fill in this information to identify the case:

Debtor name Tracie W. Legette, D.D.S., M.P.H., PLLC

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

Case number (if known) _____

Check if this is an amended filing

Official Form 207
Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

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

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2017 to Filing Date

Operating a business
 Other _____

\$138,402.62

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

Operating a business
 Other _____

\$601,353.47

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

Operating a business
 Other _____

\$615,174.00

2. Non-business revenue

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

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC

Case number (if known) _____

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

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

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

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

None

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

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

None

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

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

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

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

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

None

Part 4: Certain Gifts and Charitable Contributions

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

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

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

None

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC

Case number (if known) _____

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Stubbs & Perdue, P.A. 310 Craven Street PO Box 1654 New Bern, NC 28563-1654	* See additional information contained in the Affidavit attached to the Application for Employment of Attorney for the Debtor	11/30/16	\$11,717.00
Email or website address _____			
Who made the payment, if not debtor? John E. Legette			

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

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

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

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

None.

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

14. Previous addresses

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

Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC

Case number (if known) _____

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

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

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. College Lakes Family Dentistry 4823 Rosehill Road Fayetteville, NC 28311	Dental treatment/services	Approximately 11,000
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 4823 Rosehill Road Fayetteville, NC 28311	How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

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

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

Contact information _____

Does the debtor have a privacy policy about that information?

- No
- Yes

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

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

No Go to Part 10.

Yes. Fill in below:

Name of plan	Employer identification number of the plan
American Funds from Capital Group	EIN: IRK120348

Has the plan been terminated?

- No
- Yes

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

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- None

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

19. Safe deposit boxes

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

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC

Case number (if known) _____

case.

None

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

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

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

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

None

Part 12: Details About Environment Information

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

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

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

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

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

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

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC

Case number (if known) _____

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

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

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

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

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

None

Name and address	Date of service From-To
26a.1. Professional Business Services Attn: Sandra Jones 1709 Bixley Drive Fayetteville, NC 28303	2009-2015

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

None

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

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Tracie W. Legette P.O. Box 610 Fayetteville, NC 28302	

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

None

Name and address
26d.1. Wells Fargo Attn: Manager, Agent, Officer P.O. Box 10335 Des Moines, IA 50306
26d.2. PNC Bank Attn: Manager, Agent, Officer P.O. Box 747032 Pittsburgh, PA 15274
26d.3. Bank of America Attn: Mgr, Agt or Officer P.O. Box 15019 Wilmington, DE

27. Inventories

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

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC

Case number (if known) _____

- No
- Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Tracie W. Legette	11/17/16	\$911,000 (purchase price)

Name and address of the person who has possession of inventory records
Tracie W. Legette P.O. Box 610 Fayetteville, NC 28302

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

Name	Address	Position and nature of any interest	% of interest, if any
Tracie W. Legette	P.O. Box 610 Fayetteville, NC 28302	Owner	100

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

- No
- Yes. Identify below.

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

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

- No
- Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Tracie W. Legette P.O. Box 610 Fayetteville, NC 28302	\$84,000	March 2016 - March 2017	Salary

Relationship to debtor
Owner

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

- No
- Yes. Identify below.

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

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

- No
- Yes. Identify below.

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC

Case number *(if known)* _____

Name of the parent corporation

American Funds from Capital Group

Employer Identification number of the parent corporation

EIN: IRK120348

Debtor Tracie W. Legette, D.D.S., M.P.H., PLLC

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 5, 2017

/s/ Tracie W. Legette
Signature of individual signing on behalf of the debtor

Tracie W. Legette
Printed name

Position or relationship to debtor Owner

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

- No
- Yes

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

In re Tracie W. Legette, D.D.S., M.P.H., PLLC 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
Tracie W. Legette P.O. Box 610 Fayetteville, NC 28302		100%	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Owner 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 April 5, 2017 Signature /s/ Tracie W. Legette
Tracie W. Legette

*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 - Fayetteville Division**

In re Tracie W. Legette, D.D.S., M.P.H., PLLC Case No. _____
Debtor(s) Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the Owner 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: April 5, 2017

/s/ Tracie W. Legette
Tracie W. Legette/Owner
Signer/Title

TRACIE W. LEGETTE, D.D.S., M.P.H., P.T.
P.O. BOX 610
FAYETTEVILLE, NC 28302

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

SECURITIES & EXCHANGE COM
OFFICE OF REORGANIZATION
950 E PACES FERRY RD NE 900
ATLANTA, GA 30326-1382

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

NC DEPT OF REVENUE
ATTN: MANAGING AGENT
PO BOX 1168
RALEIGH, NC 27602

UNITED STATES ATTORNEY
ATTN: CIVIL PROCESS CLERK
310 NEW BERN AVENUE
FEDERAL BLDG SUITE 800
RALEIGH, NC 27601-1461

INTERNAL REVENUE SERVICE
ATTN: MANAGING AGENT
PO BOX 7346
PHILADELPHIA, PA 19101-7346

IRS
ALAMANCE BLDG MAIL STOP 24
4905 KOGER BLVD
GREENSBORO, NC 27407-2734

ATTORNEY GENERAL
950 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20530

N.C. DEPT. OF COMMERCE, DES
ATTN: MANAGER OR AGENT
P.O. BOX 26504
RALEIGH, NC 27611

BANK OF AMERICA
ATTN: MGR, AGT OR OFFICER
P.O. BOX 15019
WILMINGTON, DE

BELL DAVIS PITT
ATTN: STEPHEN D. POE
PO BOX 21029
WINSTON SALEM, NC 27120-1029

CUMBERLAND CO TAX COLLECT
ATTN: MANAGER OR AGENT
117 DICK STREET #530
FAYETTEVILLE, NC 28301

H&W GROUP, LLC
ATTN: MANAGER OR AGENT
PO BOX 610
FAYETTEVILLE, NC 28302-0610

JOHN E. LEGETTE
P.O. BOX 610
FAYETTEVILLE, NC 28302

NC DEPARTMENT OF REVENUE
ATTN: MANAGER, AGENT, OFFICER
P.O. BOX 1168
RALEIGH, NC 27602-1168

PATTERSON DENTAL SUPPLY, INC.
ATTN: MANAGER OR AGENT
1031 MENDOTA HGTS. RD.
SAINT PAUL, MN 55120

PNC BANK
ATTN: MANAGER, AGENT, OFFICER
P.O. BOX 747032
PITTSBURGH, PA 15274

PNC BANK
ATTN: MANAGER, AGENT, OFFICER
P. O. BOX 3180
PITTSBURGH, PA 15230-3180

TRACIE W. LEGETTE
P.O. BOX 610
FAYETTEVILLE, NC 28302

WELLS FARGO
ATTN: MANAGER, AGENT, OFFICER
P.O. BOX 10335
DES MOINES, IA 50306

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

In re Tracie W. Legette, D.D.S., M.P.H., PLLC Case No. _____
Debtor(s) 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 Tracie W. Legette, D.D.S., M.P.H., PLLC 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*]

April 5, 2017
Date

/s/ Trawick H. Stubbs, Jr./Laurie B. Biggs
Trawick H. Stubbs, Jr./Laurie B. Biggs
Signature of Attorney or Litigant
Counsel for Tracie W. Legette, D.D.S., M.P.H., PLLC
Stubbs & Perdue, P.A.
PO Box 1654
New Bern, NC 28563
252-633-2700