

B1 (Official Form 1)(12/11)

**United States Bankruptcy Court  
District of Nebraska**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Dental Care Center, PC</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. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>47-0759931</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>7975 L Street Ralston, NE</b> <div style="text-align: right; margin-top: 5px;">ZIP Code <b>68127</b></div>	Street Address of Joint Debtor (No. and Street, City, and State):  <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Douglas</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):  <div style="text-align: right; margin-top: 5px;">ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address):  <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above): <b>7975 L Street Ralston, NE 68127</b>	

<b>Type of Debtor</b> (Form of Organization) (Check one 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 one 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 checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <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 <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
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<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>Nature of Debts</b> (Check one box) <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." <input checked="" type="checkbox"/> Debts are primarily business debts.

<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> Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <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).
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**Statistical/Administrative Information**

Debtor estimates that funds will be available for distribution to unsecured creditors.  
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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Estimated Assets

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Dental Care Center, PC</b>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (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 delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
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**Exhibit C**

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?

Yes, and Exhibit C is attached and made a part of this petition.

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

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.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

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

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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**Dental Care Center, PC**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[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.  
[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).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

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.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

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 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
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.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

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:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*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.*

**Signature of Attorney\***

**X** /s/ David G. Hicks  
Signature of Attorney for Debtor(s)

David G. Hicks  
Printed Name of Attorney for Debtor(s)

Pollak & Hicks  
Firm Name

6910 Pacific St #216  
Omaha, NE 68106

\_\_\_\_\_  
Address

(402)345-1717 Fax: (402)444-1724  
Telephone Number

October 15, 2012  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

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.

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

**X** /s/ Michael P. Sweeney, DDS  
Signature of Authorized Individual

Michael P. Sweeney, DDS  
Printed Name of Authorized Individual

President  
Title of Authorized Individual

October 15, 2012  
Date

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
District of Nebraska**

In re Dental Care Center, PC

Debtor(s)

Case No.

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(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>
Apex Dental Lab 4907 So. 66th Omaha, NE 68117	Apex Dental Lab 4907 So. 66th Omaha, NE 68117	Business Debt		3,998.37
Bank of America P.O. Box 851001 Dallas, TX 75285-1001	Bank of America P.O. Box 851001 Dallas, TX 75285-1001	Personal card used for Business Debt	Disputed	25,000.00
Bank of America Business Card P.O. Box 15796 Wilmington, DE 19886-5796	Bank of America Business Card P.O. Box 15796 Wilmington, DE 19886-5796	Business Debt	Disputed	12,100.00
Cinderella Sweeney 9206 Weeping Water Court Plattsmouth, NE 68048	Cinderella Sweeney 9206 Weeping Water Court Plattsmouth, NE 68048	Back Rent \$2000.00/mo. x 7 months and personal loan \$13,750.00		27,750.00
Dental Designs 1331 So. 33rd St Lincoln, NE 68510	Dental Designs 1331 So. 33rd St Lincoln, NE 68510	Business Debt	Disputed	3,716.06
Dental Solutions P.O. Box 6075 Omaha, NE 68106	Dental Solutions P.O. Box 6075 Omaha, NE 68106	Business Debt		9,568.54
Dex One P.O. Box 78041 Phoenix, AZ 85062	Dex One P.O. Box 78041 Phoenix, AZ 85062	Business Debt		6,801.06
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	Back Taxes		4,000.00
Kiess Kraft Dental Lab 6601 So. 118th St Omaha, NE 68137	Kiess Kraft Dental Lab 6601 So. 118th St Omaha, NE 68137		Disputed	8,577.54
Michael Sweeney 9206 Weeping Water Court Plattsmouth, NE 68048	Michael Sweeney 9206 Weeping Water Court Plattsmouth, NE 68048	business loan from personal Life Insurance and IRA		34,565.00
Nebraska UC Fund PO Box 94600 Lincoln, NE 68509-4600	Nebraska UC Fund PO Box 94600 Lincoln, NE 68509-4600	Back Taxes		3,784.00

B4 (Official Form 4) (12/07) - Cont.  
 In re **Dental Care Center, PC**

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

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
 (Continuation Sheet)

(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>
<b>New Logic Business Loans, Inc. 300 Ledgewood Place, Suite 301 Rockland, MA 02370</b>	<b>New Logic Business Loans, Inc. 300 Ledgewood Place, Suite 301 Rockland, MA 02370</b>		<b>Contingent Disputed</b>	<b>142,063.00</b>
<b>On Deck Capital 2711 Jefferson Davis Hwy, Suite 333 Arlington, VA 22202</b>	<b>On Deck Capital 2711 Jefferson Davis Hwy, Suite 333 Arlington, VA 22202</b>	<b>Business loan</b>	<b>Contingent</b>	<b>22,000.00</b>
<b>Patterson Dental Supply 23254 Network Place Chicago, IL 60673-1232</b>	<b>Patterson Dental Supply 23254 Network Place Chicago, IL 60673-1232</b>	<b>supplies used in business</b>	<b>Disputed</b>	<b>21,314.17</b>
<b>Reliable Dental Lab 1303 So.119th St. Omaha, NE 68144</b>	<b>Reliable Dental Lab 1303 So.119th St. Omaha, NE 68144</b>	<b>Business Debt</b>		<b>24,198.38</b>
<b>The Business Backer 10101 Alliance Road, Suite 140 Cincinnati, OH 45242</b>	<b>The Business Backer 10101 Alliance Road, Suite 140 Cincinnati, OH 45242</b>	<b>Business Debt</b>	<b>Disputed</b>	<b>12,048.95</b>
<b>VCE Enterprises P.O. Box 83 Rockland, MA 02370</b>	<b>VCE Enterprises P.O. Box 83 Rockland, MA 02370</b>	<b>Accounts Receivable - amount recoverable (\$97,071.11 from insurance billing; \$32,828.64 from non-insurance sources)</b>	<b>Contingent Disputed</b>	<b>100,000.00 (129,899.75 secured) (167,318.12 senior lien)</b>
<b>Watson Dental Lab 5122 North 90th Street Omaha, NE 68134</b>	<b>Watson Dental Lab 5122 North 90th Street Omaha, NE 68134</b>	<b>Business Debt</b>	<b>Disputed</b>	<b>4,353.95</b>
<b>Wells Fargo Practice Finance 2000 Powell Street, 4th Floor Emeryville, CA 94608</b>	<b>Wells Fargo Practice Finance 2000 Powell Street, 4th Floor Emeryville, CA 94608</b>	<b>Accounts Receivable - amount recoverable (\$97,071.11 from insurance billing; \$32,828.64 from non-insurance sources)</b>	<b>Contingent Disputed</b>	<b>115,000.00 (129,899.75 secured) (52,318.12 senior lien)</b>
<b>WellsFargo Line of Credit Payment Remittance Center P.O. Box 6426 Carol Stream, IL 60197</b>	<b>WellsFargo Line of Credit Payment Remittance Center P.O. Box 6426 Carol Stream, IL 60197</b>	<b>Business Debt</b>	<b>Disputed</b>	<b>16,267.70</b>

B4 (Official Form 4) (12/07) - Cont.  
In re **Dental Care Center, PC**

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

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

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

Date **October 15, 2012**

Signature **/s/ Michael P. Sweeney, DDS**  
**Michael P. Sweeney, DDS**  
**President**

*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  
District of Nebraska**

In re Dental Care Center, PC 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: October 15, 2012

/s/ Michael P. Sweeney, DDS  
Michael P. Sweeney, DDS/President  
Signer/Title

Douglas County Attorney  
1701 Farnam St  
100 Hall of Justice  
Omaha, NE 68183

Douglas County Treasurer  
1819 Farnam H03  
Omaha, NE 68183

AAA Dental Studio  
5205 Underwood St  
Omaha, NE 68132

ABM Enterprises, LLC  
P.O. Box 7360  
Omaha, NE 68107

Apex Dental Lab  
4907 So. 66th  
Omaha, NE 68117

Bank of America  
P.O. Box 851001  
Dallas, TX 75285-1001

Bank of America Business Card  
P.O. Box 15796  
Wilmington, DE 19886-5796

Benco Dental Supplies  
295 Centerpoint Blvd.  
Pittston, PA 18640

Bil den Glass  
6110 Irvington Rd  
Omaha, NE 68134

Billings Dental Lab  
6108 Maple St  
Omaha, NE 68104

Brian Muench P.C.  
7701 Pacific St., Suite 301  
Omaha, NE 68114



Carl Jarl  
11055 I St  
Omaha, NE 68137

Cinderella Sweeney  
9206 Weeping Water Court  
Plattsmouth, NE 68048

Cindy Sweeney  
9206 Weeping Water Court  
Plattsmouth, NE 68048

Controlled Comfort  
11701 Centennial Rd #1  
La Vista, NE 68128

Cox Business Services  
P.O. Box 2742  
Omaha, NE 68103-2742

Crest Oral Health  
24808 Network Place  
Chicago, IL 60673

Darby Dental Supply  
PO Box 26582  
New York, NY 10087-6582

Dental Designs  
1331 So. 33rd St  
Lincoln, NE 68510

Dental Health Products  
2614 North Sugarbush Rd  
PO Box 176  
New Franken, WI 54229-1076

Dental Solutions  
P.O. Box 6075  
Omaha, NE 68106

Dex One  
P.O. Box 78041  
Phoenix, AZ 85062

Donna Stahlecher  
11202 Young Circle  
Omaha, NE 68138

Franklin Mills  
PO Box 345  
Kent, OH 44240

Fred's HVAC  
6596 South 118th St  
Omaha, NE 68137

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Internal Revenue Service  
Stop 8420G  
Cincinnati, OH 45250

Internal Revenue Service  
1313 Farnam St  
Stop 5112 OMA  
Omaha, NE 68102

Kiess Kraft Dental Lab  
6601 So. 118th St  
Omaha, NE 68137

Komet USA LLC  
3042 Southcross Blvd., Suite 101  
Rock Hill, SC 29730

Michael P. Sweeney, D.D.S.  
9206 Weeping Water Court  
Plattsmouth, NE 68048

Michael Sweeney  
9206 Weeping Water Court  
Plattsmouth, NE 68048

Michael Sweeney

Mirron Technologies  
File 55667  
Los Angeles, CA 90074-5667

Mobile Health Center, P.C.  
7975 L Street  
Omaha, NE 68127

Nebraska Department of Revenue  
Attn: Bankruptcy Unit  
P.O. Box 94818  
Lincoln, NE 68509-4818

Nebraska Department of Revenue  
P.O. Box 94818  
Lincoln, NE 68509-4818

Nebraska UC Fund  
PO Box 94600  
Lincoln, NE 68509-4600

Nebraska Workforce Development  
Department of Labor Unemployment Insuran  
P.O. Box 94600  
Lincoln, NE 68509-4600

New Logic Business Loans, Inc.  
300 Ledgewood Place, Suite 301  
Rockland, MA 02370

Omaha Public Power District  
P.O. Box 3995  
Omaha, NE 68103

On Deck Capital  
2711 Jefferson Davis Hwy, Suite 333  
Arlington, VA 22202

Patterson Dental Supply  
23254 Network Place  
Chicago, IL 60673-1232

Payless Office Supply  
P.O. Box 390157  
Omaha, NE 68138

Phillips Consumer Lifestyle  
PO Box 847569  
Dallas, TX 75284

Place 96  
c/o The Lund Company  
450 Regency Parkway Ste. 220  
Omaha, NE 68114-3764

Plumbing, Inc.  
18777 238th St.  
Council Bluffs, IA 51503

RDF Dental Lab  
2806 So. 148th Ave. Circle  
Omaha, NE 68144

Reliable Dental Lab  
1303 So. 119th St.  
Omaha, NE 68144

Shamrock  
PO Box 84  
Pella, IA 50219

Shred Safe  
1111 Fort Street  
Omaha, NE 68110

Stratus Building Solutions  
7010 Broadway, Suite 450  
Denver, CO 80221

Tech to Go  
P.O. Box 241031  
Omaha, NE 68124

The Business Backer  
10101 Alliance Road, Suite 140  
Cincinnati, OH 45242

VCE Enterprises  
P.O. Box 83  
Rockland, MA 02370

Watson Dental Lab  
5122 North 90th Street  
Omaha, NE 68134

Wells Fargo Practice Finance  
2000 Powell Street, 4th Floor  
Emeryville, CA 94608

WellsFargo Line of Credit  
Payment Remittance Center  
P.O. Box 6426  
Carol Stream, IL 60197

Yellow Book West  
P.O. Box 660052  
Dallas, TX 75266-0052

**United States Bankruptcy Court  
District of Nebraska**

In re Dental Care Center, PC

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 Dental Care Center, PC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

October 15, 2012

Date

/s/ David G. Hicks

**David G. Hicks**

Signature of Attorney or Litigant

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