|           |  |   |                                    | <u> </u>                                   |
|-----------|--|---|------------------------------------|--|
| Fill      | in this information to ident   | ify your case:  |                                    |  |
| Uni       | ited States Bankruptcy Court   | for the:  |                                    |  |
| ΕA        | STERN DISTRICT OF NORT   | 'H CAROLINA   |                                    |  |
| Ca        | se number (if known)   | C   | hapter 11                          |  |
|           |  |   |                                    | ☐ Check if this an amended filing          |
| V<br>If m | ore space is needed, attach  | on for Non-Individual  a separate sheet to this form. On the top of the document, Instructions for Bankruptcy | of any additional pages, write the | debtor's name and case number (if known).  |
| 1.        | Debtor's name  | MMDS of North Carolina, Inc.  |                                    |  |
| 2.        | All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names | Advanced Portable Imaging, LLC  |                                    |  |
| 3.        | Debtor's federal<br>Employer Identification<br>Number (EIN)  | 30-0079594  |                                    |  |
| 4.        | Debtor's address   | Principal place of business   | Mailing addres<br>business         | s, if different from principal place of    |
|           |  | 251 Dominion Drive, Suite 112<br>Morrisville, NC 27560  |                                    |  |
|           |  | Number, Street, City, State & ZIP Code  | P.O. Box, Numb                     | per, Street, City, State & ZIP Code        |
|           |  | Wake  |                                    | ncipal assets, if different from principal |
|           |  | County  | place of busine                    | <del>1</del> 55                            |
|           |  |   | Number, Street,                    | City, State & ZIP Code                     |

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

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor's website (URL)

Type of debtor

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| Debt | minibo or moral caro.                                  | lina, Inc.  |   | Case numb  | per (if known)  |  |  |  |
|------|--|---|---|--|---|--|--|--|
|      | Name   |   |   |  |   |  |  |  |
| 7.   | Describe debtor's business                             | A Chock one:  |   |  |   |  |  |  |
| ٠.   | Describe debtor 3 business                             | _   |   | (  |   |  |  |  |
|      |  |   |   | ss (as defined in 11 U.S.C. § 101(27A))  |   |  |  |  |
|      |  | _   |   | state (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 de  | efined in 11 U.S.C. § 781(3))  |   |  |  |  |
|      |  | ☐ None of the ab                                      | ove   |  |   |  |  |  |
|      |  | B. Check all that a                                   | vlaa  |  |   |  |  |  |
|      |  |   |   | s described in 26 U.S.C. §501)   |   |  |  |  |
|      |  | •   | •   | <ul><li>including hedge fund or pooled investment</li></ul>  | vehicle (as defined in 15 U.S.C. §80a-3)  |  |  |  |
|      |  |   |   | as defined in 15 U.S.C. §80b-2(a)(11))   | (3004 5)  |  |  |  |
|      |  |   | (   | 20 20  |   |  |  |  |
|      |  |   |   | an Industry Classification System) 4-digit cod<br>urts.gov/four-digit-national-association-naics-c |   |  |  |  |
|      |  | See Imp.//www.  | usco  | arts.gov/rour-digit-riational-association-riales-c   | oues.   |  |  |  |
|      |  |   |   |  |   |  |  |  |
| 8.   | Under which chapter of the                             | Check one:  |   |  |   |  |  |  |
|      | Bankruptcy Code is the debtor filing?                  | ☐ Chapter 7   |   |  |   |  |  |  |
|      | -  | ☐ Chapter 9   |   |  |   |  |  |  |
|      |  | Chapter 11. Ch  | neck a  | all that apply:  |   |  |  |  |
|      |  |   |   |  | debts (excluding debts owed to insiders or affiliates)  |  |  |  |
|      |  |   | _   | ,  | 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.  | atti a fara a sa a sa a sa a sa a sa a sa a   |  |  |  |
|      |  |   | _   | accordance with 11 U.S.C. § 1126(b).   | etition from one or more classes of creditors, in   |  |  |  |
|      |  |   |   | Exchange Commission according to § 13 or   | (for example, 10K and 10Q) with the Securities and 15(d) of the Securities Exchange Act of 1934. File the ividuals Filing for Bankruptcy under Chapter 11 |  |  |  |
|      |  |   |   | The debtor is a shell company as defined in  | the Securities Exchange Act of 1934 Rule 12b-2.   |  |  |  |
|      |  | ☐ Chapter 12  |   |  | •   |  |  |  |
|      |  |   |   |  |   |  |  |  |
| 9.   | Were prior bankruptcy                                  | ■ No.   |   |  |   |  |  |  |
|      | cases filed by or against the debtor within the last 8 | ☐ Yes.  |   |  |   |  |  |  |
|      | years?   | <b>—</b> 103.   |   |  |   |  |  |  |
|      | If more than 2 cases, attach a separate list.          | District  |   | When   | Case number   |  |  |  |
|      | separate list.   | District  |   | When   |   |  |  |  |
|      |  |   |   | *********************************  |   |  |  |  |
| 10.  | Are any bankruptcy cases                               | ■ No  |   |  |   |  |  |  |
|      | pending or being filed by a business partner or an     | ☐ Yes.  |   |  |   |  |  |  |
|      | affiliate of the debtor?                               |   |   |  |   |  |  |  |
|      | List all cases. If more than 1, attach a separate list | Debtor  |   |  | Relationship  |  |  |  |
|      | апасн а зерагате пѕт                                   | District  |   | When   | Case number, if known   |  |  |  |
|      |  | District -  |   | vviidii  | Ouse namber, il known   |  |  |  |

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| Debtor MMDS of North Ca |           | arolina, Inc.                                |                       |                           | Case number (if known  | Case number (if known)   |   |  |  |  |
|-------------------------|-----------|--|-----------------------|---------------------------|--|--|---|--|--|--|
|                         | Nam       | е  |                       |                           |  |  |   |  |  |  |
| 11.                     | Why is t  | he case filed in                             | Check all that apply: |                           |  |  |   |  |  |  |
|                         |           |  |                       |                           |  | ipal place of business, or principal assets or for a longer part of such 180 days than     |   |  |  |  |
|                         |           |  | □ A                   | bankruptcy case concern   | ing de   | btor's affiliate, general partner, or partners   | hip is pending in this district.  |  |  |  |
| 12.                     |           | e debtor own or                              | ■ No                  |                           |  |  |   |  |  |  |
|                         | real pro  | ssession of any perty or personal that needs | ☐ Yes.                | Answer below for each     | proper   | rty that needs immediate attention. Attach   | additional sheets if needed.  |  |  |  |
|                         |           | ate attention?                               |                       | Why does the propert      | y need   | d immediate attention? (Check all that ap  | oply.)  |  |  |  |
|                         |           |  |                       | ☐ It poses or is alleged  | es or is alleged to pose a threat of imminent and identifiable hazard to public health or safe |  |   |  |  |  |
|                         |           |  |                       | What is the hazard?       | _  |  |   |  |  |  |
|                         |           |  |                       | ☐ It needs to be physic   | cally se   | ecured or protected from the weather.  |   |  |  |  |
|                         |           |  |                       |                           |  | ds or assets that could quickly deteriorate of meat, dairy, produce, or securities-related | or lose value without attention (for example, assets or other options). |  |  |  |
|                         |           |  |                       | Other                     |  |  |   |  |  |  |
|                         |           |  |                       | Where is the property     | ?  |  |   |  |  |  |
|                         |           |  |                       |                           |  | Number, Street, City, State & ZIP Code   |   |  |  |  |
|                         |           |  |                       | Is the property insure    | d?   |  |   |  |  |  |
|                         |           |  |                       | □ No                      |  |  |   |  |  |  |
|                         |           |  |                       | ☐ Yes. Insurance ag       | ency   |  |   |  |  |  |
|                         |           |  |                       | Contact nam               | е  |  |   |  |  |  |
|                         |           |  |                       | Phone                     |  |  |   |  |  |  |
|                         |           |  |                       |                           |  |  |   |  |  |  |
|                         | Sta       | tistical and admin                           | istrative i           | nformation                |  |  |   |  |  |  |
| 13.                     |           | estimation of                                | . (                   | Check one:                |  |  |   |  |  |  |
|                         | available | e funds                                      |                       | Funds will be available   | for dis  | stribution to unsecured creditors.   |   |  |  |  |
|                         |           |  | [                     | ☐ After any administrativ | e expe   | enses are paid, no funds will be available to  | o unsecured creditors.  |  |  |  |
|                         |           |  |                       |                           |  | • /  |   |  |  |  |
| 14.                     | Estimate  | ed number of                                 | □ 1-49                |                           |  | 1,000-5,000  | <u> </u>  |  |  |  |
|                         | Creditor  | •  | 50-99                 |                           |  | ☐ 5001-10,000<br>☐ 40,004.05.000   | □ 50,001-100,000  |  |  |  |
|                         |           |  | □ 100-1<br>□ 200-9    |                           |  | ☐ 10,001-25,000  | ☐ More than100,000  |  |  |  |
|                         |           |  | <b>□</b> 200-9        | 999                       |  |  |   |  |  |  |
| 15.                     | Estimate  | ed Assets                                    | □ \$0 - \$            | \$50,000                  |  | ■ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |  |
|                         |           |  |                       | 001 - \$100,000           |  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |  |  |
|                         |           |  |                       | ,001 - \$500,000          |  | ☐ \$50,000,001 - \$100 million   | ☐ \$10,000,000,001 - \$50 billion                                       |  |  |  |
|                         |           |  | □ \$500               | ,001 - \$1 million        |  | ☐ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |  |  |  |
| 16.                     | Estimate  | ed liabilities                               | □ \$0 - \$            | \$50,000                  |  | # #4 000 004 #40 <del>:!!</del>  | □ \$500,000,001 - \$1 billion   |  |  |  |
|                         |           |  |                       | 001 - \$100,000           |  | ■ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million                                 | □ \$1,000,000,001 - \$1 billion   |  |  |  |
|                         |           |  | □ \$100               | ,001 - \$500,000          |  | □ \$50,000,001 - \$50 million  | □ \$10,000,000,001 - \$50 billion                                       |  |  |  |
|                         |           |  | □ \$500               | ,001 - \$1 million        |  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |  |  |  |
|                         |           |  |                       |                           |  |  |   |  |  |  |

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|   | Carolina, Inc.   | Case number (if known)   |
|---|--|--|
| •   | , Declaration, and Signatures  |  |
| IG Bankruptcy frauc<br>imprisonment fo                    | d is a serious crime. Making a false statement in connector up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519  | tion with a bankruptcy case can result in fines up to \$500,000 or and 3571.   |
| aration and signatur<br>Ithorized<br>esentative of debtor | The debtor requests relief in accordance with the classification in the petition on behalf I have examined the information in this petition and I declare under penalty of perjury that the foregoing Executed on <b>April 7, 2017</b> | have a reasonable belief that the information is trued and correct.  |
|   | X /s/ Lloyd Williams III Signature of authorized representative of debtor Title President  | Lloyd Williams III Printed name  |
| ature of attorney   | X /s/ William P. Janvier Signature of attorney for debtor  William P. Janvier  Printed name  Janvier Law Firm, PLLC  Firm name  1101 Haynes Street Suite 102 Raleigh, NC 27604   | Date April 7, 2017 MM / DD / YYYY  |
|   | Request for Relief IG Bankruptcy frau imprisonment for aration and signaturathorized esentative of debtor  | Request for Relief, Declaration, and Signatures  IG — Bankruptcy fraud is a serious crime. Making a false statement in connect imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, arration and signature atthorized  The debtor requests relief in accordance with the characteristic of debtor  I have been authorized to file this petition on behalf  I have examined the information in this petition and I declare under penalty of perjury that the foregoing Executed on  April 7, 2017  MM / DD / YYYY   X /s/ Lloyd Williams III  Signature of authorized representative of debtor  Title President  X /s/ William P. Janvier  Signature of attorney for debtor  William P. Janvier  Printed name  Janvier Law Firm, PLLC  Firm name  1101 Haynes Street |

Email address

bill@janvierlaw.com

Bar number and State

21136

Contact phone **919-582-2323** 

| Fill in this infor |                          |                                    |                                    |
|--------------------|--------------------------|------------------------------------|------------------------------------|
| Debtor name        | MMDS of North Card       | lina, Inc.                         |                                    |
| United States B    | ankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA |                                    |
| Case number (if    | known)                   |                                    | Check if this is an amended filing |
|                    |                          |                                    | g                                  |

#### 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

| п | declare under   | nanalty of  | narium | that the                 | foregoing  | ic truc  | and corre | nct. |
|---|-----------------|-------------|--------|--------------------------|------------|----------|-----------|------|
|   | ucciai e uniuci | Deliaity Oi | Dellul | ı ıııaı ııı <del>c</del> | IOIEGOIIIG | เจ แนะ เ | anu cone  | UL.  |

|             | . , , , ,     | Ü | Š   |
|-------------|---------------|---|---|
| Executed on | April 7, 2017 |   | X /s/ Lloyd Williams III                            |
|             |               | _ | Signature of individual signing on behalf of debtor |
|             |               |   | I lovd Williams III                                 |

## Printed name

#### President

#### Position or relationship to debtor

Official Form 202

| Fill in this information to identify the case | Fill in this information to identify the case: |  |                     |  |  |  |  |  |
|---|--|--|---------------------|--|--|--|--|--|
| Debtor name   MMDS of North Carolin           | Debtor name   MMDS of North Carolina, Inc.     |  |                     |  |  |  |  |  |
| United States Bankruptcy Court for the:       | EASTERN DISTRICT OF NORTH<br>CAROLINA          |  | Check if this is an |  |  |  |  |  |
| Case number (if known):                       |  |  | 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

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<br>(for example, trade<br>debts, bank loans,<br>professional services,<br>and government<br>contracts) | Indicate if claim<br>is contingent,<br>unliquidated, or<br>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 Deduction for value Unsecured claim |              |                    |
|--|--|--|---|---|--------------|--------------------|
| Ally Auto Finance<br>Attn:<br>Officer/Managing<br>Agent<br>PO Box 380902<br>Minneapolis, MN<br>55438               |  | 2013 Ford Transit<br>Connect<br>VIN x0116  |   | \$14,000.00   | \$4,036.00   | \$9,964.00         |
| B&B Leasing<br>Attn:<br>Officer/Managing<br>Agent<br>5201 Olympic Drive<br>NW, Ste 210<br>Gig Harbor, WA<br>98335  |  | Equipment  |   | \$41,681.15   | \$15,000.00  | \$26,681.15        |
| Balboa Capital<br>Attn:<br>Officer/Managing<br>Agent<br>575 Anton Blvd.,<br>12th Floor<br>Costa Mesa, CA<br>92626  |  | Equipment  |   | \$153,120.00  | \$106,000.00 | \$47,120.00        |
| Bank of America<br>Attn:<br>Officer/Managing<br>Agent<br>1931 High House<br>Road<br>Cary, NC 27519                 |  | Credit Card  |   |   |              | \$57,454.00        |
| Brank Banking and<br>Trust Company<br>Attn:<br>Officer/Managing<br>Agent<br>PO Box 1793<br>Charleston, WV<br>25326 |  | 2015 Ford<br>Transit-Connect<br>VIN x6170  |   | \$23,234.45   | \$13,410.00  | \$9,824.4 <b>5</b> |

Official form 204

Debtor MMDS of North Carolina, Inc.

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<br>(for example, trade<br>debts, bank loans,<br>professional services, | Indicate if claim<br>is contingent,<br>unliquidated, or<br>disputed | claim is partially secure | cured, fill in only unsecur<br>d, fill in total claim amoun<br>toff to calculate unsecure<br>Deduction for value<br>of collateral or setoff | t and deduction for  |
|--|--|--|---|---------------------------|---|----------------------|
| Creekridge Capital,<br>LLC<br>Attn:<br>Officer/Managing<br>Agent<br>7808 Creekridge                                  |  | Equipment  |   | \$25,216.04               | \$1,600.00  | \$23,616.04          |
| Circle, Ste 250 Edina, MN 55439  DeLage Landen Financial Services Attn: Managing Agent PO Box 41602 Philadelphia, PA |  | All equipment<br>leased pursuant<br>to Contract No.<br>100-10097435                    |   | \$66,031.32               | \$8,375.00  | \$57,656.32          |
| 19101 Financial Pacific Leasing, Inc. Attn: Officer/Managing Agent PO Box 4568 Federal Way, WA 98001                 |  | All equipment<br>relating to<br>Contract #<br>001-1195035-301<br>dated 6/7/16          |   | \$170,000.00              | \$17,500.00   | \$152,500.00         |
| GSG Capital - Hitachi Capital Attn: Officer/Managing Agent 800 Connecticut Avenue Norwalk, CT 06854                  |  | Equipment  |   | \$93,406.25               | \$5,000.00  | \$88,406.25          |
| Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326                  |  | Employer's<br>quarterly federal<br>tax return  |   |                           |   | \$137,082.89         |
| NC Department of<br>Revenue<br>Attn: Bankruptcy<br>Unit<br>P.O. Box 1168<br>Raleigh, NC<br>27602-1168                |  | NC income tax withholding  |   |                           |   | \$28,152. <b>0</b> 0 |

Debtor MMDS of North Carolina, Inc.

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<br>(for example, trade<br>debts, bank loans,<br>professional services,   | Indicate if claim<br>is contingent,<br>unliquidated, or<br>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      |  |
| Net Medical Xpress<br>Attn:<br>Officer/Managing<br>Agent<br>5021 Indian School<br>Rd NE<br>Albuquerque, NM<br>87110 |  | Service  |   |   |   | \$83,000.00          |  |
| Poyner Spruill LLP<br>Attn: Managing<br>Agent/David Broyles<br>PO Box 1801<br>Raleigh, NC<br>27602-1801             |  | Professional Fees  |   |   |   | \$17,658.61          |  |
| Rapid Rad<br>Attn:<br>Officer/Managing<br>Agent<br>2303 R.R. 620 S, Ste<br>135 PMB 453<br>Lakeway, TX 78734         |  | Service  |   |   |   | \$168,000.00         |  |
| Teresa Macnicol<br>11 Sunset Road<br>Deland, FL 32724   |  | X-Cel Mobile - %<br>Ownership: 100   |   | \$85,714.00   | \$0.00                                      | \$85,714.00          |  |
| Timepayment Corporation Attn: Officer/Managing Agent 16 New England Exec. Park, Ste 200 Burlington, MA 01803        |  | (1) Kit-Viz + wireless panel with SR 130 Xray unit S/N: KV07094196214, (1) DR-IR-CAP-WL Vizion + Gridded Cap Contains of each protect a GRID DRP enaca |   | \$83,342.63   | \$17,500.00                                 | \$65,8 <b>42</b> .63 |  |
| Triangle Imaging Solutions Attn: Managing Agent 3604 Witherspoon Boulevard Durham, NC 27707                         |  | Trade debt   |   |   |   | \$88,863.60          |  |
| Vascular Wellness<br>Attn:<br>Officer/Managing<br>Agent<br>130 Edinburgh<br>South Dr, Ste 203<br>Cary, NC 27511     |  | Service  |   |   |   | \$50,000.00          |  |

Debtor MMDS of North Carolina, Inc.

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<br>(for example, trade<br>debts, bank loans,<br>professional services,  | Indicate if claim<br>is contingent,<br>unliquidated, or<br>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     |
| Verizon Attn: Managing Agent 500 Technology Drive, Suite 550 Weldon Spring, MO 63304                       |  | Cell phone service  |   |   |   | \$48,793.6 <b>3</b> |
| Wells Fargo Financial Leasing, Inc. Attn: Managing Agent 800 Walnut St, MAC F4031-040 Des Moines, IA 50309 |  | All equipment<br>covered by the<br>Equipment Lease<br>Agreement of<br>2/7/12, 12/21/15,<br>and 5/13/16<br>between Alliance<br>Funding Group<br>and Debtor |   | \$271,387.32  | \$91,800.00                                 | \$179,587.32        |

| Fill | in this information to identify the case:  |     |                                      |  |  |
|------|--|-----|--------------------------------------|--|--|
| De   | otor name MMDS of North Carolina, Inc.   |     |                                      |  |  |
| Un   | ted States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA  |     |                                      |  |  |
| Са   | se number (if known)   | _   | ☐ Check if this is an amended filing |  |  |
| Su   | ficial Form 206Sum<br>mmary of Assets and Liabilities for Non-Individuals  |     | 12/15                                |  |  |
| Pa   | t 1: Summary of Assets   |     |                                      |  |  |
| 1.   | Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)   |     |                                      |  |  |
|      | 1a. Real property: Copy line 88 from Schedule A/B  | \$  | 0.00                                 |  |  |
|      | 1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i>   | \$  | 1,373,632.66                         |  |  |
|      | 1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i>  | \$  | 1,373,632.66                         |  |  |
| Pa   | t 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, Amount of claim, from line 3 of Schedule D | \$  | 2,077,406.71                         |  |  |
| 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 Schedule E/F  | \$  | 172,285.61                           |  |  |
|      | <b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>        | +\$ | 556,252.77                           |  |  |
|      |  |     |                                      |  |  |

Lines 2 + 3a + 3b

Total liabilities

2,805,945.09

| Fill in         | this information to identify the case:  |  |                                 |                     |
|-----------------|---|--|---------------------------------|---------------------|
| Debtor          | r name MMDS of North Carolina, Inc.   |  |                                 |                     |
| l l=:4==        |   | DICT OF NORTH CAROLINA                   |                                 |                     |
| United          | I States Bankruptcy Court for the: EASTERN DISTR  | RICT OF NORTH CAROLINA                   |                                 |                     |
| Case r          | number (if known)   |  |                                 | Check if this is an |
|                 |   |  |                                 | amended filing      |
|                 |   |  |                                 |                     |
| Offi.           | oial Form 2061/P  |  |                                 |                     |
|                 | cial Form 206A/B  |  | · •                             |                     |
|                 | nedule A/B: Assets - Real   |  | <u> </u>                        | 12/15               |
|                 | se all property, real and personal, which the debto<br>e all property in which the debtor holds rights and    |  |                                 |                     |
| which l         | have no book value, such as fully depreciated ass<br>xpired leases. Also list them on Schedule G: Exec        | ets or assets that were not capital      | lized. In Schedule A/B, list a  |                     |
|                 | •   |  | ,                               |                     |
|                 | complete and accurate as possible. If more space<br>btor's name and case number (if known). Also ider         |  |                                 |                     |
| additio         | nal sheet is attached, include the amounts from the   | he attachment in the total for the p     | ertinent part.                  |                     |
|                 | art 1 through Part 11, list each asset under the app  |  |                                 |                     |
|                 | lule or depreciation schedule, that gives the detail:<br>r's interest, do not deduct the value of secured cla |  |                                 |                     |
| Part 1:         |   |  |                                 |                     |
| i. Does         | s the debtor have any cash or cash equivalents?   |  |                                 |                     |
|                 | No. Go to Part 2.   |  |                                 |                     |
|                 | Yes Fill in the information below.<br>cash or cash equivalents owned or controlled by t                       | the debter                               |                                 | Current value of    |
| All V           | sasii or casii equivalents owned or controlled by t   | ille debtol                              |                                 | debtor's interest   |
| 3.              | Checking, savings, money market, or financial l   | brokerage accounts (Identify all)        |                                 |                     |
|                 | Name of institution (bank or brokerage firm)  | Type of account                          | Last 4 digits of account number | t                   |
|                 |   |  | Humber                          |                     |
|                 | 3.1. Bank of America  | Checking                                 | 5443                            | \$2,000.00          |
|                 |   |  |                                 |                     |
|                 | Other and a surface of the off and  |  |                                 |                     |
| 4.              | Other cash equivalents (Identify all)   |  |                                 |                     |
| 5.              | Total of Part 1.  |  |                                 | \$2,000.00          |
|                 | Add lines 2 through 4 (including amounts on any ad  | dditional sheets). Copy the total to lin | ne 80.                          |                     |
| Part 2:         | Deposits and Prepayments  |  |                                 |                     |
| 6. Does         | s the debtor have any deposits or prepayments?  |  |                                 |                     |
|                 | No. Go to Part 3.   |  |                                 |                     |
| _               | Yes Fill in the information below.  |  |                                 |                     |
|                 |   |  |                                 |                     |
| Part 3:         | Accounts receivable   |  |                                 |                     |
| 10. <b>Do</b> e | es the debtor have any accounts receivable?   |  |                                 |                     |
|                 | No. Go to Part 4.   |  |                                 |                     |
| <b>=</b> \      | Yes Fill in the information below.  |  |                                 |                     |
| 11.             | Accounts receivable   |  |                                 |                     |
|                 | 11a. 90 days old or less: <b>272,27</b> .   | <b>2.81</b> -                            | <i>0.00</i> =                   | \$272,272.81        |
|                 | face amount   | doubtful or uncollectib                  |                                 | , _,                |

Official Form 206A/B

| Debtor                      | tor MMDS of North Carolina, Inc. Case number (If known)  |   |   |                                    |  |
|-----------------------------|--|---|---|------------------------------------|--|
| 12.                         | Total of Part 3.  Current value on lines 11a + 11b = line 12. Copy the total                                   | to line 82.   | _                                       | \$272,272.81                       |  |
| Dort 1                      |  |   |   |                                    |  |
| Part 4:<br>13. <b>Doe</b> s | Investments sthe debtor own any investments?   |   |   |                                    |  |
|                             | ·  |   |   |                                    |  |
| _                           | Go to Part 5.     Fill in the information below.   |   |   |                                    |  |
|                             |  |   | V 1 d d 1 1                             |                                    |  |
|                             |  |   | Valuation method used for current value | Current value of debtor's interest |  |
| 14.                         | Mutual funds or publicly traded stocks not included in Name of fund or stock:                                  | n Part 1  |   |                                    |  |
| 15.                         | Non-publicly traded stock and interests in incorporate partnership, or joint venture Name of entity:           | ed and unincorporated bu % of ownership                     | sinesses, including any inter           | est in an LLC,                     |  |
|                             | 15.1. Advanced Portable Imaging, LLC   | %   |   | \$0.00                             |  |
|                             | 15.2. MMDS New River Valley  | %   |   | \$150,000.00                       |  |
|                             | 15.3. <b>X-Cel Mobile</b>  | %   |   | \$0.00                             |  |
| 16.                         | Government bonds, corporate bonds, and other negotion Describe:  | tiable and non-negotiable                                   | instruments not included in             | Part 1                             |  |
| 17.                         | Total of Part 4.   |   |   | \$150,000.00                       |  |
| 17.                         | Add lines 14 through 16. Copy the total to line 83.  |   | _                                       | \$150,000.00                       |  |
| Part 5:                     | Inventory, excluding agriculture assets  |   |   |                                    |  |
|                             | s the debtor own any inventory (excluding agriculture a  | ssets)?   |   |                                    |  |
|                             | o. Go to Part 6. es Fill in the information below.   |   |   |                                    |  |
| Part 6:<br>27. <b>Doe</b> s | Farming and fishing-related assets (other than title s the debtor own or lease any farming and fishing-related |   |   |                                    |  |
|                             | o. Go to Part 7. es Fill in the information below.   |   |   |                                    |  |
| Part 7:                     | Office furniture, fixtures, and equipment; and colle   | ectibles  |   |                                    |  |
| 38. <b>Does</b>             | s the debtor own or lease any office furniture, fixtures,  | equipment, or collectibles                                  | ?                                       |                                    |  |
| □ No                        | o. Go to Part 8.   |   |   |                                    |  |
| ■ Ye                        | es Fill in the information below.  |   |   |                                    |  |
|                             | General description  | Net book value of<br>debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |  |

Official Form 206A/B

| Debtor           |                    | MDS of North Carolina, Inc.   | Case  | number (If known)                       |                                    |
|------------------|--------------------|---|---|---|------------------------------------|
|                  |                    |   |   |   |                                    |
| 39.              | Office             | furniture   |   |   |                                    |
| 40.              | Office             | fixtures  |   |   |                                    |
| 41.              | Comp               | equipment, including all computer equipment a<br>nunication systems equipment and software<br>puters, software, printers, monitors,<br>ners, desks, chairs        | \$0.00  |   | \$1,840.00                         |
|                  | Cell µ             | phones, mobile hotspots   | \$0.00  |   | \$2,313.85                         |
| 42.              | books              | ctibles Examples: Antiques and figurines; paintings, pictures, or other art objects; china and crystal; stations; other collections, memorabilia, or collectibles |   |   |                                    |
| 43.              |                    | of Part 7. nes 39 through 42. Copy the total to line 86.  |   | _                                       | \$4,153.85                         |
| 44.              | Is a de ■ No □ Yes |   | perty listed in Part 7?                                     |   |                                    |
| 45.              | Has a  ■ No □ Yes  |   | d by a professional within                                  | the last year?                          |                                    |
| Part 8:          | Ma                 | achinery, equipment, and vehicles   |   |   |                                    |
| 46. <b>Doe</b> s | s the de           | ebtor own or lease any machinery, equipment, o  | r vehicles?   |   |                                    |
| □ No             | o. Go to           | o Part 9.   |   |   |                                    |
| ■ Ye             | es Fill ir         | the information below.  |   |   |                                    |
|                  | Includ             | ral description<br>e year, make, model, and identification numbers<br>/IN, HIN, or N-number)  | Net book value of<br>debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
| 47.              | Auton              | nobiles, vans, trucks, motorcycles, trailers, and   | titled farm vehicles  |   |                                    |
|                  | 47.1.              | 2013 Ford Transit Connect<br>VIN x0116  | \$0.00  |   | \$4,036.00                         |
|                  | 47.2.              | 2014 VW Jetta<br>VIN x4688  | \$0.00  |   | \$7,025.00                         |
|                  | 47.3.              | 2012 Ford Transit Connect<br>VIN x5555  | \$0.00  |   | \$2,738.00                         |
|                  | 47.4.              | 2010 Dodge Grand Caravan<br>VIN x1627   | \$0.00  |   | \$3,047.00                         |
|                  | 47.5.              | 2013 Mazda Sedan<br>VIN x4822   | \$0.00  |   | \$5,433.00                         |
|                  | 47.6.              | 2013 Mazda Sedan<br>VIN x4956   | \$0.00  |   | \$5,433.00                         |
|                  |                    |   |   |   |                                    |

| IMDS of North Carolina, Inc.           | Case number (If known)   |  |
|--|--|--|
| 2013 Ford Transit-Connect<br>VIN x9563 | \$0.00   | \$4,036.00   |
| 2013 Ford Transit-Connect<br>VIN x6279 | \$0.00   | \$4,036.00   |
| 2015 Ford Transit-Connect<br>VIN x5308 | \$0.00   | \$13,410.00  |
| 2014 Ford Transit-Connect<br>VIN x6074 | \$0.00   | \$11,001.00  |
| 2015 Ford Transit-Connect<br>VIN x5901 | \$0.00   | \$13,410.00  |
| 2013 Honda Fit<br>VIN x5813            | \$0.00   | \$9,930.00   |
| 2012 Ford Transit-Connect<br>VIN x3594 | \$0.00   | \$2,738.00   |
| 2013 Ford Focus<br>VIN x4023           | \$0.00   | \$6,109.00   |
| 2015 Ford Transit-Connect<br>VIN x4324 | \$0.00   | \$13,410.00  |
| 2015 Ford Focus<br>VIN x2809           | \$0.00   | \$9,610.00   |
| 2013 Ford Fiesta<br>VIN x7096          | \$0.00   | \$4,626.00   |
| 2015 Ford Focus<br>VIN x5468           | \$0.00   | \$9,610.00   |
| 2016 Mazda 3<br>VIN x8121              | \$0.00   | \$13,708.00  |
| 2014 Ford Focus<br>VIN x5342           | \$0.00   | \$8,277.00   |
| 2016 Ford Focus<br>VIN x4493           | \$0.00   | \$10,312.00  |
| 2015 Ford Focus<br>VIN x2641           | \$0.00   | \$9,610.00   |
|  | 2013 Ford Transit-Connect VIN x9563  2013 Ford Transit-Connect VIN x6279  2015 Ford Transit-Connect VIN x5308  2014 Ford Transit-Connect VIN x6074  2015 Ford Transit-Connect VIN x5901  2013 Honda Fit VIN x5813  2012 Ford Transit-Connect VIN x3594  2013 Ford Focus VIN x4023  2015 Ford Transit-Connect VIN x4324  2015 Ford Focus VIN x2809  2013 Ford Focus VIN x7096  2015 Ford Focus VIN x5468  2016 Mazda 3 VIN x8121  2014 Ford Focus VIN x5342  2016 Ford Focus VIN x5342  2015 Ford Focus VIN x5342 | 2013 Ford Transit-Connect VIN x9563  2013 Ford Transit-Connect VIN x6279  2015 Ford Transit-Connect VIN x5308  2014 Ford Transit-Connect VIN x5074  2015 Ford Transit-Connect VIN x5901  2013 Honda Fit VIN x5813  2012 Ford Transit-Connect VIN x5813  2013 Ford Transit-Connect VIN x3594  2013 Ford Transit-Connect VIN x4324  2015 Ford Transit-Connect VIN x4023  2015 Ford Transit-Connect VIN x4023  2015 Ford Transit-Connect VIN x4023  2015 Ford Focus VIN x4024  2015 Ford Focus VIN x4025  2015 Ford Focus VIN x4026  2016 Ford Focus VIN x4026  2017 Ford Focus VIN x4026  2018 Ford Focus VIN x4026  2018 Ford Focus VIN x5468  \$0.00  2016 Mazda 3 VIN x8121  \$0.00  2016 Ford Focus VIN x5422  \$0.00  2016 Ford Focus VIN x5493  \$0.00  2016 Ford Focus VIN x5493  \$0.00  2016 Ford Focus VIN x5493  \$0.00 |

| MMDS of North Carolina, Inc.                | Case number (If known)  |   |
|---|---|---|
| 3 2014 Mazda 3<br>VIN x3820                 | \$0.00  | \$8,289.00  |
| 2014 Ford Transit-Connect VIN x6081         | \$0.00  | \$11,001.00   |
| 2013 Ford Transit-Connect<br>VIN x9564      | \$0.00  | \$4,036.00  |
| 2016 Ford Transit-Connect VIN x8811         | \$0.00  | \$14,640.00   |
| 2015 Ford Transit-Connect VIN x8104         | \$0.00  | \$13,410.00   |
| 2016 Ford Transit Connect VIN x2915         | \$0.00  | \$14,640.00   |
| 2015 Ford Transit Connect<br>VIN x4855      | \$0.00  | \$13,410.00   |
| 2015 Ford Transit-Connect<br>VIN x5656      | \$0.00  | \$13,410.00   |
| 2014 Ford Transit-Connect<br>VIN x6828      | \$0.00  | \$11,001.00   |
| 2 2015 Nissan Versa<br>VIN x8428            | \$0.00  | \$6,091.00  |
| 3 2016 Ford Transit-Connect<br>VIN x9921    | \$0.00  | \$14,640.00   |
| 2013 Toyota Corolla<br>VIN x4826            | \$0.00  | \$5,001.00  |
| 5 2015 Mazda Sedan<br>VIN x7192             | \$0.00  | \$8,616.00  |
| 2015 Ford Transit-Connect VIN x8697         | \$0.00  | \$13,410.00   |
| <sup>7</sup> 2015 Ford F250<br>VIN x9002    | \$0.00  | \$46,851.00   |
| <sup>3</sup> 2015 Nissan Versa<br>VIN x8766 | \$0.00  | \$6,433.00  |
|   | 3 2014 Mazda 3 VIN x3820  2 2014 Ford Transit-Connect VIN x6081  2 2013 Ford Transit-Connect VIN x9564  2 2016 Ford Transit-Connect VIN x8104  2 2015 Ford Transit Connect VIN x2915  2 2015 Ford Transit Connect VIN x4855  2 2015 Ford Transit-Connect VIN x5656  2 2014 Ford Transit-Connect VIN x6828  2 2015 Nissan Versa VIN x8428  3 2016 Ford Transit-Connect VIN x9921  4 2013 Toyota Corolla VIN x4826  5 2015 Mazda Sedan VIN x7192  5 2015 Ford Transit-Connect VIN x8697 | 2014 Mazda 3 VIN x3820  2014 Ford Transit-Connect VIN x6081  2013 Ford Transit-Connect VIN x9564  2016 Ford Transit-Connect VIN x8104  2015 Ford Transit-Connect VIN x8104  2016 Ford Transit-Connect VIN x8104  2017 Ford Transit-Connect VIN x8104  2018 Ford Transit-Connect VIN x8105  2018 Ford Transit-Connect VIN x8105  2018 Ford Transit-Connect VIN x8105  2019 Ford Transit-Connect VIN x8105  2010 Ford Transit-Connect VIN x8105  2011 Ford Transit-Connect VIN x8107  2011 Ford Ford Ford Ford Ford Ford Ford Ford |

| Debtor          |                          |  |  | Case number (If known) |   |   |                                    |
|-----------------|--------------------------|--|--|------------------------|---|---|------------------------------------|
|                 | Name                     |  |  |                        |   |   |                                    |
|                 | 47.39                    | 2015 Ford Transit-Connect<br>VIN x9034   | \$   | 0.00                   |   |   | \$13,410.00                        |
|                 | 47.40                    | 2015 Ford Transit-Connect<br>VIN x6170   | \$   | 0.00                   |   |   | \$13,410.00                        |
|                 | 47.41                    | 2013 Ford Transit Connect<br>VIN x9562   | \$   | 0.00                   |   |   | \$4,036.00                         |
|                 | 47.42                    | 2014 Ford Transit-Connect<br>VIN x6832   | \$   | 0.00                   |   |   | \$11,001.00                        |
|                 | 47.43                    | 2016 Ford Transit-Connect<br>VIN x2161   | \$   | 0.00                   |   |   | \$14,640.00                        |
| 48.             |                          | craft, trailers, motors, and related accessorieg homes, personal watercraft, and fishing vessel        |  | ers, mo                | otors,                                  |   |                                    |
| 49.             | Aircra                   | ft and accessories   |  |                        |   |   |                                    |
| 50.             | machi                    | machinery, fixtures, and equipment (excludi<br>nery and equipment)<br>attached spreadsheet - Equipment |  | 0.00                   |   |   | \$512,285.00                       |
| 51.             |                          | of Part 8. nes 47 through 50. Copy the total to line 87.   |  |                        |   | _ | \$945,206.00                       |
| 52.             | Is a de<br>■ No<br>□ Yes |  | property listed in Part 8                                  | ?                      |   |   |                                    |
| 53.             | Has a  ■ No □ Yes        |  | ised by a professional v                                   | vithin                 | the last year?                          |   |                                    |
| Part 9:         | Re                       | eal property   |  |                        |   |   |                                    |
| 54. <b>Doe:</b> | s the de                 | Pettor own or lease any real property?  Depart 10. The information below.                              |  |                        |   |   |                                    |
| Part 10:        |                          | angibles and intellectual property   | llectual property?   |                        |   |   |                                    |
| □ N             | o. Go to                 | o Part 11. I the information below.  |  |                        |   |   |                                    |
|                 | Gener                    | al description   | Net book value o<br>debtor's interest<br>(Where available) |                        | Valuation method used for current value | d | Current value of debtor's interest |

60. Patents, copyrights, trademarks, and trade secrets

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| Debtor   | MMDS of North Carolina, Inc. Name   | Case number (If known)                                  |                             |
|----------|---|---|-----------------------------|
| 61.      | Internet domain names and websites  |   |                             |
| 62.      | Licenses, franchises, and royalties  Medicare  Medicaid   | \$0.00  | Unknown                     |
| 63.      | Customer lists, mailing lists, or other compilations  |   |                             |
| 64.      | Other intangibles, or intellectual property   |   |                             |
| 65.      | Goodwill  |   |                             |
| 66.      | <b>Total of Part 10.</b> Add lines 60 through 65. Copy the total to line 89.  |   | \$0.00                      |
| 67.      | Do your lists or records include personally identifial  ■ No □ Yes  | ble information of customers (as defined in 11 U.S.C.§§ | § 101(41A) and 107 <b>?</b> |
| 68.      | Is there an amortization or other similar schedule av  ■ No □ Yes   | vailable for any of the property listed in Part 10?     |                             |
| 69.      | Has any of the property listed in Part 10 been apprai  ■ No □ Yes   | sed by a professional within the last year?             |                             |
| Part 11: | All other assets  |   |                             |
| Inclu    | the debtor own any other assets that have not yet be de all interests in executory contracts and unexpired leas  O. Go to Part 12.  ES Fill in the information below. |   |                             |

MMDS of North Carolina, Inc. Debtor Case number (If known) Name Summary Part 12: In Part 12 copy all of the totals from the earlier parts of the form **Current value of** Current value of real Type of property personal property property Cash, cash equivalents, and financial assets. \$2,000.00 Copy line 5, Part 1 Deposits and prepayments. Copy line 9, Part 2. \$0.00 Accounts receivable. Copy line 12, Part 3. \$272,272.81 Investments. Copy line 17, Part 4. \$150,000.00 Inventory. Copy line 23, Part 5. \$0.00 Farming and fishing-related assets. Copy line 33, Part 6. 85. \$0.00 Office furniture, fixtures, and equipment; and collectibles. 86. \$4,153.85 Copy line 43, Part 7. Machinery, equipment, and vehicles. Copy line 51, Part 8. \$945,206.00 87. Real property. Copy line 56, Part 9.....> 88. \$0.00 Intangibles and intellectual property. Copy line 66, Part 10. \$0.00 All other assets. Copy line 78, Part 11. 90. \$0.00 \$1,373,632.66 Total. Add lines 80 through 90 for each column + 91b. \$0.00 Total of all property on Schedule A/B. Add lines 91a+91b=92 \$1,373,632.66

| Be as complete and accurate as possible.  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  Value of collateral that supports this claim   | Fill        | in this information to identify the o        | case:   |                            |                      |
|--|-------------|--|---|----------------------------|----------------------|
| Case number (if known)    Check if this is an amended filing   | Deb         | otor name MMDS of North Car                  | olina, Inc.   |                            |                      |
| Official Form 206D Schedule D: Creditors Who Have Claims Secured by Property  12/15  Person complete and accurate as possible.  Do any creditors have claims secured by debror's property?  No. Check his box and submit page 1 of this form to the court with debror's other schedules. Debtor has nothing else to report on this form.  Pers. Fill in all of the information below.  PORTESE List Graditors Who Have Secured Claims  2.1 Ally Auto Finance Circitor's separately for each claim.  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4822  Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Circitor's amilia actions, if known Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4822  As of the petition filling date, the claim is: Circitor's amilia deceleration and is reliative priority.  No Yes, Specify each creditor, large Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Circitor's mailing actions  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe the lien    St. Circitor's amilia actions, if known interest in the same property?  | Uni         | ted States Bankruptcy Court for the:         | EASTERN DISTRICT OF NORTH CAROLINA                              |                            |                      |
| Official Form 206D Schedule D: Creditors Who Have Claims Secured by Property  12/15  Person complete and accurate as possible.  Do any creditors have claims secured by debror's property?  No. Check his box and submit page 1 of this form to the court with debror's other schedules. Debtor has nothing else to report on this form.  Pers. Fill in all of the information below.  PORTESE List Graditors Who Have Secured Claims  2.1 Ally Auto Finance Circitor's separately for each claim.  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4822  Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Circitor's amilia actions, if known Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4822  As of the petition filling date, the claim is: Circitor's amilia deceleration and is reliative priority.  No Yes, Specify each creditor, large Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Circitor's mailing actions  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe the lien    St. Circitor's amilia actions, if known interest in the same property?  | Cas         | se number (if known)                         |   |                            |                      |
| Page 2. Conducts and accurate as possible.  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.  List Creditors Who Have Secured Claims  List Creditors Who Have Secured Claims.  List Creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.  Do not deduct the value of collisteral that supports this collisteral that supports  |             |  |   | _                          |                      |
| Page 2. Conducts and accurate as possible.  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.  List Creditors Who Have Secured Claims  List Creditors Who Have Secured Claims.  List Creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.  Do not deduct the value of collisteral that supports this collisteral that supports  | Off         | icial Form 206D                              |   |                            |                      |
| . 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.  2015 Hill is all of the information below.  2015 Hill is all of the information below.  2015 Hill is the creditors Who have Secured Claims.  21. Ally Auto Finance Cestors Name After: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Creditor's enalling address  Describe the lien  Is the creditor an insider or related party?  No. Creditor's enalling address.  Describe the lien  Is the creditor an insider or related party?  No. Creditor's enalling address.  Describe the lien  Last 4 digits of account number an inverse in the earner property?  No. Creditor's malling creditor and its relative priority.  No. Creditor's malling address.  Describe the lien  22.2 Ally Auto Finance Condetor's Ramo Attri: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Creditor's malling address.  Describe the lien  22.2 Ally Auto Finance Condetor's Ramo Attri: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Creditor's malling address.  Describe the lien  24. Describe the lien 25.433.00  St., 433.00  St., 433.0 |             |  | Who Have Claims Secured by Pr                                   | operty                     | 12/15                |
| 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 I: List Creditors Who Have Secured Claims.   List Creditor developed by the creditor separately for each claim.   State or creditor separately for each claim.   Describe debtor's property that is subject to a lien  | Веа         | s complete and accurate as possible.         |   |                            |                      |
| PSRTSIE List Creditors Who Have Secured Claims 2. List in all of the information below.    Column A  | 1. Do       | any creditors have claims secured by         | debtor's property?  |                            |                      |
| 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured that supports this claims of collateral.    Amount of claim   |             | $\square$ No. Check this box and submit pa   | age 1 of this form to the court with debtor's other schedules.  | Debtor has nothing else to | report on this form. |
| 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured Column A Amount of claim Do not deduct the value of collateral.  2.1 Ally Auto Finance  Creditors Name Attr.: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438  Creditor's email address, if known Do multiple creditors have an interest in the same property? No No Yes. Specify each creditor, including this creditor and its relative priority.  As of the petition filling date, the claim is: Check all that apply Creditor's maling address  Creditor's maling address  As of the petition filling date, the claim is: Check all that apply Creditor's maling address  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe the lien  Estimated party? In No No Yes. Fill out Schedule H: Codebtors (Official Form 206H) Amount of claim Stop of claims that adjects is anyone else liable on this claim? No Yes. Fill out Schedule H: Codebtors (Official Form 206H) Amount of claim Stop of collector the value of collisteral that support that is subject to a lien 2013 Mazda Sedan VIN x4956  Stop of the petition filling date, the claim is:  Stop of the petition filling date, the claim is:  Stop of the petition filling date, the claim is:  As of the petition filling date, the claim is:  As of the petition filling date, the claim is:  As of the petition filling date, the claim is:  |             | ■ Yes. Fill in all of the information b      | elow.   |                            |                      |
| 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured claims. If a creditor has more than one secured and more than one secured claims. If a creditor has more than one secured and that supports this claim as upported that supports this claim and the collector's maling address.  Describe debtor's property that is subject to a lien and the secure than one secured and secure that supports this claim and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien and that support that is subject to a lien | Par         | t 1: List Creditors Who Have Se              | cured Claims  |                            |                      |
| Do not deduct the value of collateral.   | 2. <b>L</b> | ist in alphabetical order all creditors when | no have secured claims. If a creditor has more than one secured | Column A                   | Column B             |
| Condition   Consider   |             |  |   | Amount of claim            |                      |
| 2.11 Ally Auto Finance   Creditor's Name   Attn: Officer/Managing Agent   PO Box 380902   Minneapolis, MN 55438   Minneapolis, MN 55438   Minneapolis, MN 55438   Minneapolis, MN 55438   Minneapolis   Minneapoli   |             |  |   |                            | • •                  |
| Creditor's mailer address. If known latter of the petition filing date is the creditor an insider or related party?    Society   Society | 2.1         | Ally Auto Finance                            | Describe debtor's property that is subject to a lien            |                            | \$5,433.00           |
| Agent PO Box 380902 Minneapolis, MN 55438 Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number 8709 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 filling date, the claim is: Creditor's mailing address  Describe the lien  Is the creditor or related party? No Yes. Fill out Schedule H: Codebtors (Official Form 206H)  As of the petition filling date, the claim is: Check all that apply Contingent Unliquidated Unliquidated Unliquidated Unliquidated VIN x4956  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe the lien  Is the creditor an insider or related party? No Yes sanyone else liable on this claim? No Yes Sill out Schedule H: Codebtors (Official Form 206H)  Last 4 digits of account number 3763 Do multiple creditors have an Attr. Officer Managing Agent No Yes Sill out Schedule H: Codebtors (Official Form 206H) As of the petition filling date, the claim is:  |             | Creditor's Name                              | 2013 Mazda Sedan  |                            |                      |
| Describe the lien  |             | Agent  |   |                            |                      |
| Creditor's mailing address   Describe the lien   Is the creditor an insider or related party?   No   |             |  |   |                            |                      |
| Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number 8709  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 2013 Mazda Sedan VIN x4956  Describe the lien  Ste treditor's mailing address  Describe the lien  Is the creditor an insider or related party?  No Yes. Specify each creditor, including this creditor and its relative priority.  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe the lien  Is the creditor an insider or related party?  No Yes. Fill out Schedule H: Codebtors (Official Form 206H)  As of the petition filling date, the claim is:  1,085.88  \$5,433.00  \$5,433.00  As of the petition filling date, the claim is:  1,085.88  \$5,433.00  As of the petition filling date, the claim is:  1,085.88  \$5,433.00  As of the petition filling date, the claim is:   |             |  | Describe the lien   |                            |                      |
| Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number 8709  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 2013 Mazda Sedan VIN x4956  Describe the lien  Ste treditor's mailing address  Describe the lien  Is the creditor an insider or related party?  No Yes. Specify each creditor, including this creditor and its relative priority.  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe the lien  Is the creditor an insider or related party?  No Yes. Fill out Schedule H: Codebtors (Official Form 206H)  As of the petition filling date, the claim is:  1,085.88  \$5,433.00  \$5,433.00  As of the petition filling date, the claim is:  1,085.88  \$5,433.00  As of the petition filling date, the claim is:  1,085.88  \$5,433.00  As of the petition filling date, the claim is:   |             |  | In the evalitor on incider or veleted morty?                    |                            |                      |
| Yes   Sa anyone else liable on this claim?   Yes   Sa anyone else liable on this claim?   No   |             |  |   |                            |                      |
| Last 4 digits of account number 8709   |             | Craditor's amail address if known            | <u> </u>  |                            |                      |
| Last 4 digits of account number  8709  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  22.2 Ally Auto Finance  Creditor's Name  Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438  Creditor's mailing address  Describe the lien  Is the creditor an insider or related party?  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  Disputed  \$5,433.00  \$5,433.00  Creditor's mailing address  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:  As of the petition filing date, the claim is:  As of the petition filing date, the claim is:  |             | Creditor's email address, it known           |   |                            |                      |
| Last 4 digits of account number 8709  Do multiple creditors have an interest in the same property?  No Yes. Specify each creditor, and its relative priority.  Describe debtor's property that is subject to a lien 2.2 Ally Auto Finance Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Creditor's mailing address  Creditor's mailing address  Teditor's email address, if known  Date debt was incurred  Last 4 digits of account number 3763 Do multiple creditors have an  As of the petition filing date, the claim is: Check all that apply Contingent Unliquidated in Unliquidate in Unliq |             | Date debt was incurred                       | ■ No  |                            |                      |
| B709  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  2.2 Ally Auto Finance Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Creditor's mailing address  Creditor's mailing address  Describe the lien  Is the creditor an insider or related party?  No Yes Is anyone else liable on this claim?  Date debt was incurred  Last 4 digits of account number 3763 Do multiple creditors have an  As of the petition filling date, the claim is: Check all that apply Contingent Unliquidated Disputed  Polescribe debtor's property that is subject to a lien 211,085.88  \$5,433.00  Polescribe the lien  St the creditor an insider or related party? No Yes Is anyone else liable on this claim?  As of the petition filing date, the claim is:  |             |  | ☐ 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.  □ Last 4 digits of account number 3763 □ Do multiple creditors have an interest in the same property? □ Contingent □ Check all that apply □ Contingent □ Unliquidated □ Disputed □ D  |             | _  |   |                            |                      |
| No   |             |  |   |                            |                      |
| Yes. Specify each creditor, including this creditor and its relative priority.   |             |  |   |                            |                      |
| Disputed   |             | _  |   |                            |                      |
| 2.2 Ally Auto Finance  Creditor's Name  Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438  Creditor's mailing address  Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956  Describe the lien  Is the creditor an insider or related party?  No Yes Is anyone else liable on this claim?  Date debt was incurred  No Yes. Fill out Schedule H: Codebtors (Official Form 206H)  Last 4 digits of account number 3763 Do multiple creditors have an  As of the petition filling date, the claim is:   |             |  |   |                            |                      |
| Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438  Creditor's mailing address  Describe the lien  Is the creditor an insider or related party?  No Yes Is anyone else liable on this claim?  Date debt was incurred  Last 4 digits of account number 3763  Do multiple creditors have an  PO Box 380902  VIN x4956  Describe the lien  Describe the lien  Set a creditor an insider or related party?  No Yes Is anyone else liable on this claim?  As of the petition filing date, the claim is:   |             | priority.                                    | ·   |                            |                      |
| Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438  Creditor's mailing address  Describe the lien  Is the creditor an insider or related party?  No Yes Is anyone else liable on this claim?  Date debt was incurred  Last 4 digits of account number 3763  Do multiple creditors have an  PO Box 380902  VIN x4956  Describe the lien  Describe the lien  Set a creditor an insider or related party?  No Yes Is anyone else liable on this claim?  As of the petition filing date, the claim is:   | 22          | Ally Auto Finance                            | Describe debtor's property that is subject to a lien            | \$11 085 88                | \$5 433 00           |
| Agent PO Box 380902 Minneapolis, MN 55438  Creditor's mailing address  Describe the lien  Is the creditor an insider or related party?  No Yes Is anyone else liable on this claim?  Date debt was incurred  No Yes. Fill out Schedule H: Codebtors (Official Form 206H)  Last 4 digits of account number 3763  Do multiple creditors have an  As of the petition filing date, the claim is:   | ۷.۷         | Creditor's Name                              |   | Ψ11,000.00                 | Ψυ, του.υυ           |
| PO Box 380902         Minneapolis, MN 55438       Describe the lien         Creditor's mailing address       Is the creditor an insider or related party?         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)         Last 4 digits of account number       3763         Do multiple creditors have an       As of the petition filling date, the claim is:   |             |  | VIN x4956   |                            |                      |
| Minneapolis, MN 55438         Creditor's mailing address       Describe the lien         Is the creditor an insider or related party?         No       Yes         Is anyone else liable on this claim?         Date debt was incurred       No         Ves. Fill out Schedule H: Codebtors (Official Form 206H)         Last 4 digits of account number 3763       As of the petition filling date, the claim is:   |             |  |   |                            |                      |
| Is the creditor an insider or related party?  No  Yes Is anyone else liable on this claim?  Date debt was incurred  No  Yes. Fill out Schedule H: Codebtors (Official Form 206H)  Last 4 digits of account number  3763  Do multiple creditors have an  As of the petition filling date, the claim is:   |             | Minneapolis, MN 55438                        |   |                            |                      |
| Creditor's email address, if known  Date debt was incurred  Date debt was incurred  No  Yes Is anyone else liable on this claim?  No  Yes. Fill out Schedule H: Codebtors (Official Form 206H)  Last 4 digits of account number  3763  Do multiple creditors have an  As of the petition filling date, the claim is:   |             | Creditor's mailing address                   | Describe the lien   |                            |                      |
| Creditor's email address, if known  Date debt was incurred  No  Yes. Fill out Schedule H: Codebtors (Official Form 206H)  Last 4 digits of account number  3763  Do multiple creditors have an  As of the petition filling date, the claim is:   |             |  | Is the creditor an insider or related party?                    |                            |                      |
| Is anyone else liable on this claim?  Date debt was incurred  No  Yes. Fill out Schedule H: Codebtors (Official Form 206H)  Last 4 digits of account number  3763  Do multiple creditors have an  As of the petition filing date, the claim is:  |             |  |   |                            |                      |
| Date debt was incurred  No  Yes. Fill out Schedule H: Codebtors (Official Form 206H)  Last 4 digits of account number  3763  Do multiple creditors have an  As of the petition filling date, the claim is:   |             | Creditor's email address, if known           |   |                            |                      |
| Last 4 digits of account number  3763  Do multiple creditors have an  As of the petition filing date, the claim is:  |             | Date debt was incurred                       | •   |                            |                      |
| Last 4 digits of account number  3763  Do multiple creditors have an  As of the petition filing date, the claim is:  |             | - 200 dobt mad mounted                       | _ '''   |                            |                      |
| Do multiple creditors have an As of the petition filing date, the claim is:  |             | _  | 300,0   |                            |                      |
|  |             | Do multiple creditors have an                |   |                            |                      |

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| Deb | tor   |   |  | ase number (if know) | ımber (if know)   |  |  |
|-----|-------|---|--|----------------------|-------------------|--|--|
|     |       | Name  |  |                      |                   |  |  |
|     |       | do  | ☐ Contingent   |                      |                   |  |  |
|     | _     |   | ☐ Unliquidated   |                      |                   |  |  |
|     |       | es. Specify each creditor, ding this creditor and its relative ity. | ☐ Disputed   |                      |                   |  |  |
| 2.3 |       | y Auto Finance  | Describe debtor's property that is subject to a lie    | n                    | \$14,499.47       | \$11,001.00                                  |  |
|     |       | itor's Name   | 2014 Ford Transit-Connect                              |                      |                   |  |  |
|     |       | n: Officer/Managing   | VIN x6074  |                      |                   |  |  |
|     | Age   |   |  |                      |                   |  |  |
|     |       | Box 380902  |  |                      |                   |  |  |
|     |       | inneapolis, MN 55438  | Describe the lien                                      |                      |                   |  |  |
|     | Cieui | ioi s mailing address   | bescribe the nen                                       |                      |                   |  |  |
|     |       |   | Is the creditor an insider or related party?           |                      |                   |  |  |
|     |       |   | ■ No   |                      |                   |  |  |
|     | Crodi | itor's email address, if known                                      | ☐ Yes  |                      |                   |  |  |
|     | Creui | itoi s emaii address, ii kilowii                                    | Is anyone else liable on this claim?                   |                      |                   |  |  |
|     | D-4-  | daht  | ■ No   |                      |                   |  |  |
|     | Date  | e debt was incurred   |  |                      |                   |  |  |
|     | Loca  | 4 digits of account number  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form   | ı 206H)              |                   |  |  |
|     | 592   | •   |  |                      |                   |  |  |
|     |       | nultiple creditors have an  | As of the petition filing date, the claim is:          |                      |                   |  |  |
|     |       | rest in the same property?  | Check all that apply                                   |                      |                   |  |  |
|     |       | No.   | ☐ Contingent   |                      |                   |  |  |
|     | ПΥ    | es. Specify each creditor,  | ☐ Unliquidated   |                      |                   |  |  |
|     |       | ding this creditor and its relative                                 | ☐ Disputed   |                      |                   |  |  |
|     | prior | ity.  |  |                      |                   |  |  |
|     | 1     |   |  |                      |                   | <b>*</b> * * * * * * * * * * * * * * * * * * |  |
| 2.4 |       | y Auto Finance  | Describe debtor's property that is subject to a lie    | ·                    | \$17,956.22       | \$13,410.00                                  |  |
|     |       | itor's Name   | 2015 Ford Transit-Connect                              |                      |                   |  |  |
|     | Atti  | n: Officer/Managing   | VIN x5901  |                      |                   |  |  |
|     |       | Box 380902  |  |                      |                   |  |  |
|     |       | nneapolis, MN 55438   |  |                      |                   |  |  |
|     |       | itor's mailing address  | Describe the lien                                      |                      |                   |  |  |
|     |       | · ·   |  |                      |                   |  |  |
|     |       |   | Is the creditor an insider or related party?           |                      |                   |  |  |
|     |       |   | ■ No   |                      |                   |  |  |
|     | Credi | itor's email address, if known                                      | ☐ Yes  |                      |                   |  |  |
|     |       |   | Is anyone else liable on this claim?                   |                      |                   |  |  |
|     | Date  | e debt was incurred   | ■ No   |                      |                   |  |  |
|     |       |   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form   | 206H)                |                   |  |  |
|     | Last  | 4 digits of account number  | Tes. 1 iii out schedule 11. oodestors (Gillolai i oili | 120011)              |                   |  |  |
|     | 521   | 10  |  |                      |                   |  |  |
|     |       | nultiple creditors have an  | As of the petition filing date, the claim is:          |                      |                   |  |  |
|     |       | rest in the same property?  | Check all that apply                                   |                      |                   |  |  |
|     | ■ N   |   | Contingent   |                      |                   |  |  |
|     |       | es. Specify each creditor,  | Unliquidated   |                      |                   |  |  |
|     |       | ding this creditor and its relative                                 | ☐ Disputed   |                      |                   |  |  |
|     | prior | ny.   |  |                      |                   |  |  |
| 25  | ΔΙΛ   | y Auto Finance  | Describe debtor's property that is subject to a lie    | 1                    | \$11,613.02       | \$9,930.00                                   |  |
| 0   |       | itor's Name   | 2013 Honda Fit   |                      | Ψ, <b>υ.</b> υ.υ. | Ψυ,υυυιου                                    |  |
|     |       | n: Officer/Managing   | VIN x5813  |                      |                   |  |  |
|     | Age   |   |  |                      |                   |  |  |
|     |       | Box 380902  |  |                      |                   |  |  |
|     | Min   | nneapolis, MN 55438   |  |                      |                   |  |  |
|     | Credi | itor's mailing address  | Describe the lien                                      |                      |                   |  |  |

Official Form 206D

| Debto |  | , Inc. Case number (if  | know)       |             |
|-------|--|---|-------------|-------------|
|       | Name   |   |             |             |
|       |  | Is the creditor an insider or related party?                          |             |             |
| _     |  | No  |             |             |
| (     | Creditor's email address, if known   | Yes   |             |             |
|       |  | Is anyone else liable on this claim?                                  |             |             |
| - 1   | Date debt was incurred   | ■ No  |             |             |
|       |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |             |             |
| ı     | Last 4 digits of account number  | , ,   |             |             |
| _     | 4957   |   |             |             |
|       | Do multiple creditors have an  | As of the petition filing date, the claim is:<br>Check all that apply |             |             |
|       | nterest in the same property?  | ☐ Contingent  |             |             |
|       | No   | ☐ Unliquidated  |             |             |
|       | Yes. Specify each creditor,  |   |             |             |
|       | ncluding this creditor and its relative priority.  | ☐ Disputed  |             |             |
| 26    | Ally Auto Finance  | Describe debtor's property that is subject to a lien                  | \$10,388.80 | \$4,626.00  |
|       | Creditor's Name  | . —   | φ10,300.0U  | \$4,020.00  |
|       | Attn: Officer/Managing   | 2013 Ford Fiesta<br>VIN x7096   |             |             |
|       | Attir. Officer/wariaging<br>Agent  | VIN X7090   |             |             |
|       | PO Box 380902  |   |             |             |
|       | Minneapolis, MN 55438  |   |             |             |
|       | Creditor's mailing address   | Describe the lien   |             |             |
|       | •  |   |             |             |
|       |  | Is the creditor an insider or related party?                          |             |             |
|       |  | No  |             |             |
| (     | Creditor's email address, if known   | ☐ Yes   |             |             |
|       |  | Is anyone else liable on this claim?                                  |             |             |
| 1     | Date debt was incurred   | □ No  |             |             |
|       |  | Yes. Fill out Schedule H: Codebtors (Official Form 206H)              |             |             |
| ı     | Last 4 digits of account number  | — 163.1 iii dat donedale 11. doddblord (diiida 1 diiii 2001)          |             |             |
|       | 0709   |   |             |             |
|       | Do multiple creditors have an  | As of the petition filing date, the claim is:                         |             |             |
|       | nterest in the same property?  | Check all that apply  |             |             |
|       | No   | Contingent  |             |             |
|       | ☐ Yes. Specify each creditor,  | Unliquidated  |             |             |
|       | ncluding this creditor and its relative  | ☐ Disputed  |             |             |
| _     | oriority.  |   |             |             |
|       | Ally Auto Finance  | Describe debtor's property that is subject to a lien                  | \$14,499.47 | \$11,001.00 |
|       | Creditor's Name  | 2014 Ford Transit-Connect   |             |             |
|       | Attn: Officer/Managing   | VIN x6081   |             |             |
|       | Agent  |   |             |             |
|       | PO Box 380902  |   |             |             |
|       | Minneapolis, MN 55438 Creditor's mailing address   | Describe the lien   |             |             |
| (     | Creditor's mailing address   | Describe the heri   |             |             |
|       |  | Is the creditor an insider or related party?                          |             |             |
|       |  | ■ No  |             |             |
| _     | One difference constitute didinaria. If the const  |   |             |             |
| (     | Creditor's email address, if known   | ☐ Yes Is anyone else liable on this claim?                            |             |             |
|       |  | _ '   |             |             |
| ı     | Date debt was incurred   | No No   |             |             |
|       | Contract to the contract of th | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |             |             |
|       | Last 4 digits of account number  |   |             |             |
| _     | 4958 Do multiple creditors have an   | As of the petition filing date, the claim is:                         |             |             |
|       | nterest in the same property?  | Check all that apply  |             |             |

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| Deb | tor                  | MMDS of North Carolina, Inc.  Name  Case number (if know)              |  | ase number (if know) |             |
|-----|----------------------|--|--|----------------------|-------------|
|     |                      | Yes. Specify each creditor, uding this creditor and its relative       | ☐ Contingent ☐ Unliquidated ☐ Disputed   |                      |             |
| 2.8 | Credi<br>Atti<br>Age |  | Describe debtor's property that is subject to a lien 2016 Ford Transit Connect VIN x2915 | \$21,210.75<br>      | \$14,640.00 |
|     | Min                  | D Box 380902<br>nneapolis, MN 55438<br>litor's mailing address         | Describe the lien  |                      |             |
|     | Credi                | itor's email address, if known   | Is the creditor an insider or related party?  ■ No □ Yes                                 |                      |             |
|     |                      | e debt was incurred  | Is anyone else liable on this claim?   |                      |             |
|     | Last <b>384</b>      | t 4 digits of account number   | Yes. Fill out Schedule H: Codebtors (Official Form                                       | 206H)                |             |
|     |                      | multiple creditors have an rest in the same property?                  | As of the petition filing date, the claim is: Check all that apply Contingent            |                      |             |
|     |                      | Yes. Specify each creditor, uding this creditor and its relative rity. | ☐ Unliquidated ☐ Disputed  |                      |             |
| 2.9 |                      | y Auto Finance<br>itor's Name  | Describe debtor's property that is subject to a lien 2015 Ford Transit Connect           | \$17,572.52          | \$13,410.00 |
|     | Age                  | n: Officer/Managing<br>ent<br>Box 380902                               | VIN x4855  |                      |             |
|     | Min                  | nneapolis, MN 55438<br>itor's mailing address                          | Describe the lien  |                      |             |
|     |                      |  | Is the creditor an insider or related party?  ■ No                                       |                      |             |
|     |                      | itor's email address, if known   | ☐ Yes Is anyone else liable on this claim? ■ No  |                      |             |
|     |                      | t 4 digits of account number   | Yes. Fill out Schedule H: Codebtors (Official Form                                       | 206H)                |             |
|     | Do n                 | multiple creditors have an rest in the same property?                  | As of the petition filing date, the claim is: Check all that apply Contingent            |                      |             |
|     | ПΥ                   | Yes. Specify each creditor, uding this creditor and its relative       | ☐ Unliquidated ☐ Disputed  |                      |             |
| 2.1 |                      | y Auto Finance   | Describe debtor's property that is subject to a lien                                     | \$11,404.91          | \$6,091.00  |
|     | Atti<br>Age          | itor's Name in: Officer/Managing ent Door 380902                       | 2015 Nissan Versa<br>VIN x8428   |                      |             |
|     | Min                  | nneapolis, MN 55438 ilitor's mailing address                           | Describe the lien  |                      |             |

Official Form 206D

| Name   |   |             |                  |
|--|---|-------------|------------------|
|  | Is the creditor an insider or related party?                          |             |                  |
|  | No  |             |                  |
| Creditor's amail address if known  | ■ No □ Yes  |             |                  |
| Creditor's email address, if known   | ☐ Yes<br>Is anyone else liable on this claim?                         |             |                  |
| Date debt was incurred   | ■ No  |             |                  |
|  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |             |                  |
| Last 4 digits of account number  | — 100.1 iii 00. 00/1000/17 00000/10/0 (Official 1 0/11/ 200/)         |             |                  |
| 6782   |   |             |                  |
| Do multiple creditors have an interest in the same property?                   | As of the petition filing date, the claim is:<br>Check all that apply |             |                  |
| No   | ☐ Contingent  |             |                  |
|  | ☐ Unliquidated  |             |                  |
| Yes. Specify each creditor, including this creditor and its relative priority. | ☐ Disputed  |             |                  |
| Ally Auto Finance  | Describe debtor's property that is subject to a lien                  | \$11,050.11 | \$5,001.0        |
| Creditor's Name  | 2013 Toyota Corolla   |             |                  |
| Attn: Officer/Managing   | VIN x4826   |             |                  |
| Agent<br>PO Box 380902   |   |             |                  |
| Minneapolis, MN 55438  |   |             |                  |
| Creditor's mailing address   | Describe the lien   |             |                  |
| ,  |   |             |                  |
|  | Is the creditor an insider or related party?                          |             |                  |
|  | ■ No  |             |                  |
| Creditor's email address, if known   | Yes   |             |                  |
|  | Is anyone else liable on this claim?                                  |             |                  |
| Date debt was incurred   | ■ No  |             |                  |
|  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |             |                  |
| Last 4 digits of account number  |   |             |                  |
| 3998  Do multiple creditors have an  | As of the petition filing date, the claim is:                         |             |                  |
| interest in the same property?   | Check all that apply  |             |                  |
| ■ No   | ☐ Contingent  |             |                  |
| ☐ Yes. Specify each creditor,  | ☐ Unliquidated  |             |                  |
| including this creditor and its relative priority.                             | ☐ Disputed  |             |                  |
|  |   | ¢45 000 07  | <b>\$0.040.0</b> |
| Ally Auto Finance  | Describe debtor's property that is subject to a lien                  | \$15,806.87 | \$8,616.0        |
| Creditor's Name  Attn: Officer/Managing  | 2015 Mazda Sedan  |             |                  |
| Agent  | VIN x7192   |             |                  |
| PO Box 380902  |   |             |                  |
| Minneapolis, MN 55438  |   |             |                  |
| Creditor's mailing address   | Describe the lien   |             |                  |
|  |   |             |                  |
|  | Is the creditor an insider or related party?                          |             |                  |
|  | ■ No  |             |                  |
| Creditor's email address, if known   | Yes   |             |                  |
|  | Is anyone else liable on this claim?                                  |             |                  |
| Date debt was incurred   | ■ No  |             |                  |
|  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |             |                  |
| Last 4 digits of account number 5129   |   |             |                  |
| Do multiple creditors have an  | As of the petition filing date, the claim is:                         |             |                  |
| interest in the same property?   | Check all that apply  |             |                  |

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| Debte |   | , Inc. Case   | Case number (if know) |             |  |  |
|-------|---|---|-----------------------|-------------|--|--|
|       | Name  No Yes. Specify each creditor, including this creditor and its relative priority. | ☐ Contingent ☐ Unliquidated ☐ Disputed                                |                       |             |  |  |
|       | Ally Auto Finance   | Describe debtor's property that is subject to a lien                  | \$20,061.47           | \$13,410.00 |  |  |
|       | Creditor's Name  Attn: Officer/Managing  Agent PO Box 380902                            | 2015 Ford Transit-Connect<br>VIN x9034                                |                       |             |  |  |
| _     | Minneapolis, MN 55438 Creditor's mailing address  | Describe the lien   |                       |             |  |  |
|       |   | Is the creditor an insider or related party?                          |                       |             |  |  |
| -     | Creditor's email address, if known  | ☐ Yes<br>Is anyone else liable on this claim?                         |                       |             |  |  |
|       | Date debt was incurred  Last 4 digits of account number                                 | ■ No □ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 20   | 96H)                  |             |  |  |
|       | 8342  |   |                       |             |  |  |
| _     | Do multiple creditors have an interest in the same property?                            | As of the petition filing date, the claim is:<br>Check all that apply |                       |             |  |  |
|       | No  | ☐ Contingent  |                       |             |  |  |
|       | Yes. Specify each creditor, including this creditor and its relative priority.          | ☐ Unliquidated ☐ Disputed   |                       |             |  |  |
| 2.1   | Ally Auto Finance   | Describe debtor's property that is subject to a lien                  | \$17,536.71           | \$13,410.00 |  |  |
|       | Creditor's Name  Attn: Officer/Managing  Agent  | 2015 Ford Transit-Connect<br>VIN x8697                                |                       |             |  |  |
|       | PO Box 380902 Minneapolis, MN 55438 Creditor's mailing address                          | Describe the lien   |                       |             |  |  |
|       | Creditor's mailing address  | Describe the lien   |                       |             |  |  |
|       |   | Is the creditor an insider or related party?                          |                       |             |  |  |
| _     |   | No  |                       |             |  |  |
|       | Creditor's email address, if known  | Yes   |                       |             |  |  |
|       | Date debt was incurred  | Is anyone else liable on this claim?  ■ No                            |                       |             |  |  |
|       | Date debt was incurred  | ■ No  Yes. Fill out Schedule H: Codebtors (Official Form 20)          | en/                   |             |  |  |
|       | Last 4 digits of account number 5213  | Tes. 1 iii out schedde 11. Sodebiols (Silidai i oith 20               | orij                  |             |  |  |
|       | Do multiple creditors have an interest in the same property?                            | As of the petition filing date, the claim is:<br>Check all that apply |                       |             |  |  |
|       | ■ No  | Contingent  |                       |             |  |  |
|       | ☐ Yes. Specify each creditor, including this creditor and its relative priority.        | ☐ Unliquidated ☐ Disputed   |                       |             |  |  |
| 2.1   |   |   |                       |             |  |  |
| 5     | Ally Auto Finance   | Describe debtor's property that is subject to a lien                  | <i>\$14,000.00</i>    | \$4,036.00  |  |  |

| Deb      | m MMDS of North Carolina, Inc. Case nu  |   | if know)    |              |
|----------|---|---|-------------|--------------|
|          | Name Creditor's Name  Attn: Officer/Managing  | 2013 Ford Transit Connect<br>VIN x0116  |             |              |
|          | Agent PO Box 380902 Minneapolis, MN 55438 Creditor's mailing address                  | Describe the lien   |             |              |
|          |   | Is the creditor an insider or related party? ■ No                             |             |              |
|          | Creditor's email address, if known  | ☐ Yes Is anyone else liable on this claim?                                    |             |              |
|          | Date debt was incurred  | ■ No □ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)        |             |              |
|          | Do multiple creditors have an interest in the same property?                          | As of the petition filing date, the claim is: Check all that apply            |             |              |
|          | ■ No □ Yes. Specify each creditor, including this creditor and its relative priority. | ☐ Contingent ☐ Unliquidated ☐ Disputed  |             |              |
| 2.1<br>6 | Ally Auto Finance   | Describe debtor's property that is subject to a lien                          | \$15,071.96 | \$7,025.00   |
|          | Creditor's Name  Attn: Officer/Managing  Agent  | 2014 VW Jetta<br>VIN x4688  |             |              |
|          | PO Box 380902 Minneapolis, MN 55438 Creditor's mailing address                        | Describe the lien   |             |              |
|          | Creditor's email address, if known  | Is the creditor an insider or related party?  ■ No □ Yes                      |             |              |
|          | Date debt was incurred  | Is anyone else liable on this claim?  ■ No                                    |             |              |
|          | Last 4 digits of account number 3335  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)                    |             |              |
|          | Do multiple creditors have an interest in the same property?                          | As of the petition filing date, the claim is: Check all that apply Contingent |             |              |
|          | Yes. Specify each creditor, including this creditor and its relative priority.        | ☐ Unliquidated ☐ Disputed   |             |              |
| 2.1      | Amur Equipment Finance,   | Describe debtor's property that is subject to a lien                          | \$56,788.83 | \$140,110.00 |
| <u> </u> | Creditor's Name  Attn: Officer/Managing  Agent  PO Box 2555                           | Equipment   |             |              |
|          | Grand Island, NE 68802  Creditor's mailing address                                    | Describe the lien   |             |              |
|          |   | Is the creditor an insider or related party?  ■ No                            |             |              |
|          | Creditor's email address, if known  | ☐ Yes<br>Is anyone else liable on this claim?                                 |             |              |
|          | Date debt was incurred  | ■ No  |             |              |

| Debtor            | MMDS of North Carolina,                        | Inc. Case   | number (if know) |              |             |
|-------------------|--|---|------------------|--------------|-------------|
|                   | Name   |   |                  |              |             |
|                   |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206              | CLI)             |              |             |
| la                | st 4 digits of account number                  | Tes. Fill out <i>Scriedule H. Codebiors</i> (Official Form 200        | эп <i>)</i>      |              |             |
|                   | 173  |   |                  |              |             |
|                   | multiple creditors have an                     | As of the petition filing date, the claim is:                         |                  |              |             |
|                   | terest in the same property?                   | Check all that apply  |                  |              |             |
|                   | No   | ☐ Contingent  |                  |              |             |
|                   | Yes. Specify each creditor,                    | ☐ Unliquidated  |                  |              |             |
|                   | cluding this creditor and its relative         | ☐ Disputed  |                  |              |             |
|                   | ority.   | _ 5.564.00  |                  |              |             |
|                   |  |   |                  |              |             |
| 2.1               | via Canital Inc                                | Book the following states at the control of                           |                  | Unknown      | Unknown     |
|                   | xis Capital, Inc.                              | Describe debtor's property that is subject to a lien                  |                  | Olikilowii – | OTIKITOWIT  |
|                   |  | All equipment covered by Equipment Lea                                | se               |              |             |
|                   | ttn: Officer/Managing                          | Agreement dated 5/26/16 b/n Alliance                                  |                  |              |             |
|                   | gent   | Funding Group and Debtor.   |                  |              |             |
|                   | 08 N. Locust ST, Ste 100                       |   |                  |              |             |
|                   | rand Island, NE 68801 editor's mailing address | Describe the lien   |                  |              |             |
| Cit               | editors mailing address                        |   |                  |              |             |
|                   |  | UCC filing Is the creditor an insider or related party?               |                  |              |             |
|                   |  |   |                  |              |             |
|                   |  | ■ No  |                  |              |             |
| Cre               | editor's email address, if known               | Yes   |                  |              |             |
|                   |  | Is anyone else liable on this claim?                                  |                  |              |             |
| Da                | ate debt was incurred                          | ■ No  |                  |              |             |
|                   |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206              | 6H)              |              |             |
| La                | st 4 digits of account number                  |   | <i>5</i> ,       |              |             |
| Do                | multiple creditors have an                     | As of the petition filing date, the claim is:                         |                  |              |             |
|                   | terest in the same property?                   | Check all that apply  |                  |              |             |
|                   | l No   | ☐ Contingent  |                  |              |             |
|                   | Yes. Specify each creditor,                    | ☐ Unliquidated  |                  |              |             |
|                   | cluding this creditor and its relative         | ☐ Disputed  |                  |              |             |
|                   | ority.   |   |                  |              |             |
|                   |  |   |                  |              |             |
| 2.1<br>9 <b>B</b> | &B Leasing                                     | Describe debtor's property that is subject to a lien                  | !                | \$41,681.15  | \$15,000.00 |
|                   | editor's Name                                  | Equipment   |                  |              | <del></del> |
|                   | ttn: Officer/Managing                          | Equipment   |                  |              |             |
|                   | gent   |   |                  |              |             |
|                   | 201 Olympic Drive NW,                          |   |                  |              |             |
|                   | te 210   |   |                  |              |             |
| _                 | ig Harbor, WA 98335                            |   |                  |              |             |
|                   | editor's mailing address                       | Describe the lien   |                  |              |             |
|                   | · ·  |   |                  |              |             |
|                   |  | Is the creditor an insider or related party?                          |                  |              |             |
|                   |  | ■ No  |                  |              |             |
|                   | editor's email address, if known               | □ Yes   |                  |              |             |
| Cit               | editor's email address, il known               | Light Yes Is anyone else liable on this claim?                        |                  |              |             |
| _                 |  | _ <u>_</u> _  |                  |              |             |
| Da                | te debt was incurred                           | ■ No  |                  |              |             |
|                   |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206              | 3H)              |              |             |
|                   | st 4 digits of account number                  |   |                  |              |             |
|                   | 793  |   |                  |              |             |
|                   | o multiple creditors have an                   | As of the petition filing date, the claim is:<br>Check all that apply |                  |              |             |
| _                 | terest in the same property?                   |   |                  |              |             |
|                   | No   | Contingent  |                  |              |             |
|                   | Yes. Specify each creditor,                    | Unliquidated  |                  |              |             |
|                   | cluding this creditor and its relative         | ☐ Disputed  |                  |              |             |
| þfi               | ority.   |   |                  |              |             |

| Debt     | or MMDS of North Carolina,  | MMDS of North Carolina, Inc. Case number (if know)                    |              |              |  |  |
|----------|---|---|--------------|--------------|--|--|
|          | Name  |   |              |              |  |  |
| 2.2<br>0 | Balboa Capital  | Describe debtor's property that is subject to a lien                  | \$153,120.00 | \$106,000.00 |  |  |
|          | Creditor's Name Attn: Officer/Managing Agent                                      | Equipment   |              |              |  |  |
|          | 575 Anton Blvd., 12th Floor<br>Costa Mesa, CA 92626<br>Creditor's mailing address | Describe the lien   |              |              |  |  |
|          |   | Is the creditor an insider or related party?                          |              |              |  |  |
|          |   | No  |              |              |  |  |
|          | Creditor's email address, if known  | ■ No □ Yes  |              |              |  |  |
|          | ·   | Is anyone else liable on this claim?                                  |              |              |  |  |
|          | Date debt was incurred  | ■ No  |              |              |  |  |
|          | Last 4 digits of account number   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |              |              |  |  |
|          | 1000  Do multiple creditors have an   | As of the petition filing date, the claim is:                         |              |              |  |  |
|          | interest in the same property?  | Check all that apply  |              |              |  |  |
|          | No  | Contingent  |              |              |  |  |
|          | ☐ Yes. Specify each creditor,   | Unliquidated  |              |              |  |  |
|          | including this creditor and its relative priority.                                | ☐ Disputed  |              |              |  |  |
| 2.2      | Brank Banking and Trust   |   | ¢12 920 45   | \$6 422 00   |  |  |
| 1        | Creditor's Name   | Describe debtor's property that is subject to a lien                  | \$13,829.45  | \$6,433.00   |  |  |
|          | Attn: Officer/Managing  | 2015 Nissan Versa<br>VIN x8766  |              |              |  |  |
|          | Agent   |   |              |              |  |  |
|          | PO Box 1793<br>Charleston, WV 25326   |   |              |              |  |  |
|          | Creditor's mailing address  | Describe the lien   |              |              |  |  |
|          |   | Is the creditor an insider or related party?                          |              |              |  |  |
|          |   | No  |              |              |  |  |
|          | Creditor's email address, if known  | ☐ Yes Is anyone else liable on this claim?                            |              |              |  |  |
|          | Date debt was incurred  | No  |              |              |  |  |
|          | Last 4 digits of account number   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |              |              |  |  |
|          | 1001  |   |              |              |  |  |
|          | Do multiple creditors have an interest in the same property?                      | As of the petition filing date, the claim is:<br>Check all that apply |              |              |  |  |
|          | ■ No  | ☐ Contingent  |              |              |  |  |
|          | ☐ Yes. Specify each creditor,   | ☐ Unliquidated  |              |              |  |  |
|          | including this creditor and its relative priority.                                | ☐ Disputed  |              |              |  |  |
| 2.2      | Brank Banking and Trust   |   | ¢22.224.45   | ¢42,440,00   |  |  |
| 2        | Craditaria Nama   | Describe debtor's property that is subject to a lien                  | \$23,234.45  | \$13,410.00  |  |  |
|          | Creditor's Name  Attn: Officer/Managing   | 2015 Ford Transit-Connect VIN x6170                                   |              |              |  |  |
|          | Agent<br>PO Box 1793  |   |              |              |  |  |
|          | Charleston, WV 25326  |   |              |              |  |  |
|          | Creditor's mailing address  | Describe the lien   |              |              |  |  |
|          |   | Is the creditor an insider or related party?                          |              |              |  |  |
|          |   | ■ No  |              |              |  |  |
|          | Creditor's email address, if known  | Yes   |              |              |  |  |

| Debtor         | otor MMDS of North Carolina, Inc.                                 |  | umber (if know) |           |             |
|----------------|---|--|-----------------|-----------|-------------|
|                | Name  |  |                 |           |             |
|                |   | Is anyone else liable on this claim?                       |                 |           |             |
| Da             | te debt was incurred  | ■ No   |                 |           |             |
|                |   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H  | 1)              |           |             |
| La             | st 4 digits of account number                                     |  | •,              |           |             |
| 10             | 001   |  |                 |           |             |
|                | multiple creditors have an  | As of the petition filing date, the claim is:              |                 |           |             |
|                | erest in the same property?                                       | Check all that apply                                       |                 |           |             |
| _              | No  | ☐ Contingent   |                 |           |             |
|                | Yes. Specify each creditor,                                       | ☐ Unliquidated   |                 |           |             |
|                | cluding this creditor and its relative ority.                     | ☐ Disputed   |                 |           |             |
| 2.2 <b>C</b> I | hannel Partners Capital,  |  |                 |           |             |
|                | LC  | Describe debtor's property that is subject to a lien       | \$.             | 35,218.13 | Unknown     |
|                | editor's Name   | All personal assets  |                 |           |             |
| Αt             | ttn: Managing Agent   | 7 iii porconai accoto                                      |                 |           |             |
|                | 100 Wayzata Boulevard,  |  |                 |           |             |
| Sı             | uite 305  |  |                 |           |             |
| M              | innetonka, MN 55305   |  |                 |           |             |
| Cre            | editor's mailing address  | Describe the lien  |                 |           |             |
|                |   | Promissory Note, UCC filing                                |                 |           |             |
|                |   | Is the creditor an insider or related party?               |                 |           |             |
|                |   | ■ No   |                 |           |             |
| Cre            | editor's email address, if known                                  | Yes  |                 |           |             |
|                |   | Is anyone else liable on this claim?                       |                 |           |             |
| Da             | te debt was incurred  | ■ No   |                 |           |             |
|                | -4.4 distinct of account would be                                 | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H  | l)              |           |             |
| La             | st 4 digits of account number                                     |  |                 |           |             |
| Do             | multiple creditors have an  | As of the petition filing date, the claim is:              |                 |           |             |
|                | erest in the same property?                                       | Check all that apply                                       |                 |           |             |
|                | No  | ☐ Contingent   |                 |           |             |
|                | Yes. Specify each creditor,                                       | ☐ Unliquidated   |                 |           |             |
|                | luding this creditor and its relative ority.                      | ■ Disputed   |                 |           |             |
| 2.2            |   |  |                 |           |             |
| 4 Ci           | itizen One Auto Finance   | Describe debtor's property that is subject to a lien       | \$2             | 21,163.04 | \$13,410.00 |
| Cre            | editor's Name   | 2015 Ford Transit-Connect                                  |                 |           |             |
|                | ttn: Officer/Managing   | VIN x4324  |                 |           |             |
|                | gent  |  |                 |           |             |
|                | O Box 42113   |  |                 |           |             |
|                | rovidence, RI 02940-2113 editor's mailing address                 | Describe the lien  |                 |           |             |
|                |   | Is the creditor an insider or related party?               |                 |           |             |
|                |   | No   |                 |           |             |
| Cre            | editor's email address, if known                                  | Yes  |                 |           |             |
|                |   | Is anyone else liable on this claim?                       |                 |           |             |
| Da             | te debt was incurred  | No   |                 |           |             |
|                |   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H) | 1)              |           |             |
|                | st 4 digits of account number<br>804                              |  |                 |           |             |
|                | multiple creditors have an  | As of the petition filing date, the claim is:              |                 |           |             |
| _              | erest in the same property?                                       | Check all that apply ☐ Contingent                          |                 |           |             |
|                | No  | ☐ Contingent ☐ Unliquidated                                |                 |           |             |
|                | Yes. Specify each creditor, luding this creditor and its relative | ☐ Unilquidated ☐ Disputed                                  |                 |           |             |
|                | ority.  | - Disputed   |                 |           |             |
|                |   |  |                 |           |             |

| Deb      | IOI IVIIVIDS OF NORTH Carolina,  | , inc. Case number (if  | know)       |             |
|----------|--|---|-------------|-------------|
|          | Name   |   |             |             |
| 2.2<br>5 | Citizen One Auto Finance   | Describe debtor's property that is subject to a lien  | \$22,946.87 | \$14,640.00 |
|          | Attn: Officer/Managing Agent   | 2016 Ford Transit-Connect VIN x9921   |             |             |
|          | PO Box 42113 Providence, RI 02940-2113 Creditor's mailing address              | Describe the lien   |             |             |
|          |  | Is the creditor an insider or related party?  |             |             |
|          |  | ■ No  |             |             |
|          | Creditor's email address, if known   | ☐ Yes<br>Is anyone else liable on this claim?   |             |             |
|          | Date debt was incurred   | ■ No □ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  |             |             |
|          | Last 4 digits of account number 7858   | ,   |             |             |
|          | Do multiple creditors have an interest in the same property?                   | As of the petition filing date, the claim is:<br>Check all that apply   |             |             |
|          | No   | ☐ Contingent  |             |             |
|          | Yes. Specify each creditor, including this creditor and its relative priority. | ☐ Unliquidated ☐ Disputed   |             |             |
| 2.2      | Corporation Service  | Describe debtor's property that is subject to a lien  | Unknown     | Unknown     |
|          | Creditor's Name  | All personal property - accounts, healthcare  |             |             |
|          | Attn: Officer/Managing   | insurance receivables, inventory, equipment,  |             |             |
|          | Agent  | promissory notes, deposit accounts  |             |             |
|          | PO Box 2576  |   |             |             |
|          | Springfield, IL 62708 Creditor's mailing address                               | Describe the lien   |             |             |
|          | Croditor o maining address   | UCC Filing  |             |             |
|          |  | Is the creditor an insider or related party?  |             |             |
|          |  | ■ No  |             |             |
|          | Creditor's email address, if known   | Yes   |             |             |
|          |  | Is anyone else liable on this claim?  |             |             |
|          | Date debt was incurred   | ■ No  |             |             |
|          | Last 4 digits of account number  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)  |             |             |
|          | Do multiple creditors have an  | As of the petition filing date, the claim is:<br>Check all that apply   |             |             |
|          | interest in the same property?  No   | ☐ Contingent  |             |             |
|          | Yes. Specify each creditor,  | ☐ Unliquidated  |             |             |
|          | including this creditor and its relative priority.                             | ☐ Disputed  |             |             |
| 2.2      | Corporation Service  | Describe debteds are neglected to a the control of | Unknown     | Unknown     |
| 7        | Creditor's Name  | Describe debtor's property that is subject to a lien  All assets including accounts, inventory,   | <u> </u>    | JIIKIIOWII  |
|          | Attn: Officer/Managing Agent   | equipment, deposit accounts, proceeds   |             |             |
|          | PO Box 2576<br>Springfield, IL 62708   |   |             |             |
|          | Creditor's mailing address   | Describe the lien   |             |             |
|          | -  | UCC filing  |             |             |
|          |  | Is the creditor an insider or related party?  |             |             |
|          |  | ■ No  |             |             |
|          | Creditor's email address, if known   | Yes   |             |             |

| Debtor     | tor MMDS of North Carolina, Inc.                                   |  | (if know)   |            |
|------------|--|--|-------------|------------|
|            | Name   |  |             |            |
|            |  | Is anyone else liable on this claim?                               |             |            |
| Da         | ate debt was incurred  | ■ No   |             |            |
| 5.         | no dobt was meaned   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)         |             |            |
| La         | st 4 digits of account number                                      | Tes. Fill out <i>Scriedule H. Codebtors</i> (Official Form 206H)   |             |            |
|            | ior i algue el account name.                                       |  |             |            |
| Do         | multiple creditors have an   | As of the petition filing date, the claim is:                      |             |            |
|            | terest in the same property?                                       | Check all that apply   |             |            |
|            | No   | Contingent   |             |            |
|            | Yes. Specify each creditor,  | ☐ Unliquidated   |             |            |
|            | cluding this creditor and its relative                             | ☐ Disputed   |             |            |
| pri        | ority.   |  |             |            |
|            |  |  |             |            |
| 2.2        |  |  | 40=04004    | 44 000 00  |
| 8 C        | reekridge Capital, LLC   | Describe debtor's property that is subject to a lien               | \$25,216.04 | \$1,600.00 |
|            | editor's Name  | Equipment  |             |            |
|            | ttn: Officer/Managing  |  |             |            |
|            | gent   |  |             |            |
|            | 808 Creekridge Circle, Ste   |  |             |            |
|            | 50   |  |             |            |
|            | dina, MN 55439   | Describe the lien  |             |            |
| Cre        | editor's mailing address   | Describe the lien  |             |            |
|            |  | Is the creditor an insider or related party?                       |             |            |
|            |  |  |             |            |
|            |  | ■ No   |             |            |
| Cre        | editor's email address, if known                                   | Yes  |             |            |
|            |  | Is anyone else liable on this claim?                               |             |            |
| Da         | ate debt was incurred  | ■ No   |             |            |
|            |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)         |             |            |
|            | st 4 digits of account number                                      |  |             |            |
|            | 005  |  |             |            |
|            | multiple creditors have an terest in the same property?            | As of the petition filing date, the claim is: Check all that apply |             |            |
|            |  | ☐ Contingent   |             |            |
|            | No   | ☐ Unliquidated   |             |            |
|            | Yes. Specify each creditor, cluding this creditor and its relative | ☐ Disputed   |             |            |
|            | ority.   | □ Disputed   |             |            |
|            |  |  |             |            |
| 2.2        |  |  |             |            |
| 9 <b>C</b> | T Corporation System   | Describe debtor's property that is subject to a lien               | Unknown     | Unknown    |
|            | editor's Name  | All assets - receivables, accounts, inventory,                     |             |            |
|            | ttn: SPRS  | equipment, deposit accounts  |             |            |
|            | Officer/Managing Agent   |  |             |            |
|            | 30 N Brand Blvd, Ste 700   |  |             |            |
|            | lendale, CA 91203 editor's mailing address                         | Describe the lien  |             |            |
| Cit        | editor's mailing address   | UCC filing   |             |            |
|            |  | Is the creditor an insider or related party?                       |             |            |
|            |  | No   |             |            |
| _          |  |  |             |            |
| Cre        | editor's email address, if known                                   | ☐ Yes Is anyone else liable on this claim?                         |             |            |
| De         | ate debt was incurred  | •  |             |            |
|            |  | □ No   |             |            |
| -          | /16/17   | ■ Yes. Fill out Schedule H: Codebtors (Official Form 206H)         |             |            |
| La         | st 4 digits of account number                                      |  |             |            |
|            | multiple creditors have an   | As of the petition filing date, the claim is:                      |             |            |
|            | terest in the same property?                                       | Check all that apply   |             |            |
|            | No   | Contingent   |             |            |
|            | Yes. Specify each creditor,  | Unliquidated   |             |            |
|            | cluding this creditor and its relative                             | ☐ Disputed   |             |            |
| pri        | ority.   |  |             |            |

| Den      | Name Name  | , inc.  | if know)     |             |
|----------|--|---|--------------|-------------|
| 2.3 0    | DeLage Landen Financial Services Creditor's Name Attn: Managing Agent PO Box 41602 Philadelphia, PA 19101 Creditor's mailing address  Creditor's email address, if known | Describe debtor's property that is subject to a lien  All equipment leased pursuant to Contract  No. 100-10097435  Describe the lien  UCC filing  Is the creditor an insider or related party?  No  Yes | \$66,031.32  | \$8,375.00  |
|          | Date debt was incurred   | Is anyone else liable on this claim?  No  |              |             |
|          | Last 4 digits of account number  | ☐ 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.                      | As of the petition filing date, the claim is: Check all that apply Contingent Unliquidated Disputed   |              |             |
| 2.3<br>1 | Elm Services   | Describe debtor's property that is subject to a lien  | Unknown      | \$0.00      |
|          | Creditor's Name  Attn: Officer/Managing  Agent PO Box 15270  | All equipment under Agreement Number<br>LA#233421-000 dated 2/2/16  |              |             |
|          | Irvine, CA 92623-5270 Creditor's mailing address   | Describe the lien   |              |             |
|          |  | Is the creditor an insider or related party?  |              |             |
|          | Creditor's email address, if known  Date debt was incurred   | ☐ Yes Is anyone else liable on this claim? ■ No   |              |             |
|          | Last 4 digits of account number  | 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.                          | As of the petition filing date, the claim is: Check all that apply Contingent Unliquidated Disputed   |              |             |
| 2.3      | Financial Pacific Leasing,   | Describe debtor's property that is subject to a lien  | \$170,000.00 | \$17,500.00 |
| -        | Creditor's Name  Attn: Officer/Managing Agent PO Box 4568  | All equipment relating to Contract # 001-1195035-301 dated 6/7/16   | ·            | · ·         |
|          | Federal Way, WA 98001 Creditor's mailing address   | Describe the lien   |              |             |
|          | Creditor's mailing address   | UCC filing  |              |             |
|          |  | Is the creditor an insider or related party?  |              |             |
|          | Creditor's email address, if known   | ■ No □ Yes  |              |             |

| Debtor |  |  | mber (if know) |           |            |
|--------|--|--|----------------|-----------|------------|
|        | Name   |  | ·              |           |            |
|        |  | Is anyone else liable on this claim?   |                |           |            |
| Da     | te debt was incurred                                   | ■ No   |                |           |            |
|        |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)                     |                |           |            |
| La     | st 4 digits of account number                          | _ 10011 iii 041 00104410 1 ii 004001010 (0110441 1 01111 2001)                 |                |           |            |
| 13     | 302  |  |                |           |            |
|        | multiple creditors have an                             | As of the petition filing date, the claim is:                                  |                |           |            |
|        | erest in the same property?                            | Check all that apply   |                |           |            |
|        | No   | Contingent   |                |           |            |
|        | Yes. Specify each creditor,                            | Unliquidated   |                |           |            |
|        | cluding this creditor and its relative ority.          | ☐ Disputed   |                |           |            |
| — Pili | onty.  |  |                |           |            |
|        |  |  |                |           |            |
| -   -  | ord Motor Credit                                       | Describe debted means to that is subject to a line                             | ¢1             | 13,329.85 | \$4,036.00 |
|        | ompany<br>editor's Name                                | Describe debtor's property that is subject to a lien                           | Ψ,             | 0,020.00  | Ψ+,000.00  |
|        | ttn: Officer/Managing                                  | 2013 Ford Transit-Connect  |                |           |            |
|        | gent   | VIN x9563  |                |           |            |
|        | O Box 689007   |  | _              |           |            |
|        | ranklin, TN 37068-9007                                 |  |                |           |            |
|        | editor's mailing address                               | Describe the lien  |                |           |            |
|        | Ç  |  |                |           |            |
|        |  | Is the creditor an insider or related party?                                   |                |           |            |
|        |  | ■ No   |                |           |            |
| Cre    | editor's email address, if known                       | □ Yes  |                |           |            |
|        |  | Is anyone else liable on this claim?   |                |           |            |
| Da     | te debt was incurred                                   | ■ No   |                |           |            |
|        |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)                     |                |           |            |
| La     | st 4 digits of account number                          |  |                |           |            |
| 39     | 901  |  |                |           |            |
|        | multiple creditors have an                             | As of the petition filing date, the claim is:                                  |                |           |            |
|        | erest in the same property?                            | Check all that apply   |                |           |            |
|        | No   | Contingent   |                |           |            |
|        | Yes. Specify each creditor,                            | Unliquidated   |                |           |            |
|        | cluding this creditor and its relative ority.          | ☐ Disputed   |                |           |            |
| — Pili |  |  |                |           |            |
|        |  |  |                |           |            |
|        | ord Motor Credit                                       | Describe debter remarks that is subject to a lieu                              | \$1            | 11,954.21 | \$4,036.00 |
|        | ompany<br>editor's Name                                | Describe debtor's property that is subject to a lien 2013 Ford Transit-Connect |                |           | Ψ+,000.00  |
|        | ttn: Officer/Managing                                  | VIN x6279  |                |           |            |
|        | gent   | VIII X0279   |                |           |            |
|        | O Box 689007   |  |                |           |            |
|        | ranklin, TN 37068-9007                                 |  |                |           |            |
|        | editor's mailing address                               | Describe the lien  |                |           |            |
|        |  |  |                |           |            |
|        |  | Is the creditor an insider or related party?                                   |                |           |            |
|        |  | No   |                |           |            |
| Cre    | editor's email address, if known                       | Yes  |                |           |            |
|        |  | Is anyone else liable on this claim?   |                |           |            |
| Da     | te debt was incurred                                   | No   |                |           |            |
|        |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)                     |                |           |            |
|        | st 4 digits of account number                          |  |                |           |            |
|        | 301  | As of the notition filling date the element                                    |                |           |            |
|        | multiple creditors have an erest in the same property? | As of the petition filing date, the claim is:<br>Check all that apply          |                |           |            |
|        | No   | ☐ Contingent   |                |           |            |
| _      | Yes. Specify each creditor,                            | ☐ Unliquidated   |                |           |            |
| inc    | luding this creditor and its relative                  | ☐ Disputed   |                |           |            |
|        | ority.   | -1   |                |           |            |
|        |  |  |                |           |            |

| Debt | or MMDS of North Carolina                | , <i>Inc.</i> Case number (if                              | fknow)            |                   |
|------|--|--|-------------------|-------------------|
|      | Name                                     |  |                   |                   |
| 2.3  | Ford Motor Credit<br>Company             | Describe debtor's property that is subject to a lien       | \$18,145.11       | \$13,410.00       |
| •    | Creditor's Name                          | 2015 Ford Transit-Connect                                  |                   |                   |
|      | Attn: Officer/Managing                   | VIN x5308  |                   |                   |
|      | Agent                                    |  |                   |                   |
|      | PO Box 689007                            |  |                   |                   |
|      | Franklin, TN 37068-9007                  |  |                   |                   |
|      | Creditor's mailing address               | Describe the lien  |                   |                   |
|      |  |  |                   |                   |
|      |  | Is the creditor an insider or related party?               |                   |                   |
|      |  | No   |                   |                   |
|      | Creditor's email address, if known       | □Yes   |                   |                   |
|      |  | Is anyone else liable on this claim?                       |                   |                   |
|      | Date debt was incurred                   | ■ No   |                   |                   |
|      |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H) |                   |                   |
|      | Last 4 digits of account number          | Test. 1 iii out ourieure 11. oudeblors (omolai 1 omi 2001) |                   |                   |
|      | 1903                                     |  |                   |                   |
|      | Do multiple creditors have an            | As of the petition filing date, the claim is:              |                   |                   |
|      | interest in the same property?           | Check all that apply                                       |                   |                   |
|      | ■ No                                     | ☐ Contingent   |                   |                   |
|      | ☐ Yes. Specify each creditor,            | ☐ Unliquidated   |                   |                   |
|      | including this creditor and its relative | ☐ Disputed   |                   |                   |
|      | priority.                                | ·  |                   |                   |
|      |  |  |                   |                   |
| 2.3  | Ford Motor Credit                        |  |                   |                   |
| 6    | Company                                  | Describe debtor's property that is subject to a lien       | <i>\$2,964.34</i> | <i>\$2,738.00</i> |
|      | Creditor's Name                          | 2012 Ford Transit-Connect                                  |                   |                   |
|      | Attn: Officer/Managing                   | VIN x3594  |                   |                   |
|      | Agent                                    |  |                   |                   |
|      | PO Box 689007                            |  |                   |                   |
|      | Franklin, TN 37068-9007                  |  |                   |                   |
|      | Creditor's mailing address               | Describe the lien  |                   |                   |
|      |  |  |                   |                   |
|      |  | Is the creditor an insider or related party?               |                   |                   |
|      |  | No   |                   |                   |
|      | Creditor's email address, if known       | Yes  |                   |                   |
|      |  | Is anyone else liable on this claim?                       |                   |                   |
|      | Date debt was incurred                   | ■ No   |                   |                   |
|      |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H) |                   |                   |
|      | Last 4 digits of account number          |  |                   |                   |
|      | 4921                                     |  |                   |                   |
|      | Do multiple creditors have an            | As of the petition filing date, the claim is:              |                   |                   |
|      | interest in the same property?           | Check all that apply                                       |                   |                   |
|      | No                                       | Contingent   |                   |                   |
|      | ☐ Yes. Specify each creditor,            | ☐ Unliquidated   |                   |                   |
|      | including this creditor and its relative | ☐ Disputed   |                   |                   |
|      | priority.                                |  |                   |                   |
|      |  |  |                   |                   |
| 2.3  | Ford Motor Credit                        |  | \$40.404.00       | <b>#</b> 0 400 00 |
| 7    | Company                                  | Describe debtor's property that is subject to a lien       | \$10,124.26       | \$6,109.00        |
|      | Creditor's Name                          | 2013 Ford Focus  |                   |                   |
|      | Attn: Officer/Managing                   | VIN x4023  |                   |                   |
|      | Agent                                    |  |                   |                   |
|      | PO Box 689007                            |  |                   |                   |
|      | Franklin, TN 37068-9007                  | <b>5</b>   |                   |                   |
|      | Creditor's mailing address               | Describe the lien  |                   |                   |
|      |  | lo the graditor on incides as seleted part of              |                   |                   |
|      |  | Is the creditor an insider or related party?               |                   |                   |
|      |  | No   |                   |                   |
|      | Creditor's email address, if known       | Yes  |                   |                   |

| Debto | otor MMDS of North Carolina, Inc.                  |  | Case number (if know) |           |                   |  |
|-------|--|--|-----------------------|-----------|-------------------|--|
|       | Name   |  |                       |           |                   |  |
|       |  | Is anyone else liable on this claim?                             |                       |           |                   |  |
|       | Date debt was incurred                             | ■ No   |                       |           |                   |  |
|       | Date debt was incurred                             |  | n.                    |           |                   |  |
|       | Last 4 digits of account number                    | Yes. Fill out Schedule H: Codebtors (Official Form 206H          | 1)                    |           |                   |  |
|       | 3611   |  |                       |           |                   |  |
| _     | Do multiple creditors have an                      | As of the petition filing date, the claim is:                    |                       |           |                   |  |
|       | interest in the same property?                     | Check all that apply   |                       |           |                   |  |
|       | ■ No   | ☐ Contingent   |                       |           |                   |  |
|       | ☐ Yes. Specify each creditor,                      | ☐ Unliquidated   |                       |           |                   |  |
| i     | including this creditor and its relative priority. | Disputed   |                       |           |                   |  |
| 2.3   | Ford Motor Credit                                  |  |                       |           |                   |  |
| 8     | Company  | Describe debtor's property that is subject to a lien             | \$                    | 14,157.93 | \$9,610.00        |  |
|       | Creditor's Name                                    | 2015 Ford Focus  |                       |           |                   |  |
|       | Attn: Officer/Managing                             | VIN x2809  |                       |           |                   |  |
|       | Agent  |  |                       |           |                   |  |
|       | PO Box 689007                                      |  |                       |           |                   |  |
|       | Franklin, TN 37068-9007                            |  |                       |           |                   |  |
| (     | Creditor's mailing address                         | Describe the lien  |                       |           |                   |  |
|       |  |  |                       |           |                   |  |
|       |  | Is the creditor an insider or related party?                     |                       |           |                   |  |
|       |  | No   |                       |           |                   |  |
| (     | Creditor's email address, if known                 | □Yes   |                       |           |                   |  |
|       |  | Is anyone else liable on this claim?                             |                       |           |                   |  |
| ı     | Date debt was incurred                             | □ No   |                       |           |                   |  |
|       |  | Yes. Fill out Schedule H: Codebtors (Official Form 206H          | 1)                    |           |                   |  |
|       | Last 4 digits of account number                    | 100. Till out contours the coupling (chicken to the 2001)        | '')                   |           |                   |  |
|       | 6714   |  |                       |           |                   |  |
|       | Do multiple creditors have an                      | As of the petition filing date, the claim is:                    |                       |           |                   |  |
| i     | interest in the same property?                     | Check all that apply   |                       |           |                   |  |
|       | ■ No   | ☐ Contingent   |                       |           |                   |  |
|       | ☐ Yes. Specify each creditor,                      | ☐ Unliquidated   |                       |           |                   |  |
| i     | including this creditor and its relative           | ☐ Disputed   |                       |           |                   |  |
| -     | priority.  |  |                       |           |                   |  |
| 2.3   | Ford Motor Credit                                  |  |                       |           |                   |  |
| 9     | Company  | Describe debtor's property that is subject to a lien             | \$                    | 13,333.46 | <i>\$4,036.00</i> |  |
|       | Creditor's Name                                    | 2013 Ford Transit-Connect  |                       |           |                   |  |
|       | Attn: Officer/Managing                             | VIN x9564  |                       |           |                   |  |
|       | Agent  |  |                       |           |                   |  |
|       | PO Box 689007                                      |  |                       |           |                   |  |
|       | Franklin, TN 37068-9007 Creditor's mailing address | Describe the lien  |                       |           |                   |  |
| ·     | ordator a maining address                          |  |                       |           |                   |  |
|       |  | Is the creditor an insider or related party?                     |                       |           |                   |  |
|       |  | ■ No   |                       |           |                   |  |
| (     | Creditor's email address, if known                 | Yes  |                       |           |                   |  |
|       |  | Is anyone else liable on this claim?                             |                       |           |                   |  |
| ı     | Date debt was incurred                             | ■ No   |                       |           |                   |  |
|       |  | ☐ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H | 1)                    |           |                   |  |
|       | Last 4 digits of account number                    | — 103. Fill Out Golfieddie FF. Godestors (Official Forfit 2007)  | .,                    |           |                   |  |
| _     | 3943   |  |                       |           |                   |  |
|       | Do multiple creditors have an                      | As of the petition filing date, the claim is:                    |                       |           |                   |  |
|       | interest in the same property?                     | Check all that apply   |                       |           |                   |  |
|       | No No  | ☐ Contingent   |                       |           |                   |  |
|       | Yes. Specify each creditor,                        | Unliquidated   |                       |           |                   |  |
|       | including this creditor and its relative priority. | ☐ Disputed   |                       |           |                   |  |
| ı     | priority.  |  |                       |           |                   |  |

| Deb | tor MMDS of North Carolina Name   | , Inc. Case number (i  | f know)         |             |
|-----|---|--|-----------------|-------------|
| 2.4 | Ford Motor Credit Company Creditor's Name Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 Creditor's mailing address | Describe debtor's property that is subject to a lien 2015 Ford Transit-Connect VIN x8104   | \$17,774.76     | \$13,410.00 |
|     |   | Describe the lien  |                 |             |
|     |   | Is the creditor an insider or related party?  ■ No   |                 |             |
|     | Creditor's email address, if known  | Yes Is anyone else liable on this claim?   |                 |             |
|     | Date debt was incurred  | ■ No □ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)                     |                 |             |
|     | Last 4 digits of account number 1946  | Tes. Fill out Schedule H: Codebtors (Official Form 206H)                                   |                 |             |
|     | Do multiple creditors have an interest in the same property?  | As of the petition filing date, the claim is: Check all that apply                         |                 |             |
|     | ■ No □ Yes. Specify each creditor, including this creditor and its relative priority.   | ☐ Contingent ☐ Unliquidated ☐ Disputed   |                 |             |
| 2.4 | Ford Motor Credit<br>Company  | Describe debtor's property that is subject to a lien                                       | \$18,036.41     | \$13,410.00 |
|     | Creditor's Name  Attn: Officer/Managing  Agent  PO Box 689007   | 2015 Ford Transit-Connect<br>VIN x5656   |                 |             |
|     | Franklin, TN 37068-9007 Creditor's mailing address  | Describe the lien  |                 |             |
|     |   | Is the creditor an insider or related party? ■ No  |                 |             |
|     | Creditor's email address, if known  | ☐ Yes Is anyone else liable on this claim?   |                 |             |
|     | Date debt was incurred  | ■ No □ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)                     |                 |             |
|     | Last 4 digits of account number 1964  |  |                 |             |
|     | Do multiple creditors have an interest in the same property?  No  | As of the petition filing date, the claim is: Check all that apply  Contingent             |                 |             |
|     | Yes. Specify each creditor, including this creditor and its relative priority.  | ☐ Unliquidated ☐ Disputed  |                 |             |
| 2.4 | Ford Motor Credit   |  | \$15,191.10     | \$11,001.00 |
|     | Company Creditor's Name  Attn: Officer/Managing Agent   | Describe debtor's property that is subject to a lien  2014 Ford Transit-Connect  VIN x6828 | ψ10,131.10<br>_ | Ψ11,001.00  |
|     | PO Box 689007 Franklin, TN 37068-9007 Creditor's mailing address  | Describe the lien  |                 |             |
|     | Č   | Is the creditor an insider or related party?   |                 |             |
|     | 0 10 10 10 10 10  | ■ No   |                 |             |
|     | Creditor's email address, if known  | Yes  |                 |             |

| Debtor         | otor MMDS of North Carolina, Inc.                                 |   | se number (if know) |           |             |
|----------------|---|---|---------------------|-----------|-------------|
|                | Name  |   |                     |           |             |
|                |   | Is anyone else liable on this claim?                                  |                     |           |             |
| Dat            | te debt was incurred  | ■ No  |                     |           |             |
|                |   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |                     |           |             |
| Las            | st 4 digits of account number                                     |   |                     |           |             |
| 17             | 702   |   |                     |           |             |
|                | multiple creditors have an  | As of the petition filing date, the claim is:                         |                     |           |             |
|                | erest in the same property?                                       | Check all that apply  |                     |           |             |
|                | No  | Contingent  |                     |           |             |
|                | Yes. Specify each creditor,                                       | Unliquidated  |                     |           |             |
|                | luding this creditor and its relative<br>prity.                   | ☐ Disputed  |                     |           |             |
| — Piic         | Jiity.  |   |                     |           |             |
|                |   |   |                     |           |             |
| -   -          | ord Motor Credit  | Describe debterle preparty that is subject to a lieu                  | \$                  | 40,244.28 | \$46,851.00 |
|                | ompany<br>ditor's Name  | Describe debtor's property that is subject to a lien                  | Ψ-                  |           | Ψ+0,001.00  |
|                | tn: Officer/Managing  | 2015 Ford F250  |                     |           |             |
|                | gent  | VIN x9002   |                     |           |             |
|                | D Box 689007  |   | _                   |           |             |
|                | anklin, TN 37068-9007   |   |                     |           |             |
|                | ditor's mailing address   | Describe the lien   |                     |           |             |
|                | ,   |   |                     |           |             |
|                |   | Is the creditor an insider or related party?                          |                     |           |             |
|                |   | ■ No  |                     |           |             |
| Cre            | ditor's email address, if known                                   | ☐ Yes   |                     |           |             |
|                |   | Is anyone else liable on this claim?                                  |                     |           |             |
| Dat            | te debt was incurred  | ■ No  |                     |           |             |
| Da             | te debt was incurred  |   |                     |           |             |
| Las            | st 4 digits of account number                                     | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |                     |           |             |
|                | 758   |   |                     |           |             |
|                | multiple creditors have an  | As of the petition filing date, the claim is:                         |                     |           |             |
|                | erest in the same property?                                       | Check all that apply  |                     |           |             |
|                | No  | ☐ Contingent  |                     |           |             |
|                | Yes. Specify each creditor,                                       | ☐ Unliquidated  |                     |           |             |
|                | luding this creditor and its relative                             | ☐ Disputed  |                     |           |             |
| pric           | ority.  |   |                     |           |             |
|                |   |   |                     |           |             |
|                | ord Motor Credit  |   | ¢.                  | 12 225 40 | ¢4.026.00   |
|                | ompany  | Describe debtor's property that is subject to a lien                  | Ψ.                  | 13,335.48 | \$4,036.00  |
|                | ditor's Name  | 2013 Ford Transit Connect   |                     |           |             |
|                | tn: Officer/Managing  | VIN x9562   |                     |           |             |
|                | gent<br>O Box 689007  |   |                     |           |             |
|                | anklin, TN 37068-9007   |   |                     |           |             |
|                | ditor's mailing address   | Describe the lien   |                     |           |             |
|                |   | In the analities on inciden an added a set of                         |                     |           |             |
|                |   | Is the creditor an insider or related party?                          |                     |           |             |
|                |   | No  |                     |           |             |
| Cre            | ditor's email address, if known                                   | Yes   |                     |           |             |
|                |   | Is anyone else liable on this claim?                                  |                     |           |             |
| Dat            | te debt was incurred  | ■ No  |                     |           |             |
|                |   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |                     |           |             |
|                | st 4 digits of account number                                     | ·   |                     |           |             |
|                | 864   |   |                     |           |             |
|                | multiple creditors have an erest in the same property?            | As of the petition filing date, the claim is:<br>Check all that apply |                     |           |             |
|                | • • •   | ☐ Contingent  |                     |           |             |
| _              | No  | ☐ Unliquidated  |                     |           |             |
| <b>∐</b><br>:' | Yes. Specify each creditor, luding this creditor and its relative |   |                     |           |             |
|                | ority.  | ☐ Disputed  |                     |           |             |
| F.115          | •   |   |                     |           |             |

| Debt | or MMDS of North Carolina  | , Inc. Case number   | i (if know)                           |                      |
|------|--|--|---------------------------------------|----------------------|
|      | Name   | <u> </u>   | · · · · · · · · · · · · · · · · · · · |                      |
| 1    | 5 - 1 M - 4 - 0 - 12   |  |                                       |                      |
| 2.4  | Ford Motor Credit  | Book the data to the data to the state of th | \$15,202.53                           | \$11,001.00          |
| 5    | Company  | Describe debtor's property that is subject to a lien   | φ13,202.33                            | φ11,001.00           |
|      | Creditor's Name  | 2014 Ford Transit-Connect  |                                       |                      |
|      | Attn: Officer/Managing   | VIN x6832  |                                       |                      |
|      | Agent  |  |                                       |                      |
|      | PO Box 689007  |  |                                       |                      |
|      | Franklin, TN 37068-9007  |  |                                       |                      |
|      | Creditor's mailing address   | Describe the lien  |                                       |                      |
|      |  |  |                                       |                      |
|      |  | Is the creditor an insider or related party?   |                                       |                      |
|      |  | ■ No   |                                       |                      |
|      | Creditor's email address, if known                                   | □Yes   |                                       |                      |
|      | ,                              | Is anyone else liable on this claim?   |                                       |                      |
|      |  |  |                                       |                      |
|      | Date debt was incurred   | No   |                                       |                      |
|      |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)   |                                       |                      |
|      | Last 4 digits of account number                                      |  |                                       |                      |
|      | 2508   |  |                                       |                      |
|      | Do multiple creditors have an  | As of the petition filing date, the claim is:  |                                       |                      |
|      | interest in the same property?                                       | Check all that apply   |                                       |                      |
|      | ■ No   | Contingent   |                                       |                      |
|      | ☐ Yes. Specify each creditor,  | ☐ Unliquidated   |                                       |                      |
|      | including this creditor and its relative                             | ☐ Disputed   |                                       |                      |
|      | priority.  |  |                                       |                      |
|      |  |  |                                       |                      |
|      |  |  |                                       |                      |
| 2.4  |  |  |                                       |                      |
| 6    | Fox Capital Group Inc.   | Describe debtor's property that is subject to a lien   | \$30,000.00                           | Unknown              |
|      | Creditor's Name  | All assets - accounts, receivables, inventory,   |                                       |                      |
|      | Attn: Officer/Managing   | equipment, deposit accounts  |                                       |                      |
|      | Agent  |  |                                       |                      |
|      | 140 Broadway, 46th Floor   |  |                                       |                      |
|      | New York, NY 10005   |  |                                       |                      |
|      | Creditor's mailing address   | Describe the lien  |                                       |                      |
|      | 3  | UCC filing   |                                       |                      |
|      |  | Is the creditor an insider or related party?   |                                       |                      |
|      |  |  |                                       |                      |
|      |  | ■ No   |                                       |                      |
|      | Creditor's email address, if known                                   | Yes  |                                       |                      |
|      |  | Is anyone else liable on this claim?   |                                       |                      |
|      | Date debt was incurred   | □ No   |                                       |                      |
|      |  | Yes. Fill out Schedule H: Codebtors (Official Form 206H)   |                                       |                      |
|      | Last 4 digits of account number                                      | — Tes. Fill out ochedule 11. Godebiors (Official Form 2001)  |                                       |                      |
|      |  |  |                                       |                      |
|      | Do multiple creditors have an  | As of the petition filing date, the claim is:  |                                       |                      |
|      | interest in the same property?                                       | Check all that apply   |                                       |                      |
|      | ■ No   | ☐ Contingent   |                                       |                      |
|      |  | □ Unliquidated   |                                       |                      |
|      | Yes. Specify each creditor, including this creditor and its relative | ☐ Disputed   |                                       |                      |
|      | priority.  | ☐ Disputed   |                                       |                      |
|      | 1 - 9  |  |                                       |                      |
|      |  |  |                                       |                      |
| 24   | GSG Capital - Hitachi  |  |                                       |                      |
| 2.4  |  | Describe debtor's property that is subject to a lien   | \$93,406.25                           | \$5,000.00           |
| 1    | Capital Creditor's Name  |  |                                       | <del>+0,000.00</del> |
|      |  | Equipment  |                                       |                      |
|      | Attn: Officer/Managing   |  |                                       |                      |
|      | Agent  |  |                                       |                      |
|      | 800 Connecticut Avenue   |  |                                       |                      |
|      | Norwalk, CT 06854  |  |                                       |                      |
|      | Creditor's mailing address   | Describe the lien  |                                       |                      |
|      |  |  |                                       |                      |
|      |  | Is the creditor an insider or related party?   |                                       |                      |
|      |  | ■ No   |                                       |                      |
|      | Creditor's email address if known                                    |  |                                       |                      |

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Debtor          | MMDS of North Carolina,                       | Inc. Case number (if k  | now)        |         |
|-----------------|---|---|-------------|---------|
|                 | Name  |   |             |         |
|                 |   | Is anyone else liable on this claim?                            |             |         |
| Da              | te debt was incurred                          | □ No  |             |         |
|                 |   | Yes. Fill out Schedule H: Codebtors (Official Form 206H)        |             |         |
| La              | st 4 digits of account number                 | Tes. Fill out <i>Schedule H. Codebtors</i> (Official Form 200H) |             |         |
|                 | 001   |   |             |         |
|                 | multiple creditors have an                    | As of the petition filing date, the claim is:                   |             |         |
|                 | erest in the same property?                   | Check all that apply  |             |         |
|                 | No  | ☐ Contingent  |             |         |
|                 | Yes. Specify each creditor,                   | ☐ Unliquidated  |             |         |
|                 | cluding this creditor and its relative        | ☐ Disputed  |             |         |
| pri             | ority.  |   |             |         |
|                 |   |   |             |         |
| 2.4 <b>K</b> I  | night Capital Funding,                        |   | 440.040.40  |         |
|                 | LC  | Describe debtor's property that is subject to a lien            | \$16,346.49 | Unknown |
|                 | editor's Name                                 | Any and all present and future receivables                      |             |         |
|                 | ttn: Managing Agent                           | (accounts), deposit accounts, personal                          |             |         |
|                 | East Loockerman St.,                          | property, assets and fixtures, equipment,                       |             |         |
|                 | uite 3A-543                                   | inventory   |             |         |
|                 | over, DE 19901                                | Describe the lien   |             |         |
| Cle             | editor's mailing address                      |   |             |         |
|                 |   | UCC filing - Future Receivables Sale Agreement                  |             |         |
|                 |   | Is the creditor an insider or related party?                    |             |         |
|                 |   | ■ No  |             |         |
|                 | editor's email address, if known              | Yes   |             |         |
| Cie             | sultoi s email address, il kilowii            | Is anyone else liable on this claim?                            |             |         |
| Da              | te debt was incurred                          | ■ No  |             |         |
|                 | uly 14, 2016                                  | _ ```   |             |         |
|                 | st 4 digits of account number                 | Yes. Fill out Schedule H: Codebtors (Official Form 206H)        |             |         |
|                 | or : a.g o: account name.                     |   |             |         |
|                 | multiple creditors have an                    | As of the petition filing date, the claim is:                   |             |         |
|                 | erest in the same property?                   | Check all that apply  |             |         |
|                 | No  | Contingent  |             |         |
|                 | Yes. Specify each creditor,                   | Unliquidated  |             |         |
|                 | cluding this creditor and its relative ority. | ☐ Disputed  |             |         |
| — Pili          |   |   |             |         |
|                 |   |   |             |         |
| 2.4   <b>LE</b> | EAF Capital Funding, LLC                      | Describe debtor's property that is subject to a lien            | Unknown     | Unknown |
| Cre             | editor's Name                                 | (2) Medison SonoAce R3 Portable Ultrasound,                     |             |         |
|                 |   | (2) LN5-12 40mm Linear Transducer 5-12                          |             |         |
|                 | ttn: Managing Agent                           | MHz, (2) CN2-8 Convex Transducer 2-8 MHz                        |             |         |
|                 | 005 Market St, 15th Floor                     | and (2) DICOM   |             |         |
|                 | hiladelphia, PA 19103                         | Describe the lieu   |             |         |
| Cre             | editor's mailing address                      | Describe the lien   |             |         |
|                 |   | Is the creditor an insider or related party?                    |             |         |
|                 |   | ■ No  |             |         |
| Cre             | editor's email address, if known              | Yes   |             |         |
|                 | ·   | Is anyone else liable on this claim?                            |             |         |
| Da              | te debt was incurred                          | ■ No  |             |         |
|                 |   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)      |             |         |
| La              | st 4 digits of account number                 | _ :::::::::::::::::::::::::::::::::::::                         |             |         |
| Do              | multiple creditors have an                    | As of the petition filing date, the claim is:                   |             |         |
|                 | erest in the same property?                   | Check all that apply  |             |         |
|                 | No  | ☐ Contingent  |             |         |
|                 | Yes. Specify each creditor,                   | ☐ Unliquidated  |             |         |
| inc             | cluding this creditor and its relative        | ☐ Disputed  |             |         |
| pri             | ority.  |   |             |         |

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Name   | The Case number (if k  |         |          |
|--|--|---------|----------|
| 5  |  | Unknown | Unknown  |
| LEAF Capital Funding, LLC  | Describe debtor's property that is subject to a lien   | Unknown | Unknown  |
| Creditor's Name  | Viztek LLC quote #002459 dated 10/28/15 - (1)<br>Opal-Forwarder Software License, (1) 1-Year |         |          |
| Attn: Managing Agent   | Viztek Opal Pacs Hardware & Software server  |         |          |
| 2005 Market St, 14th Floor   | support  |         |          |
| Philadelphia, PA 19103   |  |         |          |
| Creditor's mailing address   | Describe the lien  |         |          |
|  | Is the creditor an insider or related party?   |         |          |
|  | ■ No   |         |          |
| Creditor's email address, if known                                     | ☐ Yes  |         |          |
|  | Is anyone else liable on this claim?   |         |          |
| Date debt was incurred   | No   |         |          |
|  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)                                   |         |          |
| Last 4 digits of account number  |  |         |          |
| Do multiple creditors have an  | As of the petition filing date, the claim is:  |         |          |
| interest in the same property?   | Check all that apply ☐ Contingent  |         |          |
| ■ No   | ☐ Unliquidated   |         |          |
| ☐ Yes. Specify each creditor, including this creditor and its relative | ☐ Disputed   |         |          |
| priority.  | _ 5.0px.000  |         |          |
| 7 " "  |  | H-1     | The to a |
| LEAF Capital Funding, LLC  | Describe debtor's property that is subject to a lien   | Unknown | Unknowi  |
| Creditor's Name  | REVO Model 1100 Vascular System  |         |          |
| Attn: Managing Agent<br>2005 Market St, 14th Floor                     |  |         |          |
| Philadelphia, PA 19103   |  |         |          |
| Creditor's mailing address   | Describe the lien  |         |          |
|  | UCC filing   |         |          |
|  | Is the creditor an insider or related party?   |         |          |
|  | No   |         |          |
| Creditor's email address, if known                                     | ☐ Yes  |         |          |
|  | Is anyone else liable on this claim?   |         |          |
| Date debt was incurred   | No   |         |          |
|  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)                                   |         |          |
| Last 4 digits of account number  |  |         |          |
| Do multiple creditors have an  | As of the petition filing date, the claim is:  |         |          |
| interest in the same property?   | Check all that apply   |         |          |
| ■ No   | Contingent   |         |          |
| Yes. Specify each creditor,  | ☐ Unliquidated   |         |          |
| including this creditor and its relative priority.                     | ☐ Disputed   |         |          |
|  |  |         |          |
| Minataka Financial, LLC  | Describe debtor's property that is subject to a lien   | Unknown | Unknowi  |
| Creditor's Name  | (1) IR Wireless Panel, (1) SR-130 Xray system  |         |          |
|  | portable, (1) Viztek Laptop E6400, (1)   |         |          |
| Attn: Officer/Managing   | Software Opal Acquire Image Acquisition  |         |          |
| Attn. Onicer/Managing<br>Agent   | Software, (1) Wireless Network Adapter, (1)  |         |          |
| PO Box 2149  | USB Network Adapter, (1) Laptop Mounting<br>Tray, Panel Storage Bin cont.                    |         |          |
| Gig Harbor, WA 98335   | rray, r aner Storage Din Cont.   |         |          |
| Creditor's mailing address   | Describe the lien  |         |          |
|  | UCC filing   |         |          |

| Deb      | tor MMDS of North Carolina Name  | , Inc. Case r  | number (if know) |         |
|----------|--|--|------------------|---------|
|          | Name   | le the creditor or incider or related parts ?                    |                  |         |
|          |  | Is the creditor an insider or related party?  No                 |                  |         |
|          | Creditor's email address, if known                                     | ■ No □ Yes   |                  |         |
|          | Creditor's email address, il known                                     | Is anyone else liable on this claim?                             |                  |         |
|          | Date debt was incurred   | ■ No   |                  |         |
|          | Date debt was incurred   | ☐ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206) | D.               |         |
|          | Last 4 digits of account number  | Yes. Fill out Schedule H: Codebtors (Official Form 206)          | 1)               |         |
|          | ū  |  |                  |         |
|          | Do multiple creditors have an  | As of the petition filing date, the claim is:                    |                  |         |
|          | interest in the same property?   | Check all that apply ☐ Contingent                                |                  |         |
|          | No   | ☐ Unliquidated   |                  |         |
|          | ☐ Yes. Specify each creditor, including this creditor and its relative | ☐ Disputed   |                  |         |
|          | priority.  | □ Disputed   |                  |         |
| 2.5      | Monroe Conital   |  |                  |         |
| 2.5      | Monroe Capital Management Advisors                                     | Describe debtor's property that is subject to a lien             | Unknown          | \$0.00  |
|          | Creditor's Name  | All personal property - Assigned from                            |                  |         |
|          | Attn: Officer/Managing   | Channel Partners Capital   |                  |         |
|          | Agent  | ·  |                  |         |
|          | 311 South Wacker Drive,  |  |                  |         |
|          | Ste 6400   |  |                  |         |
|          | Chicago, IL 60606 Creditor's mailing address                           | Describe the lien  |                  |         |
|          | Creditor's maining address   | UCC filing   |                  |         |
|          |  | Is the creditor an insider or related party?                     |                  |         |
|          |  | ■ No   |                  |         |
|          | Creditor's email address, if known                                     | ☐ Yes  |                  |         |
|          | ,  | Is anyone else liable on this claim?                             |                  |         |
|          | Date debt was incurred   | ■ No   |                  |         |
|          |  | Yes. Fill out Schedule H: Codebtors (Official Form 206)          | 4)               |         |
|          | Last 4 digits of account number  |  | ,                |         |
|          | Do multiple creditors have an  | As of the petition filing date, the claim is:                    |                  |         |
|          | interest in the same property?   | Check all that apply   |                  |         |
|          | No   | Contingent   |                  |         |
|          | ☐ Yes. Specify each creditor,  | Unliquidated   |                  |         |
|          | including this creditor and its relative priority.                     | ☐ Disputed   |                  |         |
| 2.5      | Pawnee Leasing   |  |                  |         |
| 2.5<br>4 | Corporation  | Describe debtor's property that is subject to a lien             | \$133,763.31     | Unknown |
| •        | Creditor's Name  | All personal property financed with Pawne                        |                  |         |
|          | Attn: Officer/Managing   | Leasing Corporation pursuant to agreemen                         |                  |         |
|          | Agent  | dated 4/4/16 - Portable Xray system                              |                  |         |
|          | 700 Centre Ave   | (KIT-VIZ-SR130)  |                  |         |
|          | Fort Collins, CO 80526   | Describe the lien  |                  |         |
|          | Creditor's mailing address   | UCC filing   |                  |         |
|          |  | Is the creditor an insider or related party?                     | <del></del>      |         |
|          |  | ■ No   |                  |         |
|          | Creditor's email address, if known                                     | ☐ Yes  |                  |         |
|          | 2. 23.0. 5 S. I. M. Gudioso, II Milowii                                | Is anyone else liable on this claim?                             |                  |         |
|          | Date debt was incurred   | ■ No   |                  |         |
|          |  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206)        | 4)               |         |
|          | Last 4 digits of account number 5541                                   | — 165. Fill Out Goriedale 11. Codebiolo (Cilicial Fulfil 2001    | ''               |         |
|          | Do multiple creditors have an  | As of the petition filing date, the claim is:                    |                  |         |
|          | interest in the same property?   | Check all that apply   |                  |         |

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Debt     |  | , Inc. Case number   | :Γ (if know) |              |
|----------|--|--|--------------|--------------|
|          | Name  ■ No  □ Yes. Specify each creditor, including this creditor and its relative priority. | ☐ Contingent ☐ Unliquidated ☐ Disputed   |              |              |
| 2.5<br>5 | Skip Castle Creditor's Name  | Describe debtor's property that is subject to a lien  MMDS New River Valley - % Ownership: 100                 | \$45,844.48  | \$150,000.00 |
|          | 585 Forest Hill Dr<br>45844, KY 40509  |  |              |              |
|          | Creditor's mailing address   | Describe the lien  Is the creditor an insider or related party?  |              |              |
|          | Creditor's email address, if known   | ■ No □ Yes Is anyone else liable on this claim?  |              |              |
|          | Date debt was incurred   | ■ No □ Yes. Fill out Schedule H: Codebtors (Official Form 206H)  |              |              |
|          | Last 4 digits of account number  |  |              |              |
|          | Do multiple creditors have an interest in the same property?  No                             | As of the petition filing date, the claim is: Check all that apply  Contingent                                 |              |              |
|          | ☐ Yes. Specify each creditor, including this creditor and its relative priority.             | ☐ Unliquidated ☐ Disputed  |              |              |
| 2.5<br>6 | Stearns Bank NA Creditor's Name  | Describe debtor's property that is subject to a lien (1) Vizion SR 130 XRay System SN:                         | \$47,819.93  | \$109,400.00 |
|          | Attn: Officer/Managing<br>Agent<br>500 13th Street   | KV07091276068 w/14x17 Dr Panel, acquisition workflow mgmt, software, laptop computer w/any and all attachments |              |              |
|          | Albany, MN 56307 Creditor's mailing address  | Describe the lien  UCC filing  Is the creditor an insider or related party?                                    |              |              |
|          | Creditor's email address, if known   | ■ No □ Yes Is anyone else liable on this claim?  |              |              |
|          | Date debt was incurred  Last 4 digits of account number                                      | ■ No □ Yes. Fill out Schedule H: Codebtors (Official Form 206H)  |              |              |
|          | Do multiple creditors have an interest in the same property?                                 | As of the petition filing date, the claim is:<br>Check all that apply  |              |              |
|          | ■ No □ Yes. Specify each creditor, including this creditor and its relative priority.        | ☐ Contingent ☐ Unliquidated ☐ Disputed   |              |              |
| 2.5<br>7 | Suntrust Bank  | Describe debtor's property that is subject to a lien   | \$15,739.43  | \$8,277.00   |
|          | Creditor's Name  Attn: Officer/Managing  Agent PO Box 30503  Nashville, TN 37230-5053        | 2014 Ford Focus VIN x5342  |              |              |
|          | Creditor's mailing address   | Describe the lien  |              |              |

Official Form 206D

| Debtor MMDS of North Carolina                      | , Inc. Case number (if  | know)              |             |
|--|---|--------------------|-------------|
| Name   |   |                    |             |
|  | le the graditar on incider or related newty?                          |                    |             |
|  | Is the creditor an insider or related party?                          |                    |             |
|  | ■ No  |                    |             |
| Creditor's email address, if known                 | ☐ Yes Is anyone else liable on this claim?                            |                    |             |
| Date debt was incurred                             | <u> </u>  |                    |             |
| Date debt was incurred                             | □ No  |                    |             |
|  | Yes. Fill out Schedule H: Codebtors (Official Form 206H)              |                    |             |
| Last 4 digits of account number                    |   |                    |             |
| 9047  Do multiple creditors have an                | As of the petition filing date, the claim is:                         |                    |             |
| interest in the same property?                     | Check all that apply  |                    |             |
| ■ No   | ☐ Contingent  |                    |             |
| ☐ Yes. Specify each creditor,                      | □ Unliquidated  |                    |             |
| including this creditor and its relative           | ☐ Disputed  |                    |             |
| priority.  | _ Disputed  |                    |             |
|  |   |                    |             |
| .5 Suntrust Bank                                   | Describe debtor's property that is subject to a lien                  | <i>\$14,259.98</i> | \$9,610.00  |
| Creditor's Name                                    | 2015 Ford Focus   | <u> </u>           |             |
| Attn: Officer/Managing                             | VIN x2641   |                    |             |
| Agent  | VIIV X2041  |                    |             |
| PO Box 30503                                       | · ·   |                    |             |
| Nashville, TN 37230-5053                           |   |                    |             |
| Creditor's mailing address                         | Describe the lien   |                    |             |
|  |   |                    |             |
|  | Is the creditor an insider or related party?                          |                    |             |
|  | ■ No  |                    |             |
| Creditor's email address, if known                 | □ Yes   |                    |             |
| Creditor's email address, il known                 | ☐ Yes<br>Is anyone else liable on this claim?                         |                    |             |
| Date debt was incurred                             | •   |                    |             |
| Date debt was incurred                             | □ No  |                    |             |
|  | Yes. Fill out Schedule H: Codebtors (Official Form 206H)              |                    |             |
| Last 4 digits of account number                    |   |                    |             |
| 6951   |   |                    |             |
| Do multiple creditors have an                      | As of the petition filing date, the claim is:<br>Check all that apply |                    |             |
| interest in the same property?                     |   |                    |             |
| No   | ☐ Contingent  |                    |             |
| Yes. Specify each creditor,                        | Unliquidated  |                    |             |
| including this creditor and its relative priority. | ☐ Disputed  |                    |             |
|  |   |                    |             |
| 5 Suntrust Bank                                    | Describe debtor's property that is subject to a lien                  | \$22,888.24        | \$14,640.00 |
| Creditor's Name                                    | 2016 Ford Transit-Connect   | <i></i>            | 7,0 .0.00   |
| Attn: Officer/Managing                             | VIN x2161   |                    |             |
| Agent  | VIIV X2 10 I  |                    |             |
| PO Box 30503                                       |   |                    |             |
| Nashville, TN 37230-5053                           |   |                    |             |
| Creditor's mailing address                         | Describe the lien   |                    |             |
| Croditor o maining address                         |   |                    |             |
|  | Is the creditor an insider or related party?                          |                    |             |
|  | ■ No  |                    |             |
|  |   |                    |             |
| Creditor's email address, if known                 | Yes   |                    |             |
|  | Is anyone else liable on this claim?                                  |                    |             |
| Date debt was incurred                             | ■ No  |                    |             |
|  | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |                    |             |
| Last 4 digits of account number                    |   |                    |             |
| 5413   |   |                    |             |
| Do multiple creditors have an                      | As of the petition filing date, the claim is:                         |                    |             |
| interest in the same property?                     | Check all that apply  |                    |             |

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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| Debt | tor MMDS of North Carolina   | , <b>Inc.</b> Case number  | (if know)   |             |
|------|--|--|-------------|-------------|
|      | ■ No □ Yes. Specify each creditor, including this creditor and its relative priority.  | ☐ Contingent ☐ Unliquidated ☐ Disputed   |             |             |
| 2.6  | TD Auto Finance Creditor's Name Attn: Officer/Managing Agent   | Describe debtor's property that is subject to a lien 2015 Ford Focus VIN x5468                         | \$13,456.92 | \$9,610.00  |
|      | PO Box 16035<br>Lewiston, ME 04243-9517<br>Creditor's mailing address  | Describe the lien  |             |             |
|      | Creditor's email address, if known   | Is the creditor an insider or related party?  ■ No □ Yes Is anyone else liable on this claim?          |             |             |
|      | Date debt was incurred  Last 4 digits of account number 7366   | □ 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.                                       | As of the petition filing date, the claim is: Check all that apply Contingent Unliquidated Disputed    |             |             |
| 2.6  | TD Auto Finance Creditor's Name Attn: Officer/Managing Agent   | Describe debtor's property that is subject to a lien 2016 Ford Focus VIN x4493                         | \$17,334.25 | \$10,312.00 |
|      | PO Box 16035 Lewiston, ME 04243-9517 Creditor's mailing address  | Describe the lien  |             |             |
|      | Creditor's email address, if known   | Is the creditor an insider or related party? ■ No □ Yes  |             |             |
|      | Date debt was incurred   | Is anyone else liable on this claim?  ☐ No  ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H) |             |             |
|      | Last 4 digits of account number 7623  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    |             |             |
| 2.6  | TD Auto Finance  | Describe debtor's property that is subject to a lien   | \$24,338.38 | \$14,640.00 |

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Deb      |  | f know)   |             |             |
|----------|--|---|-------------|-------------|
|          | Name Creditor's Name  Attn: Officer/Managing Agent                             | 2016 Ford Transit-Connect<br>VIN x8811  |             |             |
|          | PO Box 16035 Lewiston, ME 04243-9517 Creditor's mailing address                | Describe the lien   |             |             |
|          |  |   |             |             |
|          |  | Is the creditor an insider or related party?  No  |             |             |
|          | Creditor's email address, if known   | ■ No  |             |             |
|          |  | Is anyone else liable on this claim?  |             |             |
|          | Date debt was incurred   | ■ No  |             |             |
|          | Last 4 digits of account number  | ☐ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)                                   |             |             |
|          | 5350  Do multiple creditors have an  | As of the petition filing date, the claim is:   |             |             |
|          | interest in the same property?   | Check all that apply ☐ Contingent   |             |             |
|          | ■ No □ Yes. Specify each creditor,   | ☐ Unliquidated  |             |             |
|          | including this creditor and its relative priority.                             | ☐ Disputed  |             |             |
| 2.6<br>3 | Teresa Macnicol  | Describe debtor's property that is subject to a lien  | \$85,714.00 | \$0.00      |
|          | Creditor's Name  | X-Cel Mobile - % Ownership: 100   |             |             |
|          | 11 Sunset Road<br>Deland, FL 32724   |   |             |             |
|          | Creditor's mailing address   | Describe the lien   |             |             |
|          |  | Is the creditor an insider or related party?  |             |             |
|          |  | ■ No  |             |             |
|          | Creditor's email address, if known   | Yes   |             |             |
|          | Date debt was incurred   | Is anyone else liable on this claim?  ■ No  |             |             |
|          | Date debt was incurred   | ■ No  Yes. Fill out Schedule H: Codebtors (Official Form 206H)                                      |             |             |
|          | Last 4 digits of account number  | = 163.1 iii dat denedate 71. dedestots (dilicitat 1 dilit 2001)                                     |             |             |
|          | Do multiple creditors have an interest in the same property?                   | As of the petition filing date, the claim is:  Check all that apply                                 |             |             |
|          | No   | ☐ Contingent  |             |             |
|          | Yes. Specify each creditor, including this creditor and its relative priority. | ☐ Unliquidated ☐ Disputed   |             |             |
| 2.6      | ]_, ,, ,,  |   | #00.040.00  | \$47.500.00 |
| 4        | Timepayment Corporation  Creditor's Name                                       | Describe debtor's property that is subject to a lien  (1) Kit Viz a wireless panel with SP 130 Vroy | \$83,342.63 | \$17,500.00 |
|          | Attn: Officer/Managing   | (1) Kit-Viz + wireless panel with SR 130 Xray<br>unit S/N: KV07094196214, (1) DR-IR-CAP-WL          |             |             |
|          | Agent  | Vizion + Gridded Cap Contains of each   |             |             |
|          | 16 New England Exec.<br>Park, Ste 200<br>Burlington, MA 01803                  | protect a GRID DRP enacasement 14 x 17<br>8:1/103/40-72 GRID  |             |             |
|          | Creditor's mailing address   | Describe the lien   |             |             |
|          |  | UCC filing  Is the creditor an insider or related party?  |             |             |
|          |  | No  |             |             |
|          | Creditor's email address, if known   | ☐ Yes   |             |             |
|          |  | Is anyone else liable on this claim?  |             |             |
|          | Date debt was incurred   | ■ No  |             |             |

| Debtor | MMDS of North Carolina,   | Inc. Case number  | er (if know) |             |
|--------|---|---|--------------|-------------|
|        | Name  |   |              |             |
|        |   | ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)            |              |             |
| Las    | st 4 digits of account number                                     | = 100.1 iii out conodato 11. codobtoto (cinolat 1 cini 2001)          |              |             |
|        | 557   |   |              |             |
|        | multiple creditors have an  | As of the petition filing date, the claim is:                         |              |             |
|        | erest in the same property?                                       | Check all that apply  |              |             |
|        | No  | ☐ Contingent  |              |             |
|        | Yes. Specify each creditor,                                       | ☐ Unliquidated  |              |             |
|        | luding this creditor and its relative                             | ☐ Disputed  |              |             |
| prid   | ority.  |   |              |             |
|        |   |   |              |             |
|        |   |   |              |             |
| 2.6    | O Davida Assta Financia   |   | ¢4.4.407.50  | ¢42 700 00  |
| 0      | S Bank Auto Finance   | Describe debtor's property that is subject to a lien                  | \$14,107.59  | \$13,708.00 |
|        | editor's Name   | 2016 Mazda 3  |              |             |
|        | ttn: Officer/Managing   | VIN x8121   |              |             |
|        | gent  |   |              |             |
|        | O Box 790179  |   |              |             |
|        | aint Louis, MO 63179-0179   |   |              |             |
| Cre    | editor's mailing address  | Describe the lien   |              |             |
|        |   |   |              |             |
|        |   | Is the creditor an insider or related party?                          |              |             |
|        |   | ■ No  |              |             |
| Cre    | editor's email address, if known                                  | ☐ Yes   |              |             |
|        |   | Is anyone else liable on this claim?                                  |              |             |
| Da     | te debt was incurred  | □ No  |              |             |
|        |   | Yes. Fill out Schedule H: Codebtors (Official Form 206H)              |              |             |
| La     | st 4 digits of account number                                     | Yes. Fill out Schedule H: Codebtors (Official Form 206H)              |              |             |
|        | 172   |   |              |             |
|        | multiple creditors have an  | As of the petition filing date, the claim is:                         |              |             |
|        | erest in the same property?                                       | Check all that apply  |              |             |
|        | No  | ☐ Contingent  |              |             |
|        |   | ☐ Unliquidated  |              |             |
|        | Yes. Specify each creditor, luding this creditor and its relative | ☐ Disputed  |              |             |
|        | ority.  | □ Disputed  |              |             |
|        |   |   |              |             |
|        |   |   |              |             |
| 2.6    |   |   |              |             |
| 6 US   | S Bank Auto Finance   | Describe debtor's property that is subject to a lien                  | \$16,864.16  | \$8,289.00  |
| Cre    | editor's Name   | 2014 Mazda 3  |              | _           |
| Αt     | ttn: Officer/Managing   | VIN x3820   |              |             |
|        | gent  |   |              |             |
| P      | O Box 790179  |   |              |             |
| Sá     | aint Louis, MO 63179-0179   |   |              |             |
| Cre    | editor's mailing address  | Describe the lien   |              |             |
|        |   |   |              |             |
|        |   | Is the creditor an insider or related party?                          |              |             |
|        |   | ■ No  |              |             |
| Cre    | editor's email address, if known                                  | Yes   |              |             |
| 0.0    | and of critical address, in the min                               | Is anyone else liable on this claim?                                  |              |             |
| Da     | te debt was incurred  | □ No  |              |             |
| Da     | to dobt was invaried  | _ ···   |              |             |
| _      |   | Yes. Fill out Schedule H: Codebtors (Official Form 206H)              |              |             |
|        | st 4 digits of account number                                     |   |              |             |
|        | 677   | An of the medition filling between the state t                        |              |             |
|        | multiple creditors have an erest in the same property?            | As of the petition filing date, the claim is:<br>Check all that apply |              |             |
|        |   |   |              |             |
| _      | No  | Contingent  |              |             |
|        | Yes. Specify each creditor,                                       | Unliquidated  |              |             |
|        | luding this creditor and its relative                             | ☐ Disputed  |              |             |
| pric   | ority.  |   |              |             |

| Debto | r MMDS of North Carolina  | , <i>Inc.</i> Case number (if  | know)              |             |
|-------|---|--|--------------------|-------------|
|       | Name  |  | <del></del>        |             |
| 7     | Wells Fargo Financial<br>Leasing, Inc.  | Describe debtor's property that is subject to a lien   | \$271,387.32       | \$91,800.00 |
|       | Creditor's Name<br>Attn: Managing Agent<br>800 Walnut St, MAC<br>F4031-040                              | All equipment covered by the Equipment<br>Lease Agreement of 2/7/12, 12/21/15, and<br>5/13/16 between Alliance Funding Group and<br>Debtor |                    |             |
| _     | Des Moines, IA 50309 Creditor's mailing address   | Describe the lien  |                    |             |
|       |   | Is the creditor an insider or related party? ■ No  |                    |             |
|       | Creditor's email address, if known  | Yes Is anyone else liable on this claim?   |                    |             |
|       | Date debt was incurred  | ■ No □ Yes. Fill out Schedule H: Codebtors (Official Form 206H)  |                    |             |
| -     | Last 4 digits of account number  Various  Do multiple creditors have an intersect in the same property? | As of the petition filing date, the claim is: Check all that apply   |                    |             |
|       | interest in the same property?  ■ No □ Yes. Specify each creditor,                                      | ☐ Contingent ☐ Unliquidated  |                    |             |
| į     | including this creditor and its relative priority.  | Disputed   |                    |             |
| _     | Yellowstone Capital   | Describe debtor's property that is subject to a lien   | \$63,900.00        | Unknown     |
|       | Creditor's Name<br>Attn: Managing Agent<br>1 Evertrust Plaza, 14th                                      | Unknown  |                    |             |
| _     | Floor Jersey City, NJ 07302 Creditor's mailing address  | Describe the lien  |                    |             |
|       |   | Is the creditor an insider or related party? ■ No  |                    |             |
| -     | Creditor's email address, if known  | Yes Is anyone else liable on this claim?   |                    |             |
| ı     | Date debt was incurred  | ■ No □ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)   |                    |             |
| _     | Last 4 digits of account number   | As of the motition filling data the plainting  |                    |             |
| i     | Do multiple creditors have an interest in the same property?  ■ No                                      | As of the petition filing date, the claim is: Check all that apply Contingent  |                    |             |
| i     | Yes. Specify each creditor, including this creditor and its relative priority.                          | ☐ Unliquidated ☐ Disputed  |                    |             |
| 3. To | otal of the dollar amounts from Part 1  | , Column A, including the amounts from the Additional Page, if any.  | \$2,077,406.7<br>1 |             |

#### 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.

| ebtor    | MMDS of North Carolina, Inc.  | Case number (if know)   |
|----------|---|---|
| Na       | nme and address   | On which line in Part 1 did you enter the related creditor? Last 4 digits of account number for this entity |
| A1<br>30 | mur Equipment Finance, Inc.<br>ttn: Officer/Managing Agent<br>08 N. Locust St<br>rand Island, NE 68801              | Line <u>2.17</u>  |
| At<br>P  | mur Equipment Finance, Inc.<br>ttn: Officer/Managing Agent<br>O Box 911685<br>enver, CO 80291-1685                  | Line _ <b>2.17</b> _  |
| A1<br>32 | mur Equipment Finance, Inc.<br>ttn: Officer/Managing Agent<br>27 Hillsborough St<br>aleigh, NC 27603                | Line _ <b>2.17</b> _  |
| A1<br>20 | ranch Banking and Trust Company<br>ttn: Officer/Managing Agent<br>00 W 2nd St<br>linston Salem, NC 27101            | Line <b>2.21</b>  |
| A1<br>64 | hannel Partners Capital, LLC<br>ttn: Officer/Managing Agent<br>487 Sycamore Ct N.<br>aple Grove, MN 55369           | Line <u>2.23</u>  |
| A1       | e Lage Landen Financial Services<br>ttn: Officer/Managing Agent<br>111 Old Eagle School Road<br>/ayne, PA 19087     | Line <b>2.30</b>  |
| A1<br>34 | inancial Pacific Leasing, Inc.<br>ttn: Officer/Managing Agent<br>455 S. 344th Way #300<br>ederal Way, WA 98011-9546 | Line <u>2.32</u>  |
| A1<br>38 | awnee Leasing Corporation<br>ttn: Officer/Managing Agent<br>801 Automation Way, Ste 207<br>ort Collins, CO 80525    | Line _ <b>2.54</b> _  |
| A1<br>41 | tearns Bank NA<br>ttn: Officer/Managing Agent<br>191 SEcond Street South<br>aint Cloud, MN 56303                    | Line _ <b>2.56</b> _  |
| A1<br>30 | unTrust Bank<br>ttn: Officer/Managing Agent<br>03 Peachtreet Street, Northeast<br>tlanta, GA 30308                  | Line _ <b>2.57</b> _  |
| A1       | imepayment Corporation<br>ttn: Officer/Managing Agent<br>600 District Ave, Ste 200<br>urlington, MA 01803           | Line _ <b>2.64</b> _  |
| A1<br>42 | S Bank NA<br>ttn: Officer/Managing Agent<br>25 Walnut Street<br>incinnati, OH 45202                                 | Line <b>_2.65</b> _   |

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| ase number (if know) |      |
|----------------------|------|
|                      |      |
| Line <b>2.67</b>     | 8650 |
|                      |      |
| •                    | · ,  |

|                     | Case 17-01749-5-DIVIV DOC   | i i lieu 04/07/17 Elitereu 04/07/17 13   | .55.05 Fage  | 43 01 00                          |
|---------------------|---|--|--|-----------------------------------|
| Fill in             | this information to identify the case:  |  |  |                                   |
| Debtor              | name MMDS of North Carolina, Inc.   |  | 7  |                                   |
| Linited             | States Bankruptcy Court for the: EASTERN  | J DISTRICT OF NORTH CAROLINA   |  |                                   |
| Officea             | States Bankruptcy Court for the.  | V DICTRICT OF NORTH CARCEINA   |  |                                   |
| Case r              | number (if known)   |  | ☐ Check  | f this is an                      |
|                     |   |  | amende   |                                   |
| Ott: ←              | oial Form 206E/F  |  |  |                                   |
|                     | cial Form 206E/F  | o Have Unsecured Claims  |  | 4045                              |
|                     |   | creditors with PRIORITY unsecured claims and Part 2 for credit   | tors with NONPRIORIT                                     | 12/15                             |
| List the<br>Persona | other party to any executory contracts or unexpial Property (Official Form 206A/B) and on Scheduboxes on the left. If more space is needed for Pa | ired leases that could result in a claim. Also list executory controls of the Contracts and Unexpired Leases (Official Form It 1 or Part 2, fill out and attach the Additional Page of that Part | racts on <i>Schedule A/B:</i><br>n 206G). Number the ent | Assets - Real and                 |
| 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 with priority unsecured claims, fill out and attach the   | e unsecured claims that are entitled to priority in whole or in par<br>e Additional Page of Part 1.  | rt. If the debtor has more  Total claim                  | than 3 creditors  Priority amount |
| 2.1                 | Priority creditor's name and mailing address  | As of the petition filing date, the claim is:  | \$137,082.89   | \$137,082.89                      |
|                     | Internal Revenue Service Centralized Insolvency Operations  | Check all that apply.  ☐ Contingent  |  |                                   |
|                     | PO Box 21126  | ☐ Unliquidated   |  |                                   |
|                     | Philadelphia, PA 19114-0326   | ☐ Disputed   |  |                                   |
|                     | Date or dates debt was incurred   | Basis for the claim:  Employer's quarterly federal tax return  |  |                                   |
|                     | Last 4 digits of account number   | Is the claim subject to offset?  | _  |                                   |
|                     | Specify Code subsection of PRIORITY   | ■ No   |  |                                   |
|                     | unsecured claim: 11 U.S.C. § 507(a) (8)   | Yes  |  |                                   |
| 2.2                 | Priority creditor's name and mailing address  | As of the petition filing date, the claim is:  | \$2,024.96   | ¢2 024 06                         |
| 2.2                 | NC Department of Commerce   | Check all that apply.  | \$3,031.86   | \$3,031.86                        |
|                     | Division of Employment Security   | ☐ Contingent   |  |                                   |
|                     | Post Office Box 26504   | ☐ Unliquidated   |  |                                   |
|                     | Raleigh, NC 27611   | ☐ Disputed   |  |                                   |
|                     | Date or dates debt was incurred   | Basis for the claim:  Employer's quarterly tax and wage report   |  |                                   |
|                     | Last 4 digits of account number   | Is the claim subject to offset?  |  |                                   |
|                     | Specify Code subsection of PRIORITY   | ■ No   |  |                                   |
|                     | unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )  | Yes  |  |                                   |

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| Debtor | ,,,,,,  | Case number (if known)  |             |             |
|--------|---|---|-------------|-------------|
| 2.3    | Name Priority creditor's name and mailing address | As of the petition filing date, the claim is:                       | \$29 152 00 | ¢29 152 00  |
| 2.0    | NC Department of Revenue                          | Check all that apply.   | \$28,152.00 | \$28,152.00 |
|        | Attn: Bankruptcy Unit                             | ☐ Contingent  |             |             |
|        | P.O. Box 1168                                     | ☐ Unliquidated  |             |             |
|        | Raleigh, NC 27602-1168                            | ☐ Disputed  |             |             |
|        |   | _ Disputed  |             |             |
|        | Date or dates debt was incurred                   | Basis for the claim:  NC income tax withholding                     |             |             |
|        | Last 4 digits of account number                   | Is the claim subject to offset?                                     |             |             |
|        | Specify Code subsection of PRIORITY               | ■ No  |             |             |
|        | unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )  | Yes   |             |             |
| 2.4    | Priority creditor's name and mailing address      | As of the petition filing date, the claim is:                       | Unknown     | Unknown     |
|        | NC Unemployment Commission                        | Check all that apply.   |             |             |
|        | PO Box 26504                                      | ☐ Contingent  |             |             |
|        | Raleigh, NC 27611-6504                            | ☐ Unliquidated  |             |             |
|        | • .   | ☐ Disputed  |             |             |
|        | Date or dates debt was incurred                   | Basis for the claim:  |             |             |
|        | Last 4 digits of account number                   | Is the claim subject to offset?                                     |             |             |
|        | Specify Code subsection of PRIORITY               | ■ No  |             |             |
|        | unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )  | □ Yes   |             |             |
| 2.5    | Priority creditor's name and mailing address      | As of the petition filing date, the claim is:                       | \$3,177.43  | \$3,177.43  |
|        | SC Department of Revenue                          | Check all that apply.   | 70,11110    | 70,1111     |
|        | Attn: Withholding                                 | ☐ Contingent  |             |             |
|        | PO Box 125  | ☐ Unliquidated  |             |             |
|        | Columbia, SC 29214                                | ☐ Disputed  |             |             |
|        | Date or dates debt was incurred                   | Basis for the claim:  SC income tax withholding                     |             |             |
|        | Last 4 digits of account number                   | Is the claim subject to offset?                                     |             |             |
|        | Specify Code subsection of PRIORITY               | ■ No  |             |             |
|        | unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )  | Yes   |             |             |
| 2.6    | Priority creditor's name and mailing address      | As of the petition filing date, the claim is:                       | \$746.67    | \$746.67    |
|        | SC Dept of Employment &                           | Check all that apply.   |             |             |
|        | Workforce   | ☐ Contingent  |             |             |
|        | Post Office Box 7103                              | ☐ Unliquidated  |             |             |
|        | Columbia, SC 29202                                | ☐ Disputed  |             |             |
|        | Date or dates debt was incurred                   | Basis for the claim:  Employer quarterly contribution & wage report |             |             |
|        | Last 4 digits of account number                   | Is the claim subject to offset?                                     |             |             |
|        | Specify Code subsection of PRIORITY               | ■ No  |             |             |
|        | unsecured claim: 11 U.S.C. § 507(a) ( <u>8</u> )  | ∏ Yes   |             |             |
|        | unsecured claim: 11 U.S.C. § 507(a) (8)           | ■ No □ Yes  |             |             |

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| Debtor     |   |  |  |                       |                     |
|------------|---|--|--|-----------------------|---------------------|
| 2.7        | Priority creditor's name and mailing address  TN Dept of Labor & Workforce  Dvlpmt  Employment Security Division  Post Office Box 101 | As of the petition filing da Check all that apply.  Contingent Unliquidated Disputed | ate, the claim is:                                   | \$94.76               | \$94.76             |
|            | Nashville, TN 37202   | -1   |  |                       |                     |
|            | Date or dates debt was incurred   | Basis for the claim:   |  |                       |                     |
|            | Last 4 digits of account number   | Is the claim subject to off  | iset?  |                       |                     |
|            | Specify Code subsection of PRIORITY   | ■ No   |  |                       |                     |
|            | unsecured claim: 11 U.S.C. § 507(a) (8)   | Yes  |  |                       |                     |
| Dort 2     | List All Creditors with MONDRIORITY II  | nagurad Claima   |  |                       | ·                   |
| Part 2: 3. | List in alphabetical order all of the creditors wit   |  | laims. If the debtor has more than 6 creditors v     | with nonpriority unse | ecured claims, fill |
|            | out and attach the Additional Page of Part 2.   |  |  | Am                    | ount of claim       |
|            |   |  |  |                       | <b>4</b> 4- 4 - 2   |
| 3.1        | Nonpriority creditor's name and mailing address <b>Bank of America</b>  | •  | etition filing date, the claim is: Check all that ap | pply                  | \$57,454.00         |
|            | Attn: Officer/Managing Agent  | ☐ Contingo   |  |                       |                     |
|            | 1931 High House Road  | ☐ Disputed   |  |                       |                     |
|            | Cary, NC 27519  | •  |  |                       |                     |
|            | Date(s) debt was incurred _   |  | he claim: <u>Credit Card</u>                         |                       |                     |
|            | Last 4 digits of account number 3408  | Is the claim   | subject to offset? ■ No □ Yes                        |                       |                     |
| 3.2        | Nonpriority creditor's name and mailing address   | As of the p  | etition filing date, the claim is: Check all that ap | pply                  | \$405.00            |
|            | Doctors Express Urgent Care   | ☐ Conting  |  |                       |                     |
|            | Attn: Managing Agent 101 Maynard Crossing Court   | ☐ Unliquid   |  |                       |                     |
|            | Cary, NC 27513  | ☐ Disputed   | t  |                       |                     |
|            | Date(s) debt was incurred   | Basis for the  | ne claim: <i>Trade debt</i>                          |                       |                     |
|            | Last 4 digits of account number 343   | Is the claim   | subject to offset? ■ No □ Yes                        |                       |                     |
| 3.3        | Nonpriority creditor's name and mailing address   | As of the p  | etition filing date, the claim is: Check all that ap | pply.                 | \$6,336.61          |
|            | Engine Experts  | ☐ Conting  | ent  |                       |                     |
|            | Attn: Officer/Managing Agent  | ☐ Unliquid   |  |                       |                     |
|            | 6325 Limousine Dr   | ☐ Disputed   |  |                       |                     |
|            | Raleigh, NC 27617   | Basis for the  | ne claim: <i>Maintenance</i>                         |                       |                     |
|            | Date(s) debt was incurred _   |  | subject to offset? ■ No □ Yes                        |                       |                     |
|            | Last 4 digits of account number _   | is the claim   | Subject to offset: — No — res                        |                       |                     |
| 3.4        | Nonpriority creditor's name and mailing address   | As of the p  | etition filing date, the claim is: Check all that ap | pply.                 | \$5,000.00          |
|            | Fletcher Car Care LLC   | ☐ Continge   | ent  |                       |                     |
|            | Attn: Managing Agent<br>38 Heritage Park Drive, Unit K  | Unliquid   |  |                       |                     |
|            | Fletcher, NC 28732  | ☐ Disputed   | t  |                       |                     |
|            | Date(s) debt was incurred   | Basis for the  | ne claim: 17 CVD 164 - Maintenance                   | _                     |                     |
|            | Last 4 digits of account number _   |  | Is the claim subject to offset? ■ No □ Yes           |                       |                     |
| 3.5        | Nonpriority creditor's name and mailing address   | As of the p  | etition filing date, the claim is: Check all that a  | pplv.                 | \$9,167.25          |
|            | Garcia Law Group  | ☐ Conting  | -  |                       | <del>+-,</del>      |
|            | Attn: Officer/Managing Agent  | ☐ Unliquid   |  |                       |                     |
|            | 6739 Academy Rd NE, Ste 200   | ☐ Disputed   |  |                       |                     |
|            | Albuquerque, NM 87109   |  |  |                       |                     |
|            | Date(s) debt was incurred _   |  | he claim: <u>Trade debt</u>                          |                       |                     |
|            | Last 4 digits of account number _   | Is the claim   | subject to offset? ■ No □ Yes                        |                       |                     |

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| Debtor |  | Case number (if known)  |             |
|--------|--|---|-------------|
|        | Name   |   |             |
| 3.6    | Nonpriority creditor's name and mailing address                    | As of the petition filing date, the claim is: Check all that apply. | \$5,592.94  |
|        | GIS  | Contingent  |             |
|        | Attn: Officer/Managing Agent<br>PO Box 827                         | Unliquidated  |             |
|        | Morris, IL 60450   | ☐ Disputed  |             |
|        | Date(s) debt was incurred  | Basis for the claim: <u>Insurance</u>                               |             |
|        | Last 4 digits of account number                                    | Is the claim subject to offset? ■ No □ Yes                          |             |
|        |  |   |             |
| 3.7    | Nonpriority creditor's name and mailing address  Jeffrey Paul Nunn | As of the petition filing date, the claim is: Check all that apply. | Unknown     |
|        | Attn: Henry C Smith  | ☐ Contingent  |             |
|        | PO Box 1616  | ☐ Unliquidated  |             |
|        | Goldsboro, NC 27533  | ☐ Disputed  |             |
|        | Date(s) debt was incurred _  | Basis for the claim: 17 CVS 222                                     |             |
|        | Last 4 digits of account number _                                  | Is the claim subject to offset? ■ No □ Yes                          |             |
| 3.8    | Nonpriority creditor's name and mailing address                    | As of the petition filing date, the claim is: Check all that apply. | Unknown     |
|        | Joey Tillman   | ☐ Contingent  |             |
|        | Attn: Henry C. Smith   | ☐ Unliquidated  |             |
|        | PO Box 1616  | ☐ Disputed  |             |
|        | Goldsboro, NC 27533  |   |             |
|        | Date(s) debt was incurred _  | Basis for the claim: _  |             |
|        | Last 4 digits of account number _                                  | Is the claim subject to offset? ■ No ☐ Yes                          |             |
| 3.9    | Nonpriority creditor's name and mailing address                    | As of the petition filing date, the claim is: Check all that apply. | \$3,300.00  |
|        | Latenight Fabrications   | ☐ Contingent  |             |
|        | Attn: Officer/Managing Agent                                       | ☐ Unliquidated  |             |
|        | 96 Pecan Ln #104, Clayton, NC                                      | Disputed  |             |
|        | Clayton, NC 27527  | Basis for the claim: <i>Trade debt</i>                              |             |
|        | Date(s) debt was incurred _  |   |             |
|        | Last 4 digits of account number _                                  | Is the claim subject to offset? ■ No □ Yes                          |             |
| 3.10   | Nonpriority creditor's name and mailing address                    | As of the petition filing date, the claim is: Check all that apply. | \$1,887.35  |
|        | Merry X-ray  | ☐ Contingent  |             |
|        | Attn: Officer/Managing Agent                                       | ☐ Unliquidated  |             |
|        | 4444 Viewridge Ave #A  | ☐ Disputed  |             |
|        | San Diego, CA 92123  | Basis for the claim: <i>Trade debt</i>                              |             |
|        | Date(s) debt was incurred _<br>Last 4 digits of account number     | Is the claim subject to offset? ■ No □ Yes                          |             |
|        | Last 4 digits of account number _                                  | <u> </u>  |             |
| 3.11   | Nonpriority creditor's name and mailing address                    | As of the petition filing date, the claim is: Check all that apply. | \$83,000.00 |
|        | Net Medical Xpress   | ☐ Contingent  |             |
|        | Attn: Officer/Managing Agent<br>5021 Indian School Rd NE           | Unliquidated  |             |
|        | Albuquerque, NM 87110  | Disputed  |             |
|        | Date(s) debt was incurred  | Basis for the claim: Service  |             |
|        | Last 4 digits of account number _                                  | Is the claim subject to offset? $\blacksquare$ No $\square$ Yes     |             |
| 3.12   | Nonpriority creditor's name and mailing address                    | As of the petition filing date, the claim is: Check all that apply. | \$1,021.86  |
|        | Patterson, Hardee & Ballentine, PC                                 | Contingent  | Ψ1,021.00   |
|        | Attn: Officer/Managing Agent                                       | ☐ Contingent ☐ Unliquidated   |             |
|        | 1889 General George Patton Dr, #200                                | ☐ Disputed  |             |
|        | Franklin, TN 37067   | •   |             |
|        | Date(s) debt was incurred _  | Basis for the claim: <u>CPA services</u>                            |             |
|        | Last 4 digits of account number _                                  | Is the claim subject to offset? ■ No □ Yes                          |             |

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| Debtor | MMDS of North Carolina, Inc.   | Case number (if known)  |                 |
|--------|--|---|-----------------|
|        | Name   |   |                 |
| 3.13   | Nonpriority creditor's name and mailing address                      | As of the petition filing date, the claim is: Check all that apply. | \$17,658.61     |
|        | Poyner Spruill LLP   | Contingent  |                 |
|        | Attn: Managing Agent/David Broyles PO Box 1801                       | Unliquidated  |                 |
|        | Raleigh, NC 27602-1801   | ☐ Disputed  |                 |
|        | Date(s) debt was incurred  | Basis for the claim: Professional Fees                              |                 |
|        | Last 4 digits of account number                                      | Is the claim subject to offset? ■ No □ Yes                          |                 |
|        | <u> </u>   |   |                 |
| 3.14   | Nonpriority creditor's name and mailing address                      | As of the petition filing date, the claim is: Check all that apply. | \$168,000.00    |
|        | Rapid Rad Attn: Officer/Managing Agent                               | ☐ Contingent  |                 |
|        | 2303 R.R. 620 S, Ste 135 PMB 453                                     | Unliquidated  |                 |
|        | Lakeway, TX 78734  | ☐ Disputed  |                 |
|        | Date(s) debt was incurred  | Basis for the claim: <u>Service</u>                                 |                 |
|        | Last 4 digits of account number                                      | Is the claim subject to offset? ■ No □ Yes                          |                 |
|        |  |   |                 |
| 3.15   | Nonpriority creditor's name and mailing address  Scott Olen LaFevers | As of the petition filing date, the claim is: Check all that apply. | Unknown         |
|        | Attn: Henry C Smith  | Contingent  |                 |
|        | PO Box 1616  | Unliquidated  |                 |
|        | Goldsboro, NC 27533  | ☐ Disputed  |                 |
|        | Date(s) debt was incurred  | Basis for the claim: <u>17 CVS 222</u>                              |                 |
|        | Last 4 digits of account number _                                    | Is the claim subject to offset? ■ No □ Yes                          |                 |
| 3.16   | Nonpriority creditor's name and mailing address                      | As of the petition filing date, the claim is: Check all that apply. | \$406.10        |
|        | Shell Gas Cards  | Contingent  | <b>*</b> 100110 |
|        | Attn: Officer/Managing Agent   | ☐ Unliquidated  |                 |
|        | 14241 Dallas Parkway, Ste 400  | ☐ Disputed  |                 |
|        | Dallas, TX 75254   |   |                 |
|        | Date(s) debt was incurred _  | Basis for the claim: <u>Gas cards</u>                               |                 |
|        | Last 4 digits of account number _                                    | Is the claim subject to offset? ■ No □ Yes                          |                 |
| 3.17   | Nonpriority creditor's name and mailing address                      | As of the petition filing date, the claim is: Check all that apply. | \$88,863.60     |
|        | Triangle Imaging Solutions   | ☐ Contingent  |                 |
|        | Attn: Managing Agent   | ☐ Unliquidated  |                 |
|        | 3604 Witherspoon Boulevard   | ☐ Disputed  |                 |
|        | Durham, NC 27707   | Basis for the claim: <i>Trade debt</i>                              |                 |
|        | Date(s) debt was incurred _  | Is the claim subject to offset? ■ No □ Yes                          |                 |
|        | Last 4 digits of account number _                                    | is the shall subject to direct: — No — Tes                          |                 |
| 3.18   | Nonpriority creditor's name and mailing address                      | As of the petition filing date, the claim is: Check all that apply. | \$50,000.00     |
|        | Vascular Wellness  | ☐ Contingent  |                 |
|        | Attn: Officer/Managing Agent   | ☐ Unliquidated  |                 |
|        | 130 Edinburgh South Dr, Ste 203<br>Cary, NC 27511                    | ☐ Disputed  |                 |
|        | Date(s) debt was incurred  | Basis for the claim: Service  |                 |
|        | Last 4 digits of account number                                      | Is the claim subject to offset? ■ No □ Yes                          |                 |
|        |  |   | <b></b>         |
| 3.19   | Nonpriority creditor's name and mailing address                      | As of the petition filing date, the claim is: Check all that apply. | \$48,793.63     |
|        | Verizon  | Contingent  |                 |
|        | Attn: Managing Agent<br>500 Technology Drive, Suite 550              | Unliquidated  |                 |
|        | Weldon Spring, MO 63304  | ☐ Disputed  |                 |
|        | Date(s) debt was incurred  | Basis for the claim: Cell phone service                             |                 |
|        | <del>-</del>   | Is the claim subject to offset? ■ No □ Yes                          |                 |
|        | Last 4 digits of account number <u>0006</u>                          |   |                 |

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| Debto   | MMDS of North Carolina, Inc.  |                                      | Case number                       | (if known)                              |   |
|---------|---|--------------------------------------|-----------------------------------|---|---|
| 0.00    | 1   |                                      |                                   |   | <b>#0.005.00</b>                        |
| 3.20    | Nonpriority creditor's name and mailing address   | _                                    | ling date, the claim              | is: Check all that apply.               | \$9,365.82                              |
|         | WEX Fleet Flex Card Attn: Managing Agent  | ☐ Contingent                         |                                   |   |   |
|         | 7090 South Union Park Ave, Ste 350  | Unliquidated                         |                                   |   |   |
|         | Midvale, UT 84047   | ☐ Disputed                           |                                   |   |   |
|         | Date(s) debt was incurred _   | Basis for the claim                  | Gas for vehice                    | <u>eles</u>                             |   |
|         | Last 4 digits of account number 8432  | Is the claim subject t               | o offset? No                      | Yes                                     |   |
| assig   | n alphabetical order any others who must be notified for mees of claims listed above, and attorneys for unsecured creothers need to be notified for the debts listed in Parts 1 and | claims listed in Parts 1 and ditors. | •                                 | ·                                       |   |
|         | Name and mailing address  |                                      | On which line in related creditor | Part1 or Part 2 is the (if any) listed? | Last 4 digits of account number, if any |
| 4.1     | Bank of America   |                                      |                                   |   | uny                                     |
|         | Attn: Officer/Managing Agent  |                                      | Line <u><b>3.1</b></u>            |   | _                                       |
|         | 100 North Tryon St  |                                      | ☐ Not listed. F                   |   |   |
|         | Charlotte, NC 28202   |                                      | inot listed. I                    | Explain                                 |   |
| 4.2     | North Carolina Dept. of Revenue   |                                      |                                   |   |   |
|         | Attn: Managing Agent  |                                      | Line <b>2.3</b>                   |   | _                                       |
|         | P.O. Box 25000  |                                      | ☐ Not listed. F                   |   |   |
|         | Raleigh, NC 27640   |                                      | ■ Not listed. I                   | Explain                                 |   |
| 4.3     | WEX Fleet Flex Card   |                                      |                                   |   |   |
|         | Attn: Officer/Managing Agent  |                                      | Line _3.20                        |   | _                                       |
|         | PO Box 6293   |                                      |                                   |   |   |
|         | Carol Stream, IL 60197-6293   |                                      |                                   | explain                                 |   |
| Part 4  | Total Amounts of the Priority and Nonpriority   | Unsecured Claims                     |                                   |   |   |
| 5. Add  | the amounts of priority and nonpriority unsecured claim   | S.                                   |                                   |   |   |
| 5a. Tot | al claims from Part 1   |                                      | 5a. \$                            | Fotal of claim amounts<br>172,285       | 61                                      |
|         | tal claims from Part 2  |                                      | 5b. + \$                          | 556,252                                 |   |
|         |   |                                      |                                   | 550,202                                 | <del></del>                             |
|         | tal of Parts 1 and 2  |                                      | 5c. \$                            | 728,5                                   | 38.38                                   |
| Lir     | nes 5a + 5b = 5c.   |                                      | σc.   Ψ _                         | . 20,0                                  | <del></del>                             |

| Fill in t | his information to identify the case:   |  |  |
|-----------|---|--|--|
| Debtor    |   | , Inc.   |  |
| United    | States Bankruptcy Court for the: EAS  |  |  |
|           |   |  |  |
| Case n    | umber (if known)  |  | ☐ Check if this is an amended filing   |
| Offic     | ial Form 206G   |  |  |
|           | edule G: Executory C  | ontracts and U   | nexpired Leases 12/15  |
|           |   |  | y and attach the additional page, number the entries consecutively.  |
|           |   | th the debtor's other schedule   | es. There is nothing else to report on this form.  are listed on Schedule A/B: Assets - Real and Personal  Property        |
| (Official | Form 206A/B).   |  | , ,  |
| 2. List   | all contracts and unexpired leas  |  | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
| 2.1.      | State what the contract or lease is for and the nature of the debtor's interest | Morrisville lease, Rent<br>due first of the month<br>Rent amount: \$1,100.00           |  |
|           | State the term remaining  List the contract number of any                       |  | Best & Associates<br>Attn: Officer/Managing Agent<br>PO Box 91143-27675  |
|           | government contract   |  | Raleigh, NC 27675  |
| 2.2.      | State what the contract or lease is for and the nature of the debtor's interest | Equipment contained on Agreement No. 1665200-001                                       |  |
|           | State the term remaining  |  | Creekridge Capital, LLC  |
|           | List the contract number of any government contract                             |  | Attn: Officer/Managing Agent<br>7808 Creekridge Circle, Ste 250<br>Edina, MN 55439   |
| 2.3.      | State what the contract or lease is for and the nature of the debtor's interest | High Point Lease, Rent<br>due date: First of the<br>month<br>Rent amount: \$600        |  |
|           | State the term remaining  | Kent amount. \$600   | High Point Holdings, LLC<br>Attn: Managing Agent   |
|           | List the contract number of any government contract                             |  | PO Box 5778 High Point, NC 27262   |
| 2.4.      | State what the contract or lease is for and the nature of the debtor's interest | South Carolina Lease,<br>Rent due date: First of<br>the month<br>Rent amount: \$325.00 |  |
|           | State the term remaining  | None amount. \$525.00  | J.E.D. Fisher, LLC Attn: Officer/Managing Agent  |
|           | List the contract number of any government contract                             |  | 2025 Ebenezer Rd, Ste N<br>Rock Hill, SC 29732   |

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|          | his information to identify                    |  |  |                                      |
|----------|--|--|--|--------------------------------------|
| Debtor r | name MMDS of North                             | n Carolina, Inc.   |  |                                      |
| United S | States Bankruptcy Court fo                     | r the: EASTERN DISTRICT OF NORTH CAROL   | INA                                    |                                      |
| Case nu  | umber (if known)                               |  | ı                                      | ☐ Check if this is an amended filing |
| _        | ial Form 206H<br>edule H: Your (               | Codebtors  |  | 12/15                                |
|          | omplete and accurate as nal Page to this page. | possible. If more space is needed, copy the Ad   | ditional Page, numbering the entries   | s consecutively. Attach the          |
| 1. 0     | o you have any codebto                         | rs?  |  |                                      |
| □ No. 0  | Check this box and submit                      | this form to the court with the debtor's other sched   | ules. Nothing else needs to be reporte | d on this form.                      |
| cre      | ditors, Schedules D-G. In                      | rs all of the people or entities who are also liab clude all guarantors and co-obligors. In Column 2, If the codebtor is liable on a debt to more than one | identify the creditor to whom the debt | is owed and each schedule            |
|          | Name   | Mailing Address  | Name                                   | Check all schedules that apply:      |
| 2.1      | Advanced<br>Portable<br>Imaging, LLC           | Attn: Officer/Managing Agent<br>251 Dominion Dr, Ste 112<br>Morrisville, NC 27560  | Garcia Law Group                       | □ D<br>■ E/F <u>3.5</u><br>□ G       |
| 2.2      | Carol Lloyd, Inc.                              | Attn: Officer/Managing Agent<br>38 Rosscraggon Rd, Suite M<br>Asheville, NC 28803  | CT Corporation<br>System               | ■ D <u>2.29</u><br>□ E/F<br>□ G      |
| 2.3      | Carol Williams                                 | 2230 Beach Dr<br>Apt 123<br>Gulfport, MS 39507   | Fox Capital Group<br>Inc.              | ■ D <u>2.46</u><br>□ E/F<br>□ G      |
| 2.4      | Home Owners<br>Assocation                      | Attn: Officer/Managing Agent<br>3011 Harrah Drive, Ste L<br>Spring Hill, TN 37174  | CT Corporation<br>System               | ■ D <u>2.29</u> □ E/F □ G            |

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Case number (if known)

| Additional Page to List More Codebtors |   |   |   |  |  |
|--|---|---|---|--|--|
|  | Copy this page only if more space is needed. Continue numbering the lines so Column 1: Codebtor |   | sequentially from the previou<br>Column 2: Creditor | s page.                                |  |
| 2.5                                    | Lauren Jarosek  | 6401 Sanger Ave, Ste 113<br>Waco, TX 76710  | Fox Capital Group<br>Inc.                           | ■ D <u><b>2.46</b></u><br>□ E/F<br>□ G |  |
| 2.6                                    | Lloyd Williams II   | 2230 Beach Dr<br>Apt 123<br>Gulfport, MS 39507                                    | Fox Capital Group<br>Inc.                           | ■ D <u>2.46</u><br>□ E/F<br>□ G        |  |
| 2.7                                    | Lloyd Williams II   | 2230 Beach Dr<br>Apt 123<br>Gulfport, MS 39507                                    | CT Corporation<br>System                            | ■ D <u>2.29</u><br>□ E/F<br>□ G        |  |
| 2.8                                    | Lloyd Williams II   | 2230 Beach Dr<br>Apt 123<br>Gulfport, MS 39507                                    | Bank of America                                     | □ D<br>■ E/F <b>3.1</b><br>□ G         |  |
| 2.9                                    | Miguel O Ferrer   | 251 Dominion Dr, Ste 112<br>Morrisville, NC 27560                                 | Fox Capital Group<br>Inc.                           | ■ D <u><b>2.46</b></u><br>□ E/F<br>□ G |  |
| 2.10                                   | MMDS Mobile<br>Xray   | Attn: Officer/Managing Agent<br>3011 Harrah Drive, Ste L<br>Spring Hill, TN 37174 | CT Corporation<br>System                            | ■ D <u><b>2.29</b></u><br>□ E/F<br>□ G |  |
| 2.11                                   | MMDS of<br>Asheville  | Attn: Officer/Managing Agent<br>38 Rosscraggon Rd, Ste M<br>Asheville, NC 28803   | CT Corporation<br>System                            | ■ D <u>2.29</u> □ E/F □ G              |  |

Debtor MMDS of North Carolina, Inc. Case number (if known)

|      | Additional Page to List More Codebtors |   |   |                                 |  |
|------|--|---|---|---------------------------------|--|
|      |  | re space is needed. Continue numbering the lines s                                | equentially from the previous p<br>Column 2: Creditor | age.                            |  |
| 2.12 | MMDS of<br>Kingsport, LLC              | Attn: Officer/Managing Agent<br>1038 S. Wilcox Dr, Ste 115<br>Kingsport, TN 37660 | CT Corporation<br>System                              | ■ D <u>2.29</u> □ E/F □ G       |  |
| 2.13 | MMDS of<br>Kingsport, LLC              | Attn: Officer/Managing Agent<br>1038 S. Wilcox Dr, Ste 115<br>Kingsport, TN 37660 | Garcia Law Group                                      | □ D<br>■ E/F <u>3.5</u><br>□ G  |  |
| 2.14 | Skyy Laboratory,<br>LLC                | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174            | CT Corporation<br>System                              | ■ D <u>2.29</u><br>□ E/F<br>□ G |  |
| 2.15 | Skyy Laboratory,<br>LLC                | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174            | Suntrust Bank   | ■ D <u>2.57</u> □ E/F □ G       |  |
| 2.16 | Skyy Laboratory,<br>LLC                | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174            | US Bank Auto<br>Finance                               | ■ D <u>2.65</u><br>□ E/F<br>□ G |  |
| 2.17 | Skyy Laboratory,<br>LLC                | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174            | TD Auto Finance                                       | ■ D <u>2.60</u> □ E/F □ G       |  |
| 2.18 | Skyy Laboratory,<br>LLC                | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174            | Ally Auto Finance                                     | ■ D <u>2.6</u> □ E/F □ G        |  |

Debtor MMDS of North Carolina, Inc. Case number (if known)

|      | Additional Page to List More Codebtors  |  |  |                                 |  |  |
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|      | Copy this page only if more space is needed. Continue numbering the lines s  Column 1: Codebtor |  | sequentially from the previous<br>Column 2: Creditor | page.                           |  |  |
| 2.19 | Skyy Laboratory,<br>LLC   | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174 | Ford Motor Credit<br>Company                         | ■ D <u>2.38</u><br>□ E/F<br>□ G |  |  |
| 2.20 | Skyy Laboratory,<br>LLC   | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174 | Suntrust Bank  | ■ D <u>2.58</u> □ E/F □ G       |  |  |
| 2.21 | Skyy Laboratory,<br>LLC   | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174 | TD Auto Finance                                      | ■ D <u>2.61</u> □ E/F           |  |  |
| 2.22 | Skyy Laboratory,<br>LLC   | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174 | US Bank Auto<br>Finance                              | ■ D <u>2.66</u> □ E/F           |  |  |
| 2.23 | Skyy Laboratory,<br>LLC   | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174 | Doctors Express<br>Urgent Care                       | □ D<br>■ E/F <b>3.2</b><br>□ G  |  |  |
| 2.24 | Skyy Laboratory,<br>LLC   | Attn: Managing Agent<br>3011 Harrah Dr, Ste L<br>Spring Hill, TN 37174 | GSG Capital - Hitachi<br>Capital                     | ■ D <u>2.47</u> □ E/F           |  |  |

Page 4 of 4

B2030 (Form 2030) (12/15)

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

| In re | e MMDS of North Carolina, Inc.  | Case No.  |                                    |
|-------|---|---|------------------------------------|
|       | Debtor(s)   | Chapter   | 11                                 |
|       | DISCLOSURE OF COMPENSATION OF ATTOL   | RNEY FOR DE   | BTOR(S)                            |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorn compensation paid to me within one year before the filing of the petition in bankruptcy, be rendered on behalf of the debtor(s) in contemplation of or in connection with the bar   | , or agreed to be paid  | to me, for services rendered or to |
|       | For legal services, I have agreed to accept   | \$  | 15,000.00                          |
|       | Prior to the filing of this statement I have received   | \$  | 0.00                               |
|       | Balance Due   | \$  | 15,000.00                          |
| 2.    | \$ of the filing fee has been paid.   |   |                                    |
| 3.    | The source of the compensation paid to me was:  |   |                                    |
|       | ■ Debtor □ Other (specify):   |   |                                    |
| 4.    | The source of compensation to be paid to me is:   |   |                                    |
|       | ■ Debtor □ Other (specify):   |   |                                    |
| 5.    | ■ I have not agreed to share the above-disclosed compensation with any other person   | unless they are memb  | pers and associates of my law firm |
|       | ☐ I have agreed to share the above-disclosed compensation with a person or persons vecopy of the agreement, together with a list of the names of the people sharing in the  |   |                                    |
| 5.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspect   | ts of the bankruptcy ca   | ase, including:                    |
|       | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in det</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, at</li> <li>d. [Other provisions as needed]</li> <li>Filing motions to avoid npm security interest in HHG or tools of the assisting the debtor in negotiating reaffirmation agreements; filing \$50.00 shall be paid); and amending schedules as needed.</li> </ul> | n may be required;<br>nd any adjourned hear<br>ne trade; filing mot | rings thereof;                     |
| 7.    | By agreement with the debtor(s), the above-disclosed fee does not include the following Representation of the debtor(s) in any dischargeability actions. in   | •   | an discharge issues. and           |

other adversary proceedings: representation of the debtor in contested judicial or npm lien avoidance matters; only contested proceedings concerning the right of the IRS to continue to garnish or offset social security benefits; section 707(b) motions to dismiss, representation of the debtor in contested motions for relief from stay; representation of the debtor in objections to exemptions, filing motions to redeem collateral (\$200.00 to \$600.00 depending on level of opposition to motion); If the debtor(s) chooses to employ the attorney in any of these matters, the debtor shall compensate the attorney at the hourly rate of \$250.00 per hour, unless specifically provided for otherwise herein.

| In re | MMDS of North Carolina, Inc. | Case No. |  |
|-------|------------------------------|----------|--|
|       | Debtor(s)                    |          |  |

#### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

| (Continuation Sheet)   |   |  |  |
|--|---|--|--|
|  | CERTIFICATION   |  |  |
| I certify that the foregoing is a complete state this bankruptcy proceeding. | ement of any agreement or arrangement for payment to me for representation of the debtor(s) in  |  |  |
| <b>April 7, 2017</b> Date  | /s/ William P. Janvier William P. Janvier 21136 Signature of Attorney Janvier Law Firm, PLLC 1101 Haynes Street Suite 102 Raleigh, NC 27604 919-582-2323 Fax: 866-809-2379 bill @janvierlaw.com |  |  |
|  | Name of law firm  |  |  |

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

| Editoria District of North Carolina  |                           |             |                 |  |  |
|--|---------------------------|-------------|-----------------|--|--|
| In re MMDS of North Carolina, Inc.   |                           | Case No.    |                 |  |  |
|  | Debtor(s)                 | Chapter     |                 |  |  |
| 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   | curity Class Number of Se | curities Ki | ind of Interest |  |  |
| Carol Williams<br>2230 Beach Dr<br>Apt 123<br>Gulfport, MS 39507   | 35%                       | St          | rock            |  |  |
| Lloyd Williams II<br>2230 Beach Dr<br>Apt 123<br>Gulfport, MS 39507  | 35%                       | St          | fock            |  |  |
| Miguel O. Ferrer<br>105 Larkspur Lane<br>Cary, NC 27513  | 30%                       | St          | łock            |  |  |
| DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP   |                           |             |                 |  |  |
| I, the <i>President</i> 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. |                           |             |                 |  |  |

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.

Signature /s/ Lloyd Williams III

Lloyd Williams III

Date April 7, 2017

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

| In re    | MMDS of North Carolina, Inc.                 |                                      | Case No.             |                                    |
|----------|--|--------------------------------------|----------------------|------------------------------------|
|          |  | Debtor(s)                            | Chapter              | 11                                 |
|          |  |                                      |                      |                                    |
|          | VERIFICA'                                    | TION OF CREDITOR                     | MATRIX               |                                    |
|          |  |                                      |                      |                                    |
| I the P  | resident of the corporation named as the deb | tor in this case, hereby verify that | the attached list of | f creditors is true and correct to |
| i, the i | resident of the corporation named as the deb | tor in this case, hereby verify that | the attached list of | creditors is true and correct to   |
| the best | of my knowledge.                             |                                      |                      |                                    |
|          |  |                                      |                      |                                    |
|          |  |                                      |                      |                                    |
|          |  |                                      |                      |                                    |
|          |  |                                      |                      |                                    |
| Date:    | April 7, 2017                                | /s/ Lloyd Williams III               |                      |                                    |
|          |  | Lloyd Williams III/President         |                      |                                    |
|          |  | Signer/Title                         |                      |                                    |

Advanced Portable Imaging, LLC Attn: Officer/Managing Agent 251 Dominion Dr, Ste 112 Morrisville, NC 27560

Ally Auto Attn: Officer/Managing Agent P.O. Box 380901 Bloomington, MN 55438

Ally Auto Finance Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438

Ally Financial Inc. Attn: Managing Agent 500 Woodward Ave Detroit, MI 48226

Amur Equipment Finance, Inc. Attn: Officer/Managing Agent PO Box 2555 Grand Island, NE 68802

Amur Equipment Finance, Inc. Attn: Officer/Managing Agent 308 N. Locust St Grand Island, NE 68801

Amur Equipment Finance, Inc. Attn: Officer/Managing Agent 327 Hillsborough St Raleigh, NC 27603

Amur Equipment Finance, Inc. Attn: Officer/Managing Agent PO Box 911685 Denver, CO 80291-1685

Axis Capital, Inc. Attn: Officer/Managing Agent 308 N. Locust ST, Ste 100 Grand Island, NE 68801 B&B Leasing Attn: Officer/Managing Agent 5201 Olympic Drive NW, Ste 210 Gig Harbor, WA 98335

Balboa Capital Attn: Officer/Managing Agent 575 Anton Blvd., 12th Floor Costa Mesa, CA 92626

Bank of America Attn: Officer/Managing Agent 1931 High House Road Cary, NC 27519

Bank of America Attn: Officer/Managing Agent 100 North Tryon St Charlotte, NC 28202

Best & Associates Attn: Officer/Managing Agent PO Box 91143-27675 Raleigh, NC 27675

Branch Banking and Trust Company Attn: Officer/Managing Agent 200 W 2nd St Winston Salem, NC 27101

Brank Banking and Trust Company Attn: Officer/Managing Agent PO Box 1793 Charleston, WV 25326

Carol Lloyd, Inc. Attn: Officer/Managing Agent 38 Rosscraggon Rd, Suite M Asheville, NC 28803

Carol Williams 2230 Beach Dr Apt 123 Gulfport, MS 39507 Channel Partners Capital, LLC Attn: Managing Agent 11100 Wayzata Boulevard, Suite 30 Minnetonka, MN 55305

Channel Partners Capital, LLC Attn: Officer/Managing Agent 6487 Sycamore Ct N. Maple Grove, MN 55369

Citizen One Auto Finance Attn: Officer/Managing Agent PO Box 42113 Providence, RI 02940-2113

Corporation Service Company Attn: Officer/Managing Agent PO Box 2576 Springfield, IL 62708

Creekridge Capital, LLC Attn: Officer/Managing Agent 7808 Creekridge Circle, Ste 250 Edina, MN 55439

CT Corporation System Attn: SPRS -Officer/Managing Agen 330 N Brand Blvd, Ste 700 Glendale, CA 91203

De Lage Landen Financial Service Attn: Officer/Managing Agent 1111 Old Eagle School Road Wayne, PA 19087

DeLage Landen Financial Services Attn: Managing Agent PO Box 41602 Philadelphia, PA 19101

Doctors Express Urgent Care Attn: Managing Agent 101 Maynard Crossing Court Cary, NC 27513 Elm Services Attn: Officer/Managing Agent PO Box 15270 Irvine, CA 92623-5270

Engine Experts
Attn: Officer/Managing Agent
6325 Limousine Dr
Raleigh, NC 27617

Financial Pacific Leasing, Inc. Attn: Officer/Managing Agent PO Box 4568 Federal Way, WA 98001

Financial Pacific Leasing, Inc. Attn: Officer/Managing Agent 3455 S. 344th Way #300 Federal Way, WA 98011-9546

Fletcher Car Care LLC Attn: Managing Agent 38 Heritage Park Drive, Unit K Fletcher, NC 28732

Ford Motor Credit Company Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007

Fox Capital Group Inc. Attn: Officer/Managing Agent 140 Broadway, 46th Floor New York, NY 10005

Garcia Law Group Attn: Officer/Managing Agent 6739 Academy Rd NE, Ste 200 Albuquerque, NM 87109

GIS Attn: Officer/Managing Agent PO Box 827 Morris, IL 60450 GSG Capital - Hitachi Capital Attn: Officer/Managing Agent 800 Connecticut Avenue Norwalk, CT 06854

High Point Holdings, LLC Attn: Managing Agent PO Box 5778 High Point, NC 27262

Home Owners Assocation Attn: Officer/Managing Agent 3011 Harrah Drive, Ste L Spring Hill, TN 37174

Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326

J.E.D. Fisher, LLC Attn: Officer/Managing Agent 2025 Ebenezer Rd, Ste N Rock Hill, SC 29732

Jeffrey Paul Nunn Attn: Henry C Smith PO Box 1616 Goldsboro, NC 27533

Joey Tillman Attn: Henry C. Smith PO Box 1616 Goldsboro, NC 27533

Knight Capital Funding, LLC Attn: Managing Agent 9 East Loockerman St., Suite 3A-543 Dover, DE 19901

Latenight Fabrications Attn: Officer/Managing Agent 96 Pecan Ln #104, Clayton, NC Clayton, NC 27527 Lauren Jarosek 6401 Sanger Ave, Ste 113 Waco, TX 76710

LEAF Capital Funding, LLC Attn: Managing Agent 2005 Market St, 15th Floor Philadelphia, PA 19103

LEAF Capital Funding, LLC Attn: Managing Agent 2005 Market St, 14th Floor Philadelphia, PA 19103

Lloyd Williams II 2230 Beach Dr Apt 123 Gulfport, MS 39507

Merry X-ray Attn: Officer/Managing Agent 4444 Viewridge Ave #A San Diego, CA 92123

Miguel O Ferrer 251 Dominion Dr, Ste 112 Morrisville, NC 27560

Minataka Financial, LLC Attn: Officer/Managing Agent PO Box 2149 Gig Harbor, WA 98335

MMDS Mobile Xray Attn: Officer/Managing Agent 3011 Harrah Drive, Ste L Spring Hill, TN 37174

MMDS of Asheville Attn: Officer/Managing Agent 38 Rosscraggon Rd, Ste M Asheville, NC 28803 MMDS of Kingsport, LLC Attn: Officer/Managing Agent 1038 S. Wilcox Dr, Ste 115 Kingsport, TN 37660

Monroe Capital Management Advisors Attn: Officer/Managing Agent 311 South Wacker Drive, Ste 6400 Chicago, IL 60606

NC Department of Commerce Division of Employment Security Post Office Box 26504 Raleigh, NC 27611

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

NC Unemployment Commission PO Box 26504 Raleigh, NC 27611-6504

Net Medical Xpress Attn: Officer/Managing Agent 5021 Indian School Rd NE Albuquerque, NM 87110

North Carolina Dept. of Revenue Attn: Managing Agent P.O. Box 25000 Raleigh, NC 27640

Patterson, Hardee & Ballentine, PC Attn: Officer/Managing Agent 1889 General George Patton Dr, #200 Franklin, TN 37067

Pawnee Leasing Corporation Attn: Officer/Managing Agent 700 Centre Ave Fort Collins, CO 80526 Pawnee Leasing Corporation Attn: Officer/Managing Agent 3801 Automation Way, Ste 207 Fort Collins, CO 80525

Poyner Spruill LLP Attn: Managing Agent/David Broyles PO Box 1801 Raleigh, NC 27602-1801

Rapid Rad Attn: Officer/Managing Agent 2303 R.R. 620 S, Ste 135 PMB 453 Lakeway, TX 78734

SC Department of Revenue Attn: Withholding PO Box 125 Columbia, SC 29214

SC Dept of Employment & Workforce Post Office Box 7103 Columbia, SC 29202

Scott Olen LaFevers Attn: Henry C Smith PO Box 1616 Goldsboro, NC 27533

Shell Gas Cards Attn: Officer/Managing Agent 14241 Dallas Parkway, Ste 400 Dallas, TX 75254

Skip Castle 585 Forest Hill Dr 45844, KY 40509

Skyy Laboratory, LLC Attn: Managing Agent 3011 Harrah Dr, Ste L Spring Hill, TN 37174 Stearns Bank NA Attn: Officer/Managing Agent 500 13th Street Albany, MN 56307

Stearns Bank NA Attn: Officer/Managing Agent 4191 SEcond Street South Saint Cloud, MN 56303

Suntrust Bank Attn: Officer/Managing Agent PO Box 30503 Nashville, TN 37230-5053

SunTrust Bank Attn: Officer/Managing Agent 303 Peachtreet Street, Northeast Atlanta, GA 30308

TD Auto Finance Attn: Officer/Managing Agent PO Box 16035 Lewiston, ME 04243-9517

TD Auto Finance Attn: Officer/Managing Agent PO Box 9223 Farmington Hills, MI 48333-9223

Teresa Macnicol 11 Sunset Road Deland, FL 32724

Timepayment Corporation Attn: Officer/Managing Agent 16 New England Exec. Park, Ste 2 Burlington, MA 01803

Timepayment Corporation Attn: Officer/Managing Agent 1600 District Ave, Ste 200 Burlington, MA 01803

TN Dept of Labor & Workforce Dvlpmt WEX Fleet Flex Card Employment Security Division Post Office Box 101 Nashville, TN 37202

Attn: Officer/Managing Agent PO Box 6293 Carol Stream, IL 60197-6293

Triangle Imaging Solutions Attn: Managing Agent 3604 Witherspoon Boulevard Durham, NC 27707

Yellowstone Capital Attn: Managing Agent 1 Evertrust Plaza, 14th Floor Jersev Citv. NJ 07302

US Bank Auto Finance Attn: Officer/Managing Agent PO Box 790179 Saint Louis, MO 63179-0179

US Bank NA Attn: Officer/Managing Agent 425 Walnut Street Cincinnati, OH 45202

Vascular Wellness Attn: Officer/Managing Agent 130 Edinburgh South Dr, Ste 203 Cary, NC 27511

Verizon Attn: Managing Agent 500 Technology Drive, Suite 550 Weldon Spring, MO 63304

Wells Fargo Financial Leasing, Inc. Attn: Managing Agent 800 Walnut St, MAC F4031-040 Des Moines, IA 50309

Wells Fargo Financial Leasing, Inc. Attn: Officer/Managing Agent 800 Walnut St Des Moines, IA 50309-3605

WEX Fleet Flex Card Attn: Managing Agent 7090 South Union Park Ave, Ste 350 Midvale, UT 84047

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

| In re         | MMDS of North Carolina, Inc.      |   | Case No.        |                              |
|---------------|-----------------------------------|---|-----------------|------------------------------|
|               | ,                                 | Debtor(s)   | Chapter         | 11                           |
|               |                                   |   |                 |                              |
|               |                                   |   |                 |                              |
|               | CORPO                             | RATE OWNERSHIP STATEMENT (  | RULE 7007.1)    |                              |
| Dumani        | ont to Endoral Dula of Donlymenta | or Duo and to anoble the Ive  | daas ta avaluat | nossible disquelification on |
|               |                                   | by Procedure 7007.1 and to enable the Judan MMDS of North Carolina, Inc. in the above | •               |                              |
|               |                                   | er than the debtor or a governmental unit   | _               |                              |
|               |                                   | (s') equity interests, or states that there are                                       | -               | -                            |
|               | Williams                          | , , ,   |                 | 1                            |
|               | Beach Dr                          |   |                 |                              |
| Apt 1         | 23<br>ort, MS 39507               |   |                 |                              |
|               | Williams II                       |   |                 |                              |
| 2230          | Beach Dr                          |   |                 |                              |
| Apt 1         | 23<br>ort, MS 39507               |   |                 |                              |
|               | el O. Ferrer                      |   |                 |                              |
| 105 L         | arkspur Lane                      |   |                 |                              |
| Cary,         | NC 27513                          |   |                 |                              |
|               |                                   |   |                 |                              |
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|               |                                   |   |                 |                              |
| Anril         | 7, 2017                           | /s/ William P. Janvier  |                 |                              |
| Date          | 1, 2011                           | William P. Janvier 21136  |                 |                              |
| Date          |                                   | Signature of Attorney or Litigat  | nf              |                              |
|               |                                   | Counsel for MMDS of North C   |                 |                              |
|               |                                   | Janvier Law Firm, PLLC  |                 |                              |
|               |                                   | 1101 Haynes Street  |                 |                              |
|               |                                   | Suite 102<br>Raleigh, NC 27604  |                 |                              |
|               |                                   | 919-582-2323 Fax:866-809-2379   |                 |                              |
|               |                                   | bill@janvierlaw.com   |                 |                              |