

Fill in this information to identify your case:

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

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name 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 Employer Identification Number (EIN)
30-0079594

4. Debtor's address

	Principal place of business	Mailing address, if different from principal place of business
	<u>251 Dominion Drive, Suite 112</u> <u>Morrisville, NC 27560</u> Number, Street, City, State & ZIP Code	_____
	<u>Wake</u> County	Location of principal assets, if different from principal place of business

		Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

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

Partnership (excluding LLP)

Other. Specify: _____

Debtor MMDS of North Carolina, Inc.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

Debtor MMDS of North Carolina, Inc.
Name

Case number (if known) _____

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

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

Statistical and administrative information

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

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

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

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

Debtor MMDS of North Carolina, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on April 7, 2017
MM / DD / YYYY

X /s/ Lloyd Williams III
Signature of authorized representative of debtor

Title President

Lloyd Williams III
Printed name

18. Signature of attorney

X /s/ William P. Janvier
Signature of attorney for debtor

Date April 7, 2017
MM / DD / YYYY

William P. Janvier
Printed name

Janvier Law Firm, PLLC
Firm name

1101 Haynes Street
Suite 102
Raleigh, NC 27604
Number, Street, City, State & ZIP Code

Contact phone 919-582-2323 Email address bill@janvierlaw.com

21136
Bar number and State

Fill in this information to identify the case:

Debtor name MMDS of North Carolina, Inc.

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

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

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

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

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

Executed on April 7, 2017

X /s/ Lloyd Williams III

Signature of individual signing on behalf of debtor

Lloyd Williams III

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name MMDS of North Carolina, Inc.
 United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA
 Case number (if known): _____

Check if this is an amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ally Auto Finance Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438		2013 Ford Transit Connect VIN x0116		\$14,000.00	\$4,036.00	\$9,964.00
B&B Leasing Attn: Officer/Managing Agent 5201 Olympic Drive NW, Ste 210 Gig Harbor, WA 98335		Equipment		\$41,681.15	\$15,000.00	\$26,681.15
Balboa Capital Attn: Officer/Managing Agent 575 Anton Blvd., 12th Floor Costa Mesa, CA 92626		Equipment		\$153,120.00	\$106,000.00	\$47,120.00
Bank of America Attn: Officer/Managing Agent 1931 High House Road Cary, NC 27519		Credit Card				\$57,454.00
Brank Banking and Trust Company Attn: Officer/Managing Agent PO Box 1793 Charleston, WV 25326		2015 Ford Transit-Connect VIN x6170		\$23,234.45	\$13,410.00	\$9,824.45

Debtor MMDS of North Carolina, Inc.
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Creekridge Capital, LLC Attn: Officer/Managing Agent 7808 Creekridge Circle, Ste 250 Edina, MN 55439		Equipment		\$25,216.04	\$1,600.00	\$23,616.04
DeLage Landen Financial Services Attn: Managing Agent PO Box 41602 Philadelphia, PA 19101		All equipment leased pursuant to Contract No. 100-10097435		\$66,031.32	\$8,375.00	\$57,656.32
Financial Pacific Leasing, Inc. Attn: Officer/Managing Agent PO Box 4568 Federal Way, WA 98001		All equipment relating to Contract # 001-1195035-301 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 quarterly federal tax return				\$137,082.89
NC Department of Revenue Attn: Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168		NC income tax withholding				\$28,152.00

Debtor MMDS of North Carolina, Inc.
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Net Medical Xpress Attn: Officer/Managing Agent 5021 Indian School Rd NE Albuquerque, NM 87110		Service				\$83,000.00
Poyner Spruill LLP Attn: Managing Agent/David Broyles PO Box 1801 Raleigh, NC 27602-1801		Professional Fees				\$17,658.61
Rapid Rad Attn: Officer/Managing Agent 2303 R.R. 620 S, Ste 135 PMB 453 Lakeway, TX 78734		Service				\$168,000.00
Teresa Macnicol 11 Sunset Road Deland, FL 32724		X-Cel Mobile - % 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	\$65,842.63
Triangle Imaging Solutions Attn: Managing Agent 3604 Witherspoon Boulevard Durham, NC 27707		Trade debt				\$88,863.60
Vascular Wellness Attn: Officer/Managing Agent 130 Edinburgh South Dr, Ste 203 Cary, NC 27511		Service				\$50,000.00

Debtor **MMDS of North Carolina, Inc.**
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Verizon Attn: Managing Agent 500 Technology Drive, Suite 550 Weldon Spring, MO 63304		Cell phone service				\$48,793.63
Wells Fargo Financial Leasing, Inc. Attn: Managing Agent 800 Walnut St, MAC F4031-040 Des Moines, IA 50309		All equipment covered by the Equipment Lease Agreement of 2/7/12, 12/21/15, and 5/13/16 between Alliance Funding Group and Debtor		\$271,387.32	\$91,800.00	\$179,587.32

Fill in this information to identify the case:

Debtor name MMDS of North Carolina, Inc.

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

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>1,373,632.66</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>1,373,632.66</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>2,077,406.71</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>172,285.61</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>556,252.77</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>2,805,945.09</u>

Fill in this information to identify the case:

Debtor name MMDS of North Carolina, Inc.

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

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
--	-----------------	---------------------------------	--

3.1. <u>Bank of America</u>	<u>Checking</u>	<u>5443</u>	<u>\$2,000.00</u>
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4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

<u>\$2,000.00</u>

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

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

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

11. **Accounts receivable**

11a. 90 days old or less:	<u>272,272.81</u>	-	<u>0.00</u>	= ...	<u>\$272,272.81</u>
	face amount		doubtful or uncollectible accounts		

Debtor MMDS of North Carolina, Inc.
Name

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

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

			Valuation method used for current value	Current value of debtor's interest
14. Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:				
15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:		% of ownership		
15.1. <u>Advanced Portable Imaging, LLC</u>	<u>100</u>	<u>%</u>		<u>\$0.00</u>
15.2. <u>MMDS New River Valley</u>	<u>100</u>	<u>%</u>		<u>\$150,000.00</u>
15.3. <u>X-Cel Mobile</u>	<u>100</u>	<u>%</u>		<u>\$0.00</u>

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$150,000.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

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

- No. Go to Part 8.
- Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor MMDS of North Carolina, Inc. Case number (if known) _____
 Name

39.	Office furniture		
40.	Office fixtures		
41.	Office equipment, including all computer equipment and communication systems equipment and software Computers, software, printers, monitors, scanners, desks, chairs	<u>\$0.00</u>	<u>\$1,840.00</u>
Cell phones, mobile hotspots		<u>\$0.00</u>	<u>\$2,313.85</u>

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

43. **Total of Part 7.** \$4,153.85
 Add lines 39 through 42. Copy the total to line 86.

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

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

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**
 No. Go to Part 9.
 Yes Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2013 Ford Transit Connect <u>VIN x0116</u>	<u>\$0.00</u>		<u>\$4,036.00</u>
47.2. 2014 VW Jetta <u>VIN x4688</u>	<u>\$0.00</u>		<u>\$7,025.00</u>
47.3. 2012 Ford Transit Connect <u>VIN x5555</u>	<u>\$0.00</u>		<u>\$2,738.00</u>
47.4. 2010 Dodge Grand Caravan <u>VIN x1627</u>	<u>\$0.00</u>		<u>\$3,047.00</u>
47.5. 2013 Mazda Sedan <u>VIN x4822</u>	<u>\$0.00</u>		<u>\$5,433.00</u>
47.6. 2013 Mazda Sedan <u>VIN x4956</u>	<u>\$0.00</u>		<u>\$5,433.00</u>

Debtor	Name	Case number (If known)
47.7.	2013 Ford Transit-Connect VIN x9563	\$0.00 \$4,036.00
47.8.	2013 Ford Transit-Connect VIN x6279	\$0.00 \$4,036.00
47.9.	2015 Ford Transit-Connect VIN x5308	\$0.00 \$13,410.00
47.10	2014 Ford Transit-Connect VIN x6074	\$0.00 \$11,001.00
47.11	2015 Ford Transit-Connect VIN x5901	\$0.00 \$13,410.00
47.12	2013 Honda Fit VIN x5813	\$0.00 \$9,930.00
47.13	2012 Ford Transit-Connect VIN x3594	\$0.00 \$2,738.00
47.14	2013 Ford Focus VIN x4023	\$0.00 \$6,109.00
47.15	2015 Ford Transit-Connect VIN x4324	\$0.00 \$13,410.00
47.16	2015 Ford Focus VIN x2809	\$0.00 \$9,610.00
47.17	2013 Ford Fiesta VIN x7096	\$0.00 \$4,626.00
47.18	2015 Ford Focus VIN x5468	\$0.00 \$9,610.00
47.19	2016 Mazda 3 VIN x8121	\$0.00 \$13,708.00
47.20	2014 Ford Focus VIN x5342	\$0.00 \$8,277.00
47.21	2016 Ford Focus VIN x4493	\$0.00 \$10,312.00
47.22	2015 Ford Focus VIN x2641	\$0.00 \$9,610.00

Debtor	MMDS of North Carolina, Inc.	Case number (If known)	
	Name		
47.23	2014 Mazda 3 VIN x3820	\$0.00	\$8,289.00
47.24	2014 Ford Transit-Connect VIN x6081	\$0.00	\$11,001.00
47.25	2013 Ford Transit-Connect VIN x9564	\$0.00	\$4,036.00
47.26	2016 Ford Transit-Connect VIN x8811	\$0.00	\$14,640.00
47.27	2015 Ford Transit-Connect VIN x8104	\$0.00	\$13,410.00
47.28	2016 Ford Transit Connect VIN x2915	\$0.00	\$14,640.00
47.29	2015 Ford Transit Connect VIN x4855	\$0.00	\$13,410.00
47.30	2015 Ford Transit-Connect VIN x5656	\$0.00	\$13,410.00
47.31	2014 Ford Transit-Connect VIN x6828	\$0.00	\$11,001.00
47.32	2015 Nissan Versa VIN x8428	\$0.00	\$6,091.00
47.33	2016 Ford Transit-Connect VIN x9921	\$0.00	\$14,640.00
47.34	2013 Toyota Corolla VIN x4826	\$0.00	\$5,001.00
47.35	2015 Mazda Sedan VIN x7192	\$0.00	\$8,616.00
47.36	2015 Ford Transit-Connect VIN x8697	\$0.00	\$13,410.00
47.37	2015 Ford F250 VIN x9002	\$0.00	\$46,851.00
47.38	2015 Nissan Versa VIN x8766	\$0.00	\$6,433.00

Debtor MMDS of North Carolina, Inc. Case number (If known) _____
 Name

47.39	2015 Ford Transit-Connect VIN x9034	\$0.00	\$13,410.00
47.40	2015 Ford Transit-Connect VIN x6170	\$0.00	\$13,410.00
47.41	2013 Ford Transit Connect VIN x9562	\$0.00	\$4,036.00
47.42	2014 Ford Transit-Connect VIN x6832	\$0.00	\$11,001.00
47.43	2016 Ford Transit-Connect VIN x2161	\$0.00	\$14,640.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
See attached spreadsheet - Equipment **\$0.00** **\$512,285.00**

51. **Total of Part 8.** **\$945,206.00**
 Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
 No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
 No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**
 No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**
 No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. **Patents, copyrights, trademarks, and trade secrets**

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

61. **Internet domain names and websites**

62. **Licenses, franchises, and royalties**
Medicare **\$0.00**
Medicaid **Unknown**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.** **\$0.00**
 Add lines 60 through 65. Copy the total to line 89.

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

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

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

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.
 No. Go to Part 12.
 Yes Fill in the information below.

Debtor MMDS of North Carolina, Inc.
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$2,000.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$272,272.81</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$150,000.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$4,153.85</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$945,206.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,373,632.66</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,373,632.66</u>

Fill in this information to identify the case:

Debtor name MMDS of North Carolina, Inc.

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

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p>2.1 Ally Auto Finance</p> <p>Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 8709</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4822</p> <p>Describe the lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$10,112.19</p>	<p>\$5,433.00</p>

<p>2.2 Ally Auto Finance</p> <p>Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 3763</p> <p>Do multiple creditors have an interest in the same property?</p>	<p>Describe debtor's property that is subject to a lien 2013 Mazda Sedan VIN x4956</p> <p>Describe the lien</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	<p>\$11,085.88</p>	<p>\$5,433.00</p>
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

- No Contingent
 Yes. Specify each creditor, including this creditor and its relative priority. Unliquidated Disputed

<p>2.3 Ally Auto Finance</p> <p>Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438</p> <p>Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 5923</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien</p> <p>2014 Ford Transit-Connect VIN x6074</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$14,499.47</p> <p>\$11,001.00</p>
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<p>2.4 Ally Auto Finance</p> <p>Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438</p> <p>Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 5210</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien</p> <p>2015 Ford Transit-Connect VIN x5901</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$17,956.22</p> <p>\$13,410.00</p>
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<p>2.5 Ally Auto Finance</p> <p>Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438</p> <p>Creditor's mailing address</p>	<p>Describe debtor's property that is subject to a lien</p> <p>2013 Honda Fit VIN x5813</p> <hr/> <p>Describe the lien</p>	<p>\$11,613.02</p> <p>\$9,930.00</p>
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
4957

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

Is the creditor an insider or related party?
 No
 Yes

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

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

2.6 **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 \$10,388.80 \$4,626.00
2013 Ford Fiesta
VIN x7096

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
0709

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

Describe the lien _____

Is the creditor an insider or related party?
 No
 Yes

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

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

2.7 **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 \$14,499.47 \$11,001.00
2014 Ford Transit-Connect
VIN x6081

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
4958

Do multiple creditors have an interest in the same property?

Describe the lien _____

Is the creditor an insider or related party?
 No
 Yes

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

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

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

- No Contingent
 Yes. Specify each creditor, including this creditor and its relative priority. Unliquidated Disputed

<p>2.8 Ally Auto Finance Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 3843</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien 2016 Ford Transit Connect VIN x2915</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$21,210.75</u></p>	<p><u>\$14,640.00</u></p>
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<p>2.9 Ally Auto Finance Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Creditor's mailing address</p> <hr/> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 9403</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien 2015 Ford Transit Connect VIN x4855</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$17,572.52</u></p>	<p><u>\$13,410.00</u></p>
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<p>2.10 Ally Auto Finance Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 Creditor's mailing address</p>	<p>Describe debtor's property that is subject to a lien 2015 Nissan Versa VIN x8428</p> <hr/> <p>Describe the lien</p>	<p><u>\$11,404.91</u></p>	<p><u>\$6,091.00</u></p>
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
6782

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

Is the creditor an insider or related party?
 No
 Yes

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

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

2.1 1	Ally Auto Finance	Describe debtor's property that is subject to a lien	<u>\$11,050.11</u>	<u>\$5,001.00</u>
	Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438	2013 Toyota Corolla VIN x4826		
	Creditor's mailing address	Describe the lien		

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
3998

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

Is the creditor an insider or related party?
 No
 Yes

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

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

2.1 2	Ally Auto Finance	Describe debtor's property that is subject to a lien	<u>\$15,806.87</u>	<u>\$8,616.00</u>
	Creditor's Name Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438	2015 Mazda Sedan VIN x7192		
	Creditor's mailing address	Describe the lien		

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
5129

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

Is the creditor an insider or related party?
 No
 Yes

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

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

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
 Unliquidated
 Disputed

2.1 3	Ally Auto Finance <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2015 Ford Transit-Connect VIN x9034	\$20,061.47	\$13,410.00
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 8342 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.1 4	Ally Auto Finance <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 380902 Minneapolis, MN 55438 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2015 Ford Transit-Connect VIN x8697	\$17,536.71	\$13,410.00
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 5213 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.1 5	Ally Auto Finance	Describe debtor's property that is subject to a lien	\$14,000.00	\$4,036.00
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

Creditor's Name
Attn: Officer/Managing Agent
PO Box 380902
Minneapolis, MN 55438

Creditor's mailing address

2013 Ford Transit Connect
VIN x0116

Describe the lien

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

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

Is the creditor an insider or related party?
 No
 Yes

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

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

2.1 6	Ally Auto Finance	Describe debtor's property that is subject to a lien	\$15,071.96	\$7,025.00
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Creditor's Name
Attn: Officer/Managing Agent
PO Box 380902
Minneapolis, MN 55438

Creditor's mailing address

2014 VW Jetta
VIN x4688

Describe the lien

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
3335

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

Is the creditor an insider or related party?
 No
 Yes

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

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

2.1 7	Amur Equipment Finance, Inc.	Describe debtor's property that is subject to a lien	\$56,788.83	\$140,110.00
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Creditor's Name
Attn: Officer/Managing Agent
PO Box 2555
Grand Island, NE 68802

Creditor's mailing address

Equipment

Describe the lien

Creditor's email address, if known

Date debt was incurred

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number
0173

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

2.1
8

Axis Capital, Inc.

Creditor's Name
Attn: Officer/Managing Agent
308 N. Locust ST, Ste 100
Grand Island, NE 68801

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All equipment covered by Equipment Lease Agreement dated 5/26/16 b/n Alliance Funding Group and Debtor.

Unknown

Unknown

Describe the lien

UCC filing

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.1
9

B&B Leasing

Creditor's Name
Attn: Officer/Managing Agent
5201 Olympic Drive NW,
Ste 210
Gig Harbor, WA 98335

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
8793

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

Equipment

\$41,681.15

\$15,000.00

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

2.2 0	Balboa Capital <small>Creditor's Name</small> Attn: Officer/Managing Agent 575 Anton Blvd., 12th Floor Costa Mesa, CA 92626 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien Equipment	\$153,120.00		\$106,000.00
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 1000 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				

2.2 1	Brank Banking and Trust Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 1793 Charleston, WV 25326 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2015 Nissan Versa VIN x8766	\$13,829.45		\$6,433.00
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 1001 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				

2.2 2	Brank Banking and Trust Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 1793 Charleston, WV 25326 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2015 Ford Transit-Connect VIN x6170	\$23,234.45		\$13,410.00
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

Date debt was incurred

Last 4 digits of account number
1001

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

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

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

2.2 3	Channel Partners Capital, LLC Creditor's Name Attn: Managing Agent 11100 Wayzata Boulevard, Suite 305 Minnetonka, MN 55305 Creditor's mailing address Creditor's email address, if known	Describe debtor's property that is subject to a lien All personal assets Describe the lien Promissory Note, UCC filing Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$35,218.13	Unknown
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2.2 4	Citizen One Auto Finance Creditor's Name Attn: Officer/Managing Agent PO Box 42113 Providence, RI 02940-2113 Creditor's mailing address Creditor's email address, if known	Describe debtor's property that is subject to a lien 2015 Ford Transit-Connect VIN x4324 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21,163.04	\$13,410.00
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

2.2 5	Citizen One Auto Finance <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 42113 Providence, RI 02940-2113 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2016 Ford Transit-Connect VIN x9921	\$22,946.87	\$14,640.00
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 7858 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.2 6	Corporation Service Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 2576 Springfield, IL 62708 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien All personal property - accounts, healthcare insurance receivables, inventory, equipment, promissory notes, deposit accounts	Unknown	Unknown
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe the lien UCC Filing Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.2 7	Corporation Service Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 2576 Springfield, IL 62708 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien All assets including accounts, inventory, equipment, deposit accounts, proceeds	Unknown	Unknown
	<small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe the lien UCC filing Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

Date debt was incurred

Last 4 digits of account number

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

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

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

2.2 8	<p>Creekridge Capital, LLC Creditor's Name Attn: Officer/Managing Agent 7808 Creekridge Circle, Ste 250 Edina, MN 55439 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 0005</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien Equipment</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$25,216.04</p>	<p>\$1,600.00</p>
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2.2 9	<p>CT Corporation System Creditor's Name Attn: SPRS -Officer/Managing Agent 330 N Brand Blvd, Ste 700 Glendale, CA 91203 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 2/16/17</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All assets - receivables, accounts, inventory, equipment, deposit accounts</p> <hr/> <p>Describe the lien UCC filing</p> <hr/> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>Unknown</p>	<p>Unknown</p>
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

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 Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$66,031.32 _____ \$8,375.00 _____
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2.3 1	Elm Services Creditor's Name Attn: Officer/Managing Agent PO Box 15270 Irvine, CA 92623-5270 Creditor's mailing address _____ Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All equipment under Agreement Number LA#233421-000 dated 2/2/16 _____ Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown _____ \$0.00 _____
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2.3 2	Financial Pacific Leasing, Inc. Creditor's Name Attn: Officer/Managing Agent PO Box 4568 Federal Way, WA 98001 Creditor's mailing address _____ Creditor's email address, if known	Describe debtor's property that is subject to a lien All equipment relating to Contract # 001-1195035-301 dated 6/7/16 _____ Describe the lien UCC filing Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$170,000.00 _____ \$17,500.00 _____
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

Date debt was incurred

Last 4 digits of account number
1302

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

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

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

2.3 3	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2013 Ford Transit-Connect VIN x9563	\$13,329.85	\$4,036.00
Describe the lien		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number 3901		As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		Creditor's email address, if known		

2.3 4	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2013 Ford Transit-Connect VIN x6279	\$11,954.21	\$4,036.00
Describe the lien		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number 6301		As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		Creditor's email address, if known		

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

2.3 5	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 1903 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2015 Ford Transit-Connect VIN x5308 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$18,145.11	\$13,410.00
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2.3 6	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 4921 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2012 Ford Transit-Connect VIN x3594 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,964.34	\$2,738.00
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2.3 7	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small>	Describe debtor's property that is subject to a lien 2013 Ford Focus VIN x4023 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,124.26	\$6,109.00
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

Date debt was incurred

Last 4 digits of account number
3611

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

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

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

2.3 8	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2015 Ford Focus VIN x2809	\$14,157.93	\$9,610.00
	<small>Creditor's email address, if known</small>	Describe the lien		
	Date debt was incurred	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number 6714	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.3 9	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2013 Ford Transit-Connect VIN x9564	\$13,333.46	\$4,036.00
	<small>Creditor's email address, if known</small>	Describe the lien		
	Date debt was incurred	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number 3943	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

2.4 0	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small>	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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
	Date debt was incurred Last 4 digits of account number 1946 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Creditor's email address, if known			

2.4 1	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2015 Ford Transit-Connect VIN x5656	\$18,036.41	\$13,410.00
	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
	Date debt was incurred Last 4 digits of account number 1964 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Creditor's email address, if known			

2.4 2	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2014 Ford Transit-Connect VIN x6828	\$15,191.10	\$11,001.00
	Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	Creditor's email address, if known			

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

Date debt was incurred

Last 4 digits of account number
1702

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

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

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

2.4	Ford Motor Credit Company		\$40,244.28	\$46,851.00
3	<small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007	<small>Describe debtor's property that is subject to a lien</small> 2015 Ford F250 VIN x9002		
	<small>Creditor's mailing address</small>	<small>Describe the lien</small>		
	<small>Creditor's email address, if known</small>	<small>Is the creditor an insider or related party?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<small>Date debt was incurred</small>	<small>Is anyone else liable on this claim?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<small>Last 4 digits of account number</small> 3758	<small>As of the petition filing date, the claim is:</small> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<small>Do multiple creditors have an interest in the same property?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.4	Ford Motor Credit Company		\$13,335.48	\$4,036.00
4	<small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007	<small>Describe debtor's property that is subject to a lien</small> 2013 Ford Transit Connect VIN x9562		
	<small>Creditor's mailing address</small>	<small>Describe the lien</small>		
	<small>Creditor's email address, if known</small>	<small>Is the creditor an insider or related party?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<small>Date debt was incurred</small>	<small>Is anyone else liable on this claim?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<small>Last 4 digits of account number</small> 3864	<small>As of the petition filing date, the claim is:</small> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<small>Do multiple creditors have an interest in the same property?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

2.4 5	Ford Motor Credit Company <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 689007 Franklin, TN 37068-9007 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien 2014 Ford Transit-Connect VIN x6832	\$15,202.53	\$11,001.00
	Describe the lien	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number 2508	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		

2.4 6	Fox Capital Group Inc. <small>Creditor's Name</small> Attn: Officer/Managing Agent 140 Broadway, 46th Floor New York, NY 10005 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien All assets - accounts, receivables, inventory, equipment, deposit accounts	\$30,000.00	Unknown
	Describe the lien UCC filing	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		

2.4 7	GSG Capital - Hitachi Capital <small>Creditor's Name</small> Attn: Officer/Managing Agent 800 Connecticut Avenue Norwalk, CT 06854 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien Equipment	\$93,406.25	\$5,000.00
	Describe the lien	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known			

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

Date debt was incurred

Last 4 digits of account number
6001

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

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

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

2.4 8	<i>Knight Capital Funding, LLC</i> Creditor's Name <i>Attn: Managing Agent 9 East Loockerman St., Suite 3A-543 Dover, DE 19901</i> Creditor's mailing address Creditor's email address, if known Date debt was incurred <i>July 14, 2016</i> Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <i>Any and all present and future receivables (accounts), deposit accounts, personal property, assets and fixtures, equipment, inventory</i> Describe the lien <i>UCC filing - Future Receivables Sale Agreement</i> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$16,346.49</u>	<u>Unknown</u>
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2.4 9	<i>LEAF Capital Funding, LLC</i> Creditor's Name <i>Attn: Managing Agent 2005 Market St, 15th Floor Philadelphia, PA 19103</i> Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <i>(2) Medison SonoAce R3 Portable Ultrasound, (2) LN5-12 40mm Linear Transducer 5-12 MHz, (2) CN2-8 Convex Transducer 2-8 MHz and (2) DICOM</i> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

2.5 0	LEAF Capital Funding, LLC <small>Creditor's Name</small> Attn: Managing Agent 2005 Market St, 14th Floor Philadelphia, PA 19103 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Viztek LLC quote #002459 dated 10/28/15 - (1) Opal-Forwarder Software License, (1) 1-Year Viztek Opal Pacs Hardware & Software server support Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
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2.5 1	LEAF Capital Funding, LLC <small>Creditor's Name</small> Attn: Managing Agent 2005 Market St, 14th Floor Philadelphia, PA 19103 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien REVO Model 1100 Vascular System Describe the lien UCC filing Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
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2.5 2	Minataka Financial, LLC <small>Creditor's Name</small> Attn: Officer/Managing Agent PO Box 2149 Gig Harbor, WA 98335 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien (1) IR Wireless Panel, (1) SR-130 Xray system portable, (1) Viztek Laptop E6400, (1) Software Opal Acquire Image Acquisition Software, (1) Wireless Network Adapter, (1) USB Network Adapter, (1) Laptop Mounting Tray, Panel Storage Bin cont. Describe the lien UCC filing	<u>Unknown</u>	<u>Unknown</u>
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name _____

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

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

Is the creditor an insider or related party?
 No
 Yes

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

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

2.5 3	Monroe Capital Management Advisors Creditor's Name Attn: Officer/Managing Agent 311 South Wacker Drive, Ste 6400 Chicago, IL 60606	Describe debtor's property that is subject to a lien All personal property - Assigned from Channel Partners Capital	<u>Unknown</u>	<u>\$0.00</u>
Creditor's mailing address		Describe the lien UCC filing		

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

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

Is the creditor an insider or related party?
 No
 Yes

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

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

2.5 4	Pawnee Leasing Corporation Creditor's Name Attn: Officer/Managing Agent 700 Centre Ave Fort Collins, CO 80526	Describe debtor's property that is subject to a lien All personal property financed with Pawnee Leasing Corporation pursuant to agreement dated 4/4/16 - Portable Xray system (KIT-VIZ-SR130)	<u>\$133,763.31</u>	<u>Unknown</u>
Creditor's mailing address		Describe the lien UCC filing		

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
5541

Do multiple creditors have an interest in the same property?

Is the creditor an insider or related party?
 No
 Yes

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

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

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

- No Contingent
 Yes. Specify each creditor, including this creditor and its relative priority. Unliquidated Disputed

2.5 5	Skip Castle Creditor's Name 585 Forest Hill Dr 45844, KY 40509 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <u>\$45,844.48</u> MMDS New River Valley - % Ownership: 100 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$150,000.00
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2.5 6	Stearns Bank NA Creditor's Name Attn: Officer/Managing Agent 500 13th Street Albany, MN 56307 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 2001 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <u>\$47,819.93</u> (1) Vizion SR 130 XRay System SN: KV07091276068 w/14x17 Dr Panel, acquisition workflow mgmt, software, laptop computer w/any and all attachments Describe the lien UCC filing Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$109,400.00
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2.5 7	Suntrust Bank Creditor's Name Attn: Officer/Managing Agent PO Box 30503 Nashville, TN 37230-5053 Creditor's mailing address	Describe debtor's property that is subject to a lien <u>\$15,739.43</u> 2014 Ford Focus VIN x5342 Describe the lien	\$8,277.00
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Debtor MMDS of North Carolina, Inc.
Name

Case number (if know) _____

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
9047

Do multiple creditors have an interest in the same property?

- No
 Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.5
8

Suntrust Bank

Creditor's Name
Attn: Officer/Managing Agent
PO Box 30503
Nashville, TN 37230-5053

Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
6951

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

2015 Ford Focus
VIN x2641

\$14,259.98

\$9,610.00

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

- Check all that apply
 Contingent
 Unliquidated
 Disputed

2.5
9

Suntrust Bank

Creditor's Name
Attn: Officer/Managing Agent
PO Box 30503
Nashville, TN 37230-5053

Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number
5413

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

2016 Ford Transit-Connect
VIN x2161

\$22,888.24

\$14,640.00

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

- Check all that apply

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
 Unliquidated
 Disputed

2.6 0	TD Auto Finance	Describe debtor's property that is subject to a lien	\$13,456.92	\$9,610.00
	Creditor's Name Attn: Officer/Managing Agent PO Box 16035 Lewiston, ME 04243-9517	2015 Ford Focus VIN x5468		
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Is the creditor an insider or related party?		
	Date debt was incurred	<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes		
	7366	Is anyone else liable on this claim?		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> No		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

2.6 1	TD Auto Finance	Describe debtor's property that is subject to a lien	\$17,334.25	\$10,312.00
	Creditor's Name Attn: Officer/Managing Agent PO Box 16035 Lewiston, ME 04243-9517	2016 Ford Focus VIN x4493		
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Is the creditor an insider or related party?		
	Date debt was incurred	<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes		
	7623	Is anyone else liable on this claim?		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> No		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is:		
		Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

2.6 2	TD Auto Finance	Describe debtor's property that is subject to a lien	\$24,338.38	\$14,640.00
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Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

Creditor's Name
Attn: Officer/Managing Agent
PO Box 16035
Lewiston, ME 04243-9517

Creditor's mailing address

2016 Ford Transit-Connect
VIN x8811

Describe the lien

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
5350

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

Is the creditor an insider or related party?
 No
 Yes

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

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

2.6 3	Teresa Macnicol	Describe debtor's property that is subject to a lien X-Cel Mobile - % Ownership: 100	\$85,714.00	\$0.00
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Creditor's Name
11 Sunset Road
Deland, FL 32724

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

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

Is the creditor an insider or related party?
 No
 Yes

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

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

2.6 4	Timepayment Corporation	Describe debtor's property that is subject to a lien (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 encasement 14 x 17 8:1/103/40-72 GRID	\$83,342.63	\$17,500.00
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Creditor's Name
Attn: Officer/Managing Agent
16 New England Exec. Park, Ste 200
Burlington, MA 01803

Creditor's mailing address

Describe the lien
UCC filing

Creditor's email address, if known

Date debt was incurred

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
 Name

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number
6657

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	US Bank Auto Finance		\$14,107.59	\$13,708.00
5	Creditor's Name Attn: Officer/Managing Agent PO Box 790179 Saint Louis, MO 63179-0179	Describe debtor's property that is subject to a lien 2016 Mazda 3 VIN x8121		
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Is the creditor an insider or related party?		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number 1172	As of the petition filing date, the claim is:		
	Do multiple creditors have an interest in the same property?	Check all that apply		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.6	US Bank Auto Finance		\$16,864.16	\$8,289.00
6	Creditor's Name Attn: Officer/Managing Agent PO Box 790179 Saint Louis, MO 63179-0179	Describe debtor's property that is subject to a lien 2014 Mazda 3 VIN x3820		
	Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Is the creditor an insider or related party?		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number 9677	As of the petition filing date, the claim is:		
	Do multiple creditors have an interest in the same property?	Check all that apply		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

2.6 7	Wells Fargo Financial Leasing, Inc.	Describe debtor's property that is subject to a lien All equipment covered by the Equipment Lease Agreement of 2/7/12, 12/21/15, and 5/13/16 between Alliance Funding Group and Debtor	\$271,387.32	\$91,800.00
	<small>Creditor's Name</small> Attn: Managing Agent 800 Walnut St, MAC F4031-040 Des Moines, IA 50309	<small>Describe the lien</small>		
	<small>Creditor's mailing address</small>	<small>Is the creditor an insider or related party?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<small>Creditor's email address, if known</small>	<small>Is anyone else liable on this claim?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<small>Date debt was incurred</small>	<small>As of the petition filing date, the claim is:</small> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<small>Last 4 digits of account number</small> various			
	<small>Do multiple creditors have an interest in the same property?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.6 8	Yellowstone Capital	Describe debtor's property that is subject to a lien Unknown	\$63,900.00	Unknown
	<small>Creditor's Name</small> Attn: Managing Agent 1 Evertrust Plaza, 14th Floor Jersey City, NJ 07302	<small>Describe the lien</small>		
	<small>Creditor's mailing address</small>	<small>Is the creditor an insider or related party?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<small>Creditor's email address, if known</small>	<small>Is anyone else liable on this claim?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<small>Date debt was incurred</small>	<small>As of the petition filing date, the claim is:</small> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<small>Last 4 digits of account number</small>			
	<small>Do multiple creditors have an interest in the same property?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$2,077,406.71**

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.

Debtor MMDS of North Carolina, Inc. Case number (if know) _____
Name

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
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Amur Equipment Finance, Inc. Attn: Officer/Managing Agent 308 N. Locust St Grand Island, NE 68801	Line <u>2.17</u>	
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Amur Equipment Finance, Inc. Attn: Officer/Managing Agent PO Box 911685 Denver, CO 80291-1685	Line <u>2.17</u>	
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Amur Equipment Finance, Inc. Attn: Officer/Managing Agent 327 Hillsborough St Raleigh, NC 27603	Line <u>2.17</u>	
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Branch Banking and Trust Company Attn: Officer/Managing Agent 200 W 2nd St Winston Salem, NC 27101	Line <u>2.21</u>	
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Channel Partners Capital, LLC Attn: Officer/Managing Agent 6487 Sycamore Ct N. Maple Grove, MN 55369	Line <u>2.23</u>	
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De Lage Landen Financial Services Attn: Officer/Managing Agent 1111 Old Eagle School Road Wayne, PA 19087	Line <u>2.30</u>	
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Financial Pacific Leasing, Inc. Attn: Officer/Managing Agent 3455 S. 344th Way #300 Federal Way, WA 98011-9546	Line <u>2.32</u>	
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Pawnee Leasing Corporation Attn: Officer/Managing Agent 3801 Automation Way, Ste 207 Fort Collins, CO 80525	Line <u>2.54</u>	
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Stearns Bank NA Attn: Officer/Managing Agent 4191 SEcond Street South Saint Cloud, MN 56303	Line <u>2.56</u>	
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SunTrust Bank Attn: Officer/Managing Agent 303 Peachtree Street, Northeast Atlanta, GA 30308	Line <u>2.57</u>	
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Timepayment Corporation Attn: Officer/Managing Agent 1600 District Ave, Ste 200 Burlington, MA 01803	Line <u>2.64</u>	
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US Bank NA Attn: Officer/Managing Agent 425 Walnut Street Cincinnati, OH 45202	Line <u>2.65</u>	
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Debtor MMDS of North Carolina, Inc.
Name

Case number (if know) _____

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

Line 2.67

8650

Fill in this information to identify the case:

Debtor name MMDS of North Carolina, Inc.

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

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$137,082.89 \$137,082.89
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Employer's quarterly federal tax return	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address NC Department of Commerce Division of Employment Security Post Office Box 26504 Raleigh, NC 27611	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,031.86 \$3,031.86
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Employer's quarterly tax and wage report	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
MMDS of North Carolina, Inc. Name			
2.3 Priority creditor's name and mailing address NC Department of Revenue Attn: Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$28,152.00	\$28,152.00
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 unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4 Priority creditor's name and mailing address NC Unemployment Commission PO Box 26504 Raleigh, NC 27611-6504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5 Priority creditor's name and mailing address SC Department of Revenue Attn: Withholding PO Box 125 Columbia, SC 29214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,177.43	\$3,177.43
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 unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6 Priority creditor's name and mailing address SC Dept of Employment & Workforce Post Office Box 7103 Columbia, SC 29202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$746.67	\$746.67
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 unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	MMDS of North Carolina, Inc. <small>Name</small>	Case number (if known)	
2.7	Priority creditor's name and mailing address TN Dept of Labor & Workforce Dvlpmt Employment Security Division Post Office Box 101 Nashville, TN 37202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$94.76 \$94.76
	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 unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Bank of America Attn: Officer/Managing Agent 1931 High House Road Cary, NC 27519	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u>	\$57,454.00
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 3408		
3.2	Nonpriority creditor's name and mailing address Doctors Express Urgent Care Attn: Managing Agent 101 Maynard Crossing Court Cary, NC 27513	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u>	\$405.00
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 343		
3.3	Nonpriority creditor's name and mailing address Engine Experts Attn: Officer/Managing Agent 6325 Limousine Dr Raleigh, NC 27617	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Maintenance</u>	\$6,336.61
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.4	Nonpriority creditor's name and mailing address Fletcher Car Care LLC Attn: Managing Agent 38 Heritage Park Drive, Unit K Fletcher, NC 28732	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>17 CVD 164 - Maintenance</u>	\$5,000.00
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		
3.5	Nonpriority creditor's name and mailing address Garcia Law Group Attn: Officer/Managing Agent 6739 Academy Rd NE, Ste 200 Albuquerque, NM 87109	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u>	\$9,167.25
	Date(s) debt was incurred	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number		

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

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

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

3.20	Nonpriority creditor's name and mailing address WEX Fleet Flex Card Attn: Managing Agent 7090 South Union Park Ave, Ste 350 Midvale, UT 84047 Date(s) debt was incurred _____ Last 4 digits of account number <u>8432</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Gas for vehicles</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>9,365.82</u>
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Bank of America Attn: Officer/Managing Agent 100 North Tryon St Charlotte, NC 28202	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	-
4.2	North Carolina Dept. of Revenue Attn: Managing Agent P.O. Box 25000 Raleigh, NC 27640	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	-
4.3	WEX Fleet Flex Card Attn: Officer/Managing Agent PO Box 6293 Carol Stream, IL 60197-6293	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	-

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

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

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>172,285.61</u>
5b. Total claims from Part 2	5b. + \$ <u>556,252.77</u>
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	5c. \$ <u>728,538.38</u>

Fill in this information to identify the case:

Debtor name MMDS of North Carolina, Inc.

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

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
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<p>2.1. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="padding-left: 40px;">State the term remaining</p> <p style="padding-left: 40px;">List the contract number of any government contract</p>	<p>Morrisville lease, Rent due first of the month Rent amount: \$1,100.00</p>	<p>Best & Associates Attn: Officer/Managing Agent PO Box 91143-27675 Raleigh, NC 27675</p>
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<p>2.2. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="padding-left: 40px;">State the term remaining</p> <p style="padding-left: 40px;">List the contract number of any government contract</p>	<p>Equipment contained on Agreement No. 1665200-001</p>	<p>Creekridge Capital, LLC Attn: Officer/Managing Agent 7808 Creekridge Circle, Ste 250 Edina, MN 55439</p>
--	--	---

<p>2.3. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="padding-left: 40px;">State the term remaining</p> <p style="padding-left: 40px;">List the contract number of any government contract</p>	<p>High Point Lease, Rent due date: First of the month Rent amount: \$600</p>	<p>High Point Holdings, LLC Attn: Managing Agent PO Box 5778 High Point, NC 27262</p>
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<p>2.4. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="padding-left: 40px;">State the term remaining</p> <p style="padding-left: 40px;">List the contract number of any government contract</p>	<p>South Carolina Lease, Rent due date: First of the month Rent amount: \$325.00</p>	<p>J.E.D. Fisher, LLC Attn: Officer/Managing Agent 2025 Ebenezer Rd, Ste N Rock Hill, SC 29732</p>
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Fill in this information to identify the case:

Debtor name MMDS of North Carolina, Inc.

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

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Advanced Portable Imaging, LLC	Attn: Officer/Managing Agent 251 Dominion Dr, Ste 112 Morrisville, NC 27560	Garcia Law Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
2.2	Carol Lloyd, Inc.	Attn: Officer/Managing Agent 38 Rosscraggon Rd, Suite M Asheville, NC 28803	CT Corporation System	<input checked="" type="checkbox"/> D <u>2.29</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Carol Williams	2230 Beach Dr Apt 123 Gulfport, MS 39507	Fox Capital Group Inc.	<input checked="" type="checkbox"/> D <u>2.46</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Home Owners Association	Attn: Officer/Managing Agent 3011 Harrah Drive, Ste L Spring Hill, TN 37174	CT Corporation System	<input checked="" type="checkbox"/> D <u>2.29</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

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

Additional Page to List More Codebtors

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

Column 1: Codebtor

Column 2: Creditor

2.5 **Lauren Jarosek** **6401 Sanger Ave, Ste 113** **Fox Capital Group** D 2.46
Waco, TX 76710 **Inc.** E/F _____
 G _____

2.6 **Lloyd Williams II** **2230 Beach Dr** **Fox Capital Group** D 2.46
Apt 123 **Inc.** E/F _____
Gulfport, MS 39507 G _____

2.7 **Lloyd Williams II** **2230 Beach Dr** **CT Corporation** D 2.29
Apt 123 **System** E/F _____
Gulfport, MS 39507 G _____

2.8 **Lloyd Williams II** **2230 Beach Dr** **Bank of America** D _____
Apt 123 E/F 3.1
Gulfport, MS 39507 G _____

2.9 **Miguel O Ferrer** **251 Dominion Dr, Ste 112** **Fox Capital Group** D 2.46
Morrisville, NC 27560 **Inc.** E/F _____
 G _____

2.10 **MMDS Mobile** **Attn: Officer/Managing Agent** **CT Corporation** D 2.29
Xray **3011 Harrah Drive, Ste L** **System** E/F _____
Spring Hill, TN 37174 G _____

2.11 **MMDS of** **Attn: Officer/Managing Agent** **CT Corporation** D 2.29
Asheville **38 Rosscraggon Rd, Ste M** **System** E/F _____
Asheville, NC 28803 G _____

Debtor MMDS of North Carolina, Inc.

Case number (if known) _____

Additional Page to List More Codebtors

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

Column 1: Codebtor

Column 2: Creditor

2.12 **MMDS of Kingsport, LLC** **Attn: Officer/Managing Agent**
 1038 S. Wilcox Dr, Ste 115
 Kingsport, TN 37660

CT Corporation System

D 2.29
 E/F _____
 G _____

2.13 **MMDS of Kingsport, LLC** **Attn: Officer/Managing Agent**
 1038 S. Wilcox Dr, Ste 115
 Kingsport, TN 37660

Garcia Law Group

D _____
 E/F 3.5
 G _____

2.14 **Skyy Laboratory, LLC** **Attn: Managing Agent**
 3011 Harrah Dr, Ste L
 Spring Hill, TN 37174

CT Corporation System

D 2.29
 E/F _____
 G _____

2.15 **Skyy Laboratory, LLC** **Attn: Managing Agent**
 3011 Harrah Dr, Ste L
 Spring Hill, TN 37174

Suntrust Bank

D 2.57
 E/F _____
 G _____

2.16 **Skyy Laboratory, LLC** **Attn: Managing Agent**
 3011 Harrah Dr, Ste L
 Spring Hill, TN 37174

US Bank Auto Finance

D 2.65
 E/F _____
 G _____

2.17 **Skyy Laboratory, LLC** **Attn: Managing Agent**
 3011 Harrah Dr, Ste L
 Spring Hill, TN 37174

TD Auto Finance

D 2.60
 E/F _____
 G _____

2.18 **Skyy Laboratory, LLC** **Attn: Managing Agent**
 3011 Harrah Dr, Ste L
 Spring Hill, TN 37174

Ally Auto Finance

D 2.6
 E/F _____
 G _____

Debtor MMDS of North Carolina, Inc.

Case number (if known) _____

Additional Page to List More Codebtors

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

Column 1: Codebtor

Column 2: Creditor

2.19 **Skyy Laboratory, LLC** *Attn: Managing Agent
3011 Harrah Dr, Ste L
Spring Hill, TN 37174* **Ford Motor Credit Company** D 2.38
 E/F _____
 G _____

2.20 **Skyy Laboratory, LLC** *Attn: Managing Agent
3011 Harrah Dr, Ste L
Spring Hill, TN 37174* **Suntrust Bank** D 2.58
 E/F _____
 G _____

2.21 **Skyy Laboratory, LLC** *Attn: Managing Agent
3011 Harrah Dr, Ste L
Spring Hill, TN 37174* **TD Auto Finance** D 2.61
 E/F _____
 G _____

2.22 **Skyy Laboratory, LLC** *Attn: Managing Agent
3011 Harrah Dr, Ste L
Spring Hill, TN 37174* **US Bank Auto Finance** D 2.66
 E/F _____
 G _____

2.23 **Skyy Laboratory, LLC** *Attn: Managing Agent
3011 Harrah Dr, Ste L
Spring Hill, TN 37174* **Doctors Express Urgent Care** D _____
 E/F 3.2
 G _____

2.24 **Skyy Laboratory, LLC** *Attn: Managing Agent
3011 Harrah Dr, Ste L
Spring Hill, TN 37174* **GSG Capital - Hitachi Capital** D 2.47
 E/F _____
 G _____

B2030 (Form 2030) (12/15)

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

In re MMDS of North Carolina, Inc.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>15,000.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>15,000.00</u>

2. \$ 0.00 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 members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Filing motions to avoid npm security interest in HHG or tools of the trade; filing motions to avoid judicial liens; assisting the debtor in negotiating reaffirmation agreements; filing motions to continue (for which a flat fee of \$50.00 shall be paid); and amending schedules as needed.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtor(s) in any dischargeability actions, including student loan 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.
Debtor(s)

Case No. _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 7, 2017

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**

In re MMDS of North Carolina, Inc.

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Carol Williams 2230 Beach Dr Apt 123 Gulfport, MS 39507		35%	Stock
Lloyd Williams II 2230 Beach Dr Apt 123 Gulfport, MS 39507		35%	Stock
Miguel O. Ferrer 105 Larkspur Lane Cary, NC 27513		30%	Stock

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date April 7, 2017Signature /s/ Lloyd Williams III
Lloyd Williams III

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

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

In re **MMDS of North Carolina, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **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

B&B Leasing
Attn: Officer/Managing Agent
5201 Olympic Drive NW, Ste 210
Gig Harbor, WA 98335

Channel Partners Capital, LLC
Attn: Managing Agent
11100 Wayzata Boulevard, Suite 30
Minnetonka, MN 55305

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Axis Capital, Inc.
Attn: Officer/Managing Agent
308 N. Locust ST, Ste 100
Grand Island, NE 68801

Carol Williams
2230 Beach Dr
Apt 123
Gulfport, MS 39507

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

GSG Capital - Hitachi Capital
Attn: Officer/Managing Agent
800 Connecticut Avenue
Norwalk, CT 06854

Lauren Jarosek
6401 Sanger Ave, Ste 113
Waco, TX 76710

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GIS
Attn: Officer/Managing Agent
PO Box 827
Morris, IL 60450

Latenight Fabrications
Attn: Officer/Managing Agent
96 Pecan Ln #104, Clayton, NC
Clayton, NC 27527

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

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

Stearns Bank NA
Attn: Officer/Managing Agent
500 13th Street
Albany, MN 56307

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Teresa Macnicol
11 Sunset Road
Deland, FL 32724

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

Skip Castle
585 Forest Hill Dr
45844, KY 40509

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

Pawnee Leasing Corporation
Attn: Officer/Managing Agent
700 Centre Ave
Fort Collins, CO 80526

Skyy Laboratory, LLC
Attn: Managing Agent
3011 Harrah Dr, Ste L
Spring Hill, TN 37174

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

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

WEX Fleet Flex Card
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
Jersey City, 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.

Debtor(s)

Case No.

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for MMDS of North Carolina, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Carol Williams
2230 Beach Dr
Apt 123
Gulfport, MS 39507

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

Miguel O. Ferrer
105 Larkspur Lane
Cary, NC 27513

None [Check if applicable]

April 7, 2017

Date

/s/ William P. Janvier

William P. Janvier 21136

Signature of Attorney or Litigant

Counsel for **MMDS of North Carolina, Inc.**

Janvier Law Firm, PLLC

1101 Haynes Street

Suite 102

Raleigh, NC 27604

919-582-2323 Fax:866-809-2379

bill@janvierlaw.com