

Copperfield Wellness and Weight Cont  
920 Copperfield Boulevard  
Copperfield Commons  
Concord, NC 28025

Richard M. Mitchell  
Mitchell & Culp PLLC

1001 Morehead Square Drive, Ste. 330  
Charlotte, North Carolina 28203

Associated Business Systems  
P.O. Box 274  
Rockingham, NC 28380

Cabarrus Cty. Tax Coll.  
P.O. Box 580347  
Charlotte, NC 28258-0347

Cathy N. Dover  
237 Candle Court  
Concord, NC 28027

City County Tax Coll.  
Collection Division  
P.O. Box 31637  
Charlotte, NC 28281

City of Concord Tax Coll.  
P.O. box 580473  
Charlotte, NC 28258-0473

Copperfield Properties  
964 Copperfield Blvd., NE  
Concord, NC 28025

CTC  
P.O. Box 70526  
Concord, NC 28272-0526

Doug & Mary Jane Rink  
376 Silver Oak Terrace  
Concord, NC 28025

Dover, Martha  
2002 University Heights  
Charlotte, NC 28213

F. Mark Dover  
2120 Capitol Street  
Apartment 3415  
Houston, TX 77003

First National Bank  
Attn: Loan Operations  
P.O. Box 168  
Shelby, NC 28151

Gavigan, Timothy B.  
10700 Sikes Pl., Ste. 375  
Charlotte, NC 28277

I.R.S.  
Philadelphia, PA 19255

I.R.S.  
Special Procedures  
320 Federal Pl., Rm. 335  
Greensboro, NC 27401

Internal Revenue Service  
Attn: Special Procedures  
320 Federal Pl., Rm. 335  
Greensboro, NC 27401

Kannapolis Intimidators  
P.O. Box 64  
Kannapolis, NC 28082

Laboratory Corporation of America  
231 Maple Avenue  
Burlington, NC 27215

Laboratory Corporation of America  
Johnson & Repasky, PLLC  
108 Esplanade, St. 310  
Lexington, KY 40507

Matthews Greenhouses, Inc.  
P.O. Box 517  
Richfield, NC 28137

McDonald, Sandy  
470 Baytree Dr.  
Harrells, NC 28444

N.C. Dept. of Revenue  
Bankruptcy Unit  
P.O. Box 1168  
Raleigh, NC 27602-1168

NC Dept. of Revenue  
Bankruptcy Unit  
P.O. Box 1168  
Raleigh, NC 27602-1168

NCESC  
P.O. Box 26504  
Raleigh, NC 27611-6504

PD-Rx Pharmaceuticals, Inc.  
P.O. Box 960149  
Oklahoma City, OK 73196-0149

PSS-Carolinas  
P.O. Box 680938  
Charlotte, NC 28216-0016

Riviera Finance, Inc.  
P.O. Box 905714  
Charlotte, NC 28290-5714

Riviera Finance, Inc.  
3194 De La Cruz, Ste. 9  
Santa Clara, CA 95054

Rowan Wellness  
469 Lariat Cir.  
Salisbury, NC 28144

Spectrum Laboratory Network  
P.O. Box 35907  
Greensboro, NC 27425

Timothy G. Gavigan, PLLC  
10700 Sikes Pl., Ste. 375  
Charlotte, NC 28277

Trinity Furniture, Inc.  
6089 Kennedy Rd.  
P.O. Box 150  
Trinity, NC 27370

US Attorney's Office  
227 W. Trade St.  
17th Floor  
Charlotte, NC 28202

US Bankruptcy Adm.  
John Bramlett  
402 W. Trade Street  
Room 200  
Charlotte, NC 28202-1669

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NORTH CAROLINA  
CHARLOTTE DIVISION**

In re: **Copperfield Wellness and Weight Control**  
Debtor

Case No. \_\_\_\_\_  
Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of **4** sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **10/9/2006**

Signed: **s/ Cathy N. Dover**  
**Cathy N. Dover**

Signed: \_\_\_\_\_  
**Richard M. Mitchell**  
Attorney for Debtor(s)  
Bar no.: **3034**  
**Mitchell & Culp PLLC**  
  
**1001 Morehead Square Drive, Ste. 330**  
**Charlotte, North Carolina 28203**  
Telephone No.: **(704) 333-0630**  
Fax No.: **(704) 333-4975**  
E-mail address:

<b>United States Bankruptcy Court</b> <b>Western District of North Carolina</b> <b>Charlotte Division</b>						<b>Voluntary Petition</b>																					
Name of Debtor (if individual, enter Last, First, Middle): <b>Copperfield Wellness and Weight Control</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																							
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>13-4285774</b>				Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):																							
Street Address of Debtor (No. & Street, City, and State): <b>920 Copperfield Boulevard</b> <b>Copperfield Commons</b> <b>Concord, NC</b>				Street Address of Joint Debtor (No. & Street, City, and State):																							
ZIP CODE <b>28025</b>				ZIP CODE																							
County of Residence or of the Principal Place of Business: <b>Cabarrus</b>				County of Residence or of the Principal Place of Business:																							
Mailing Address of Debtor (if different from street address): <b>920 Copperfield Boulevard</b> <b>Copperfield Commons</b> <b>Concord, NC</b>				Mailing Address of Joint Debtor (if different from street address):																							
ZIP CODE <b>28025</b>				ZIP CODE																							
Location of Principal Assets of Business Debtor (if different from street address above): <b>920 Copperfield Blvd., Concord, NC</b>																											
ZIP CODE <b>28025</b>																											
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box)  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input checked="" type="checkbox"/> Chapter 11  <input type="checkbox"/> Chapter 12  <input type="checkbox"/> Chapter 13         </div> <div style="width: 45%;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding         </div> </div> <hr/> <b>Nature of Debts</b> (Check one box)  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."         </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Debts are primarily business debts.         </div> </div>																							
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2 million. ----- <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																							
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>																					
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-999</td> <td style="text-align: center;">1,000-5,000</td> <td style="text-align: center;">5,001-10,000</td> <td style="text-align: center;">10,001-25,000</td> <td style="text-align: center;">25,001-50,000</td> <td style="text-align: center;">50,001-100,000</td> <td style="text-align: center;">Over 100,000</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>								1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000			10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Estimated Assets <div style="display: flex; justify-content: space-between;"> <div style="width: 18%;"> <input type="checkbox"/> \$0 to \$10,000         </div> <div style="width: 18%;"> <input checked="" type="checkbox"/> \$10,000 to \$100,000         </div> <div style="width: 18%;"> <input type="checkbox"/> \$100,000 to \$1 million         </div> <div style="width: 18%;"> <input type="checkbox"/> \$1 million to \$100 million         </div> <div style="width: 18%;"> <input type="checkbox"/> More than \$100 million         </div> </div>																											
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <div style="width: 18%;"> <input type="checkbox"/> \$0 to \$50,000         </div> <div style="width: 18%;"> <input type="checkbox"/> \$50,000 to \$100,000         </div> <div style="width: 18%;"> <input checked="" type="checkbox"/> \$100,000 to \$1 million         </div> <div style="width: 18%;"> <input type="checkbox"/> \$1 million to \$100 million         </div> <div style="width: 18%;"> <input type="checkbox"/> More than \$100 million         </div> </div>																											

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Copperfield Wellness and Weight Control</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)			
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p><b>X Not Applicable</b></p> <p>Signature of Attorney for Debtor(s) _____ Date _____</p>	
<b>Exhibit C</b>			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input checked="" type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input type="checkbox"/> No			
<b>Exhibit D</b>			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).			
<div style="text-align: right;">_____</div> (Name of landlord that obtained judgment)			
<div style="text-align: right;">_____</div> (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Copperfield Wellness and Weight Control</b>
<b>Signatures</b>	
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X Not Applicable</b>          _____          Signature of Debtor</p> <p><b>X Not Applicable</b>          _____          Signature of Joint Debtor</p> <p>_____          Telephone Number (If not represented by attorney)</p> <p>_____          Date</p>	<p style="text-align: center;"><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only <b>one</b> box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X Not Applicable</b>          _____          (Signature of Foreign Representative)</p> <p>_____          (Printed Name of Foreign Representative)</p> <p>_____          Date</p>
<p style="text-align: center;"><b>Signature of Attorney</b></p> <p><b>X</b> _____          Signature of Attorney for Debtor(s)</p> <p><b>Richard M. Mitchell, 3034</b>          _____          Printed Name of Attorney for Debtor(s) / Bar No.</p> <p><b>Mitchell &amp; Culp PLLC</b>          _____          Firm Name</p> <p><b>1001 Morehead Square Drive, Ste. 330</b>          _____          Address</p> <p><b>Charlotte, North Carolina 28203</b>          _____</p> <p><b>(704) 333-0630</b> <span style="float: right;"><b>(704) 333-4975</b></span>          _____          Telephone Number</p> <p><b>10/9/2006</b>          _____          Date</p>	<p style="text-align: center;"><b>Signature of Non-Attorney Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.</p> <p><b>Not Applicable</b>          _____          Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____          Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. 110.)</p> <p>_____          Address</p> <p><b>X Not Applicable</b>          _____</p> <p>_____          Date</p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</i></p>
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X s/ Cathy N. Dover</b>          _____          Signature of Authorized Individual</p> <p><b>Cathy N. Dover</b>          _____          Printed Name of Authorized Individual</p> <p><b>Managing Member</b>          _____          Title of Authorized Individual</p> <p><b>10/9/2006</b>          _____          Date</p>	



**RESOLUTION OF THE MEMBERS OF  
COPPERFIELD WELLNESS AND WEIGHT CONTROL, PLLC**

I, Cathy N. Dover, being the sole Member and the Manager of Copperfield Wellness and Weight Control, PLLC, after due consideration, hereby

RESOLVE that Copperfield Wellness and Weight Control, PLLC file a petition in the United States Bankruptcy Court for the Western District of North Carolina pursuant to Chapter 11 of Title 11 of the United States Code.

DATED this the 6th day of October, 2006.

 member  
Cathy N. Dover, M.D.

**United States Bankruptcy Court  
Western District of North Carolina  
Charlotte Division**

In re **Copperfield Wellness and Weight Control**

Case No.  
Chapter **11**

**Exhibit "A" to Voluntary Petition**

1. If any of debtor's securities are registered under section 12 of the Securities and Exchange Act of 1934, the SEC file number is .

2. The following financial data is the latest available information and refers to debtor's condition on **Date of Filing.**

a.	Total assets	\$	<u>12,550.17</u>
b.	Total debts (including debts listed in 2.c., below)	\$	<u>326,888.22</u>

Approximate  
number of  
holders

c. Debt securities held by more than 500 holders.

	secured	unsecured	subordinated		
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d.	Number of shares of preferred stock			<u>                    </u>	<u>                    </u>
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e.	Number of shares of common stock			<u>0</u>	<u>0</u>
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Comments, if any:

3. Brief description of debtor's business:

**Medical practice**

4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

**Cathy N. Dover**

**United States Bankruptcy Court  
Western District of North Carolina  
Charlotte Division**

In re **Copperfield Wellness and Weight Control**, Case No. \_\_\_\_\_  
Debtor Chapter **11**

## List Of Creditors Holding 20 Largest Unsecured Claims

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, gov- ernment contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
<b>First National Bank Attn: Loan Operations P.O. Box 168 Shelby, NC 28151</b>	<b>Account Receivable 704-865-1233 First National Bank Attn: Loan Operations P.O. Box 168 Shelby, NC 28151</b>	<b>Loan</b>		<b>\$50,517.70</b>
<b>CTC P.O. Box 70526 Concord, NC 28272-0526</b>	<b>Account Receivable 704-722-2486 CTC P.O. Box 70526 Concord, NC 28272-0526</b>	<b>Cancelled Lease</b>		<b>\$22,036.15</b>
<b>Copperfield Properties 964 Copperfield Blvd., NE Concord, NC 28025</b>	<b>Jerry McAllister 704-788-8500 Copperfield Properties 964 Copperfield Blvd., NE Concord, NC 28025</b>	<b>Lease</b>		<b>\$21,000.00</b>
<b>McDonald, Sandy 470 Baytree Dr. Harrells, NC 28444</b>	<b>910-471-9972 McDonald, Sandy 470 Baytree Dr. Harrells, NC 28444</b>	<b>Trade</b>		<b>\$14,361.60</b>
<b>Spectrum Laboratory Network P.O. Box 35907 Greensboro, NC 27425</b>	<b>Carmen 866-365-3114 x 6276 Spectrum Laboratory Network P.O. Box 35907 Greensboro, NC 27425</b>	<b>Lab Work</b>		<b>\$10,726.55</b>

In re Copperfield Wellness and Weight Control, Case No. \_\_\_\_\_  
Debtor Chapter 11

## List Of Creditors Holding 20 Largest Unsecured Claims

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, gov- ernment contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
Kannapolis Intimidators P.O. Box 64 Kannapolis, NC 28082	Tim Mueller 704-932-3267 Kannapolis Intimidators P.O. Box 64 Kannapolis, NC 28082	Trade		\$7,342.50
Laboratory Corporation of Americ 231 Maple Avenue Burlington, NC 27215	Brook Miller 800-222-7566 Laboratory Corporation of Americ 231 Maple Avenue Burlington, NC 27215	Lab Work		\$5,334.38
Associated Business Systems P.O. Box 274 Rockingham, NC 28380	Pat 910-895-6375 Associated Business Systems P.O. Box 274 Rockingham, NC 28380	Computer Maintenanc		\$4,651.37
PD-Rx Pharmaceuticals, Inc. P.O. Box 960149 Oklahoma City, OK 73196-0149	Accounts Receivable 800-299-7379 PD-Rx Pharmaceuticals, Inc. P.O. Box 960149 Oklahoma City, OK 73196-0149	Clinical Supplies		\$3,913.95
Gavigan, Timothy B. 10700 Sikes Pl., Ste. 375 Charlotte, NC 28277	704-814-4460 Gavigan, Timothy B. 10700 Sikes Pl., Ste. 375 Charlotte, NC 28277			\$2,073.06
PSS-Carolinas P.O. Box 680938 Charlotte, NC 28216-0016	800-874-2240 PSS-Carolinas P.O. Box 680938 Charlotte, NC 28216-0016	Supplies		\$1,791.23

In re Copperfield Wellness and Weight Control, Case No. \_\_\_\_\_  
Debtor Chapter 11

## List Of Creditors Holding 20 Largest Unsecured Claims

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, gov- ernment contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
Matthews Greenhouses, Inc. P.O. Box 517 Richfield, NC 28137	Judy 704-377-5268 Matthews Greenhouses, Inc. P.O. Box 517 Richfield, NC 28137	Plants		\$1,705.75
Riviera Finance, Inc. 3194 De La Cruz, Ste. 9 Santa Clara, CA 95054	Danny Mourning 408-986-9138 Riviera Finance, Inc. 3194 De La Cruz, Ste. 9 Santa Clara, CA 95054	Temp. Help		\$1,185.66
Riviera Finance, Inc. P.O. Box 905714 Charlotte, NC 28290-5714	800-334-2092 Riviera Finance, Inc. P.O. Box 905714 Charlotte, NC 28290-5714	Temp Help		\$639.00
Cabarrus Cty. Tax Coll. P.O. Box 580347 Charlotte, NC 28258-0347	704-920-2119 Cabarrus Cty. Tax Coll. P.O. Box 580347 Charlotte, NC 28258-0347	Taxes		\$582.29
City of Concord Tax Coll. P.O. box 580473 Charlotte, NC 28258-0473	704-920-5216 City of Concord Tax Coll. P.O. box 580473 Charlotte, NC 28258-0473	Taxes		\$414.34
Timothy G. Gavigan, PLLC 10700 Sikes Pl., Ste. 375 Charlotte, NC 28277	Timothy G. Gavigan, PLLC 10700 Sikes Pl., Ste. 375 Charlotte, NC 28277	Professional Fees		\$46.89

In re Copperfield Wellness and Weight Control, Case No. \_\_\_\_\_  
Debtor Chapter 11

## List Of Creditors Holding 20 Largest Unsecured Claims

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, Cathy N. Dover, Managing Member of the Corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 10/9/2006

Signature: s/ Cathy N. Dover

Cathy N. Dover ,Managing Member  
(Print Name and Title)

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

In re: Copperfield Wellness and Weight Control,  
Debtor

Case No. \_\_\_\_\_  
(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total			0.00	

(Report also on Summary of Schedules.)

In re **Copperfield Wellness and Weight Control**,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>First Charter, Concord, NC --business checking</b>		<b>5,200.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.	<b>X</b>			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.	<b>X</b>			
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.	<b>X</b>			



In re **Copperfield Wellness and Weight Control**,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			

In re **Copperfield Wellness and Weight Control**,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Office Furniture and Equipment</b>		<b>2,702.74</b>
29. Machinery, fixtures, equipment and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.		<b>Furniture</b>		<b>4,647.43</b>
Other personal property of any kind not already listed. Itemize.		<b>Insurance claim for lightning</b>		<b>Unknown</b>
<u>2</u> continuation sheets attached			Total >	<b>\$ 12,550.17</b>

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Copperfield Wellness and Weight Control,  
Debtor

Case No. \_\_\_\_\_  
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.			Security Agreement Furniture  VALUE \$4,647.43				11,703.67	0.00
Trinity Furniture, Inc. 6089 Kennedy Rd. P.O. Box 150 Trinity, NC 27370								

0 continuation sheets attached

Subtotal > (Total of this page)	\$ 11,703.67	\$ 0.00
Total > (Use only on last page)	\$ 11,703.67	\$ 0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re Copperfield Wellness and Weight Control  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**Official Form 6E (10/06) - Cont.**

In re **Copperfield Wellness and Weight Control**,  
Debtor

Case No. \_\_\_\_\_  
(If known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Copperfield Wellness and Weight Control  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Type of Priority: Taxes and Certain Other Debts Owed to Governmental**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.  Internal Revenue Service Attn: Special Procedures 320 Federal Pl., Rm. 335 Greensboro, NC 27401			2005 and 2006 Withholding anf FUTA				121,134.51	121,134.51	0.00
ACCOUNT NO.  N.C. Dept. of Revenue Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168			2005 and 2006 Withholding and Sales tax				30,529.05	30,529.05	0.00

Subtotals >  
(Totals of this page)  
Total >  
(Use only on last page of the completed  
Schedule E. Report also on the Summary of  
Schedules.)  
Total >  
(Use only on last page of the completed  
Schedule E. If applicable, report also on the  
Statistical Summary of Certain Liabilities  
and Related Data. )

\$ 151,663.56	\$ 151,663.56	\$ 0.00
\$ 151,663.56		
	\$ 151,663.56	\$ 0.00

In re Copperfield Wellness and Weight Control  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>COP0050</b> <b>Associated Business Systems</b> <b>P.O. Box 274</b> <b>Rockingham, NC 28380</b>						<b>4,651.37</b>
ACCOUNT NO. <b>000040598</b> <b>Cabarrus Cty. Tax Coll.</b> <b>P.O. Box 580347</b> <b>Charlotte, NC 28258-0347</b>						<b>582.29</b>
ACCOUNT NO. <b>100077196</b> <b>City of Concord Tax Coll.</b> <b>P.O. box 580473</b> <b>Charlotte, NC 28258-0473</b>						<b>414.34</b>
ACCOUNT NO. <b>Rent/980 Copperfield Blvd.</b> <b>Copperfield Properties</b> <b>964 Copperfield Blvd., NE</b> <b>Concord, NC 28025</b>	<b>X</b>					<b>21,000.00</b>
ACCOUNT NO. <b>0108230282</b> <b>CTC</b> <b>P.O. Box 70526</b> <b>Concord, NC 28272-0526</b>						<b>22,036.15</b>

4 Continuation sheets attached

Subtotal	>	\$ <b>48,684.15</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Copperfield Wellness and Weight Control  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						<b>NPO</b>
<b>Doug &amp; Mary Jane Rink</b> <b>376 Silver Oak Terrace</b> <b>Concord, NC 28025</b>						
ACCOUNT NO.						<b>12,465.24</b>
<b>Dover, Martha</b> <b>2002 University Heights</b> <b>Charlotte, NC 28213</b>						
ACCOUNT NO.						<b>NPO</b>
<b>F. Mark Dover</b> <b>2120 Capitol Street</b> <b>Apartment 3415</b> <b>Houston, TX 77003</b>						
ACCOUNT NO. <b>4251050</b>	<b>X</b>					<b>50,517.70</b>
<b>First National Bank</b> <b>Attn: Loan Operations</b> <b>P.O. Box 168</b> <b>Shelby, NC 28151</b>						
ACCOUNT NO. <b>Foundation Health Alliance</b>						<b>2,073.06</b>
<b>Gavigan, Timothy B.</b> <b>10700 Sikes Pl., Ste. 375</b> <b>Charlotte, NC 28277</b>						

Sheet no. 1 of 4 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>65,056.00</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)



In re Copperfield Wellness and Weight Control  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Season Tickets/Sponsors</b>  <b>Kannapolis Intimidators</b> <b>P.O. Box 64</b> <b>Kannapolis, NC 28082</b>						<b>7,342.50</b>
ACCOUNT NO. <b>Laboratory Corporation of Americ</b> <b>Johnson &amp; Repasky, PLLC</b> <b>108 Esplanade, St. 310</b> <b>Lexington, KY 40507</b>						<b>NPO</b>
ACCOUNT NO. <b>32808640</b>  <b>Laboratory Corporation of Americ</b> <b>231 Maple Avenue</b> <b>Burlington, NC 27215</b>						<b>5,334.38</b>
ACCOUNT NO. <b>0153</b>  <b>Matthews Greenhouses, Inc.</b> <b>P.O. Box 517</b> <b>Richfield, NC 28137</b>						<b>1,705.75</b>
ACCOUNT NO. <b>AmeriSciences Products</b>  <b>McDonald, Sandy</b> <b>470 Baytree Dr.</b> <b>Harrells, NC 28444</b>						<b>14,361.60</b>

Sheet no. 2 of 4 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$ <b>28,744.23</b>
Total	>	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Copperfield Wellness and Weight Control  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						<b>189.33</b>
<b>NCESC</b> <b>P.O. Box 26504</b> <b>Raleigh, NC 27611-6504</b>						
ACCOUNT NO. <b>1007583</b>						<b>3,913.95</b>
<b>PD-Rx Pharmaceuticals, Inc.</b> <b>P.O. Box 960149</b> <b>Oklahoma City, OK 73196-0149</b>						
ACCOUNT NO. <b>1894704</b>						<b>1,791.23</b>
<b>PSS-Carolinas</b> <b>P.O. Box 680938</b> <b>Charlotte, NC 28216-0016</b>						
ACCOUNT NO. <b>Advance Personnel</b>						<b>639.00</b>
<b>Riviera Finance, Inc.</b> <b>P.O. Box 905714</b> <b>Charlotte, NC 28290-5714</b>						
ACCOUNT NO. <b>Advance Personnel</b>						<b>1,185.66</b>
<b>Riviera Finance, Inc.</b> <b>3194 De La Cruz, Ste. 9</b> <b>Santa Clara, CA 95054</b>		<b>Cabarrus County, NC Pending Lit.</b> <b>#06-CVM-2259</b>				

Sheet no. 3 of 4 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>7,719.17</b>
Total	>	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Copperfield Wellness and Weight Control  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>AmeriSciences Products</b>  <b>Rowan Wellness</b> <b>469 Lariat Cir.</b> <b>Salisbury, NC 28144</b>						<b>2,544.00</b>
ACCOUNT NO. <b>445802</b>  <b>Spectrum Laboratory Network</b> <b>P.O. Box 35907</b> <b>Greensboro, NC 27425</b>						<b>10,726.55</b>
ACCOUNT NO.  <b>Timothy G. Gavigan, PLLC</b> <b>10700 Sikes Pl., Ste. 375</b> <b>Charlotte, NC 28277</b>						<b>46.89</b>

Sheet no. 4 of 4 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal	>	\$	<b>13,317.44</b>
Total	>	\$	<b>163,520.99</b>

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re: Copperfield Wellness and Weight Control  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Cathy N. Dover	Debtor sublets from Cathy N. Dover space at 920 Copperfield Blvd., Concord, NC \$3750 per month. Month to month.

In re: **Copperfield Wellness and Weight Control**  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE H - CODEBTORS

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Cathy N. Dover</b>  <b>F. Mark Dover</b>	<b>Copperfield Properties</b> <b>964 Copperfield Blvd., NE</b> <b>Concord, NC 28025</b>
<b>Cathy N. Dover</b> <b>237 Candle Court</b> <b>Concord, NC 28027</b>  <b>Doug Rink</b>  <b>F. Mark Dover</b>  <b>Mary Rink</b>	<b>First National Bank</b> <b>Attn: Loan Operations</b> <b>P.O. Box 168</b> <b>Shelby, NC 28151</b>

**United States Bankruptcy Court  
Western District of North Carolina  
Charlotte Division**

In re **Copperfield Wellness and Weight Control**,  
Debtor

Case No. \_\_\_\_\_

Chapter **11**

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	3	\$ 12,550.17		
C - Property Claimed as Exempt	YES	0			
D - Creditors Holding Secured Claims	YES	1		\$ 11,703.67	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	3		\$ 151,663.56	
F - Creditors Holding Unsecured Nonpriority Claims	YES	5		\$ 163,520.99	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	NO	0			\$
J - Current Expenditures of Individual Debtor(s)	NO	0			\$
<b>TOTAL</b>		<b>15</b>	<b>\$ 12,550.17</b>	<b>\$ 326,888.22</b>	

In re Copperfield Wellness and Weight Control  
Debtor

Case No. \_\_\_\_\_  
(If known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

(NOT APPLICABLE)

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I **Cathy N. Dover**, the Managing Member of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date 10/9/2006

Signature: s/ Cathy N. Dover  
Cathy N. Dover Managing Member

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

**United States Bankruptcy Court  
Western District of North Carolina  
Charlotte Division**

In re: **Copperfield Wellness and Weight Control**

Case No.

**List of Equity Security Holders**

REGISTERED NAME OF HOLDER OF SECURITY LAST KNOWN ADDRESS OR PLACE OF BUSINESS	CLASS OF SECURITY	NUMBER REGISTERED	KIND OF INTEREST REGISTERED
<b>Cathy N. Dover 237 Candle Court Concord, NC 28027</b>			

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, **Cathy N. Dover, Managing Member** 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: 10/9/2006

s/ Cathy N. Dover  
**Cathy N. Dover ,Managing Member**  
Debtor

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



UNITED STATES BANKRUPTCY COURT  
Western District of North Carolina  
Charlotte Division

In re: Copperfield Wellness and Weight Control,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## STATEMENT OF FINANCIAL AFFAIRS

### 1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
48,290.00	2004--income from sales (net income per tax return)	
74,607.00	2005---income from sales (net income per tax return)	
48,290.00	2006--year to date gross income (net from P & L Statement)	

### 2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
1,782.00	2006--sale of furniture (see 10 below)	

### 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

None ☒

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------------	--------------------------------------------	--------------------------

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Cathy N. Dover</b> <b>Managing Member</b>	<b>Draws year to date</b>	<b>62,231.54</b>	

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Riviera Finance of Texas, Inc. v. Copperfield Wellness and Weight Control, PLLC</b> <b>06-cvm-2259</b>	<b>Magistrate action</b>	<b>Cabarrus Cty., NC</b>	<b>Pending Lit.</b>

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
------------------------------------------------------------------------	--------------------	-----------------------------------------

## 5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------------------	-----------------------------------------------------------------	-----------------------------------------

## 6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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## 7. Gifts

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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## 8. Losses

None



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
Lightning damage	Debtor has not filed claim yet, but est. under \$5,000.00	08/30/2006

## 9. Payments related to debt counseling or bankruptcy

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Richard M. Mitchel Charlotte, NC		October 6, 2006 \$5,000 retainer \$1,039 filing fee

## 10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None		Debtor sold various items as follows:  7/18/06-patient scale-\$100 8/8/06-bench-\$500 8/22/06-credenza, desk, desk chair, hutch, task chair (x4)-\$1,125 9/1/06-leather arm chair-\$57

None



b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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## 11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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## 12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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## 13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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## 14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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## 15. Prior address of debtor

None



If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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## 16. Spouses and Former Spouses

None  
☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

## 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None  
☒

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None  
☒

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None  
☒

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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## 18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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## 19. Books, records and financial statements

None



a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None



NAME AND ADDRESS	DATES SERVICES RENDERED
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c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None



NAME	ADDRESS
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d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case by the debtor.

None



NAME AND ADDRESS	DATE ISSUED
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## 20. Inventories

None  
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

None  
☒

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	---------------------------------------------------------

## 21. Current Partners, Officers, Directors and Shareholders

None  
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting securities of the corporation.

None  
☒

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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## 22. Former partners, officers, directors and shareholders

None  
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

None  
☒

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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### 23. Withdrawals from a partnership or distributions by a corporation

None  
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
-----------------------------------------------------------	-----------------------------------	------------------------------------------------------------

### 24. Tax Consolidation Group.

None  
☒

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER
----------------------------	--------------------------------

### 25. Pension Funds.

None  
☒

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER
----------------------	--------------------------------

\* \* \* \* \*

*[If completed on behalf of a partnership or corporation]*

I, declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date 10/9/2006

Signature s/ Cathy N. Dover

Cathy N. Dover, Managing Member  
Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

\_\_\_\_\_ continuation sheets attached

**UNITED STATES BANKRUPTCY COURT**  
**Western District of North Carolina**  
**Charlotte Division**

Exhibit "C"

*[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]*

In re:

Case No.:

**Copperfield Wellness and Weight Control**

Chapter: **11**

Debtor(s)

Exhibit "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

**None**

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2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

**None**

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UNITED STATES BANKRUPTCY COURT  
Western District of North Carolina  
Charlotte Division

In re: Copperfield Wellness and Weight Control  
Debtor

Case No. \_\_\_\_\_  
Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY  
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 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>\$345 hrly.</u>
Prior to the filing of this statement I have received	\$	<u>5,000.00</u>
Balance Due	\$	_____

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ 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.

5. 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) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

**None**

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

**None**

**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.

Dated: 10/9/2006

\_\_\_\_\_  
Richard M. Mitchell, Bar No. 3034

**Mitchell & Culp PLLC**  
Attorney for Debtor(s)