

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name Lincoln Medical Supply Company, LLC

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 22-3776942

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 913 North Main Street Pleasantville, NJ 08232 Atlantic County Location of principal assets, if different from principal place of business

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor Lincoln Medical Supply Company, LLC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

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

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

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

Debtor Lincoln Medical Supply Company, LLC
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

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

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

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

15. Estimated Assets

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

16. Estimated liabilities

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

Debtor Lincoln Medical Supply Company, LLC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

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

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

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

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

Executed on July 25, 2016
MM / DD / YYYY

X /s/ Paul Reses
Signature of authorized representative of debtor

Title President

Paul Reses
Printed name

18. Signature of attorney

X /s/ Scott H. Marcus, Esquire
Signature of attorney for debtor

Date **July 25, 2016**
MM / DD / YYYY

Scott H. Marcus, Esquire
Printed name

Scott H. Marcus & Associates
Firm name

121 Johnson Road
Turnersville, NJ 08012
Number, Street, City, State & ZIP Code

Contact phone 856-227-0800 Email address smarcus@marcuslaw.net

003971977
Bar number and State

Fill in this information to identify the case:

Debtor name Lincoln Medical Supply Company, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

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

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

Executed on July 25, 2016

X /s/ Paul Reses
Signature of individual signing on behalf of debtor

Paul Reses
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Lincoln Medical Supply Company, LLC
 United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

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

12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
BSN Jobst, Inc PO Box 751766 Charlotte, NC 28275-1766		Trade debt				\$5,805.55
Drive Medical Design & Mfg P.O. Box 842450 Boston, MA 02284-2450		Trade debt				\$6,120.42
Gillespie & Associates 1111 Marlkress Road Suite 102 Cherry Hill, NJ 08003		Accounting Services				\$15,518.75
Golden Technologies, Inc 401 Bridge Street Old Forge, PA 18518		Trade debt				\$4,715.24
Independence Medical P.O. Box 635864 Cincinnati, OH 45263-5864		Trade debt				\$4,579.08
Invacare Credit Corp One Invacare Way Elyria, OH 44035		Medical equipment		\$7,289.05	\$2,744.70	\$4,544.35
Invacare Credit Corp One Invacare Way Elyria, OH 44035		Medical equipment		\$5,898.69	\$2,221.15	\$3,677.54
Invacare Credit Corp One Invacare Way Elyria, OH 44035		Medical equipment		\$5,330.28	\$2,007.12	\$3,323.16
Invacare Credit Corp One Invacare Way Elyria, OH 44035		Medical equipment		\$17,117.95	\$6,445.78	\$10,672.17

Debtor Lincoln Medical Supply Company, LLC
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Invacare Credit Corp One Invacare Way Elyria, OH 44035		Medical equipment		\$41,401.47	\$15,589.76	\$25,811.71
Key Equipment Finance 1000 South McCaslin Blvd. Louisville, CO 80027		Medical equipment		\$32,979.39	\$12,418.42	\$20,560.97
Key Star Capital Fund LP PO Box 1068 Stafford, TX 77497			Disputed			\$1,176,695.52
McKesson Medical-Surgical P.O. Box 630693 Cincinnati, OH 45267-0693		Trade debt				\$18,944.04
Probasics by PMI P.O. Box 534996 Atlanta, GA 30353-4996		Trade debt				\$17,378.00
ResMed P.O. Box 534593 Atlanta, GA 30353-4593		Trade debt				\$5,911.93
Respironics P.O. Box 405740 Atlanta, GA 30384-5740		Trade debt				\$20,484.47
Robert Glukowski 429 Berkshire Drive Ventnor City, NJ 08406			Disputed			\$15,000.00
TD Card Services P.O. Box 84037 Columbus, GA 31908-4037		Credit card purchases				\$12,939.58
Wells Fargo Bank, N.A. 300 Tristate International Suite 400 Lincolnshire, IL 60069		Medical equipment		\$9,411.96	\$3,544.08	\$5,867.88
Wells Fargo Bank, N.A. 300 Tristate International Suite 400 Lincolnshire, IL 60069		Medical equipment		\$5,972.68	\$2,249.02	\$3,723.66

Fill in this information to identify the case:

Debtor name Lincoln Medical Supply Company, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

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

12/15

Part 1: Summary of Assets

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

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>478,623.02</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>478,623.02</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>138,000.99</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>1,339,830.72</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>1,477,831.71</u>

Fill in this information to identify the case:

Debtor name Lincoln Medical Supply Company, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

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

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

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2.	Cash on hand		\$300.00
3.	Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>Wells Fargo Payroll Account</u>	<u>Checking</u>	<u>\$1,012.66</u>
3.2.	<u>Wells Fargo Savings Account</u>	<u>Savings</u>	<u>\$20,541.16</u>
3.3.	<u>Wells Fargo Operating Account (negative balance -\$231.77)</u>	<u>Checking</u>	<u>\$0.00</u>
3.4.	<u>Cape Bank Credit Card Account</u>	<u>Checking</u>	<u>\$481.02</u>
4.	Other cash equivalents (<i>Identify all</i>)		
5.	Total of Part 1.		\$22,334.84
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

Debtor Lincoln Medical Supply Company, LLC Case number (If known) _____
 Name

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

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

11. **Accounts receivable**

11a. 90 days old or less: 369,615.19 - 0.00 = \$369,615.19
 face amount doubtful or uncollectible accounts

11b. Over 90 days old: 35,436.62 - 35,436.62 = \$0.00
 face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

<u>\$369,615.19</u>

Part 4: Investments

13. Does the debtor own any investments?

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

Part 5: Inventory, excluding agriculture assets

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

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

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
	<u>Medical equipment</u>	<u>05/31/2016</u>	<u>\$0.00</u>	<u>Comparable sale</u>	<u>\$51,672.99</u>

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

<u>\$51,672.99</u>

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value _____ Valuation method _____ Current Value _____

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
 Name

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?
 No
 Yes

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

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

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

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures Fixtures and General Equipment	\$0.00		\$15,000.00
Transportation Equipment	\$0.00	N/A	\$10,000.00
41. Office equipment, including all computer equipment and communication systems equipment and software Computer Equipment	\$0.00	N/A	\$10,000.00

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

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$35,000.00

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

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

Part 8: Machinery, equipment, and vehicles

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

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

Part 9: Real property

54. Does the debtor own or lease any real property?

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

- No. Go to Part 10.
- Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

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

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$22,334.84</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$369,615.19</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$51,672.99</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$35,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$478,623.02</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$478,623.02</u>

Fill in this information to identify the case:

Debtor name Lincoln Medical Supply Company, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

		Column A	Column B	
		Amount of claim	Value of collateral that supports this claim	
		Do not deduct the value of collateral.		
2.1	<p>De Lage Landen Financial Services, Inc.</p> <p>Creditor's Name</p> <p>PO Box 41602</p> <p>Philadelphia, PA</p> <p>19101-1602</p> <p>Creditor's mailing address</p> <p>_____</p> <p>Creditor's email address, if known</p> <p>_____</p> <p>Date debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number</p> <p>5326</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>_____</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Computer Equipment</p> <p>_____</p> <p>Describe the lien</p> <p>_____</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>_____</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p>\$773.88</p>	<p>\$773.88</p>

2.2	<p>Invacare Credit Corp</p> <p>Creditor's Name</p> <p>One Invacare Way</p> <p>Elyria, OH 44035</p> <p>Creditor's mailing address</p> <p>_____</p> <p>Creditor's email address, if known</p> <p>_____</p> <p>Date debt was incurred</p> <p>_____</p> <p>Last 4 digits of account number</p> <p>5294</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>_____</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Medical equipment</p> <p>_____</p> <p>Describe the lien</p> <p>_____</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>_____</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p>	<p>\$5,330.28</p>	<p>\$2,007.12</p>
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Debtor Lincoln Medical Supply Company, LLC Case number (if know) _____
 Name

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

<p>2.3 Invacare Credit Corp Creditor's Name</p> <p>One Invacare Way Elyria, OH 44035 _____ Creditor's mailing address</p> <p>_____ Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 8876</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien Medical equipment</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$5,898.69</p> <hr/> <p>\$2,221.15</p>
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<p>2.4 Invacare Credit Corp Creditor's Name</p> <p>One Invacare Way Elyria, OH 44035 _____ Creditor's mailing address</p> <p>_____ Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 3501</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien Medical equipment</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$3,009.72</p> <hr/> <p>\$1,133.31</p>
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<p>2.5 Invacare Credit Corp Creditor's Name</p> <p>One Invacare Way Elyria, OH 44035 _____ Creditor's mailing address</p> <p>_____ Creditor's email address, if known</p>	<p>Describe debtor's property that is subject to a lien Medical equipment</p> <hr/> <p>Describe the lien Equipment Lease</p> <hr/> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$41,401.47</p> <hr/> <p>\$15,589.76</p>
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Debtor Lincoln Medical Supply Company, LLC Case number (if know) _____
Name

Date debt was incurred

12/30/2015

Last 4 digits of account number

6494

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?

No

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

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.6 Invacare Credit Corp

Creditor's Name

**One Invacare Way
Elyria, OH 44035**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/8/2016

Last 4 digits of account number

2700

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$7,289.05

\$2,744.70

Medical equipment

Describe the lien

Equipment Lease

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

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

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.7 Invacare Credit Corp

Creditor's Name

**One Invacare Way
Elyria, OH 44035**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/27/16

Last 4 digits of account number

7432

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$17,117.95

\$6,445.78

Medical equipment

Describe the lien

Equipment Lease

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

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

As of the petition filing date, the claim is:

Check all that apply

Contingent

Unliquidated

Disputed

2.8 Invacare Credit Corp

Describe debtor's property that is subject to a lien

\$5,060.70

\$1,905.61

Debtor Lincoln Medical Supply Company, LLC Case number (if know) _____

Name

Creditor's Name

**One Invacare Way
Elyria, OH 44035**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/14/2016

Last 4 digits of account number

6440

Do multiple creditors have an interest in the same property?

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

Medical equipment

Describe the lien

Equipment Lease

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.9 Key Equipment Finance

Creditor's Name

**1000 South McCaslin Blvd.
Louisville, CO 80027**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/24/2016

Last 4 digits of account number

7720

Do multiple creditors have an interest in the same property?

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

Describe debtor's property that is subject to a lien

Medical equipment

\$32,979.39

\$12,418.42

Describe the lien

Equipment Lease

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

2.10 VGM Financial

Creditor's Name

**1111 W. San Marnan Drive
Waterloo, IA 50701**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/29/2015

Last 4 digits of account number

2398

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Medical equipment

\$1,756.00

\$661.22

Describe the lien

Equipment Lease

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

Check all that apply

Debtor Lincoln Medical Supply Company, LLC Case number (if know) _____
 Name

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

2.1 1	Wells Fargo Bank, N.A. <small>Creditor's Name</small> 300 Tristate International Suite 400 Lincolnshire, IL 60069 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 8/5/2015 Last 4 digits of account number 7011 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Medical equipment Describe the lien Finance Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,999.22	\$752.81
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2.1 2	Wells Fargo Bank, N.A. <small>Creditor's Name</small> 300 Tristate International Suite 400 Lincolnshire, IL 60069 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 1/18/2016 Last 4 digits of account number 7013 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Medical equipment Describe the lien Finance Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,411.96	\$3,544.08
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2.1 3	Wells Fargo Bank, N.A. <small>Creditor's Name</small> 300 Tristate International Suite 400 Lincolnshire, IL 60069 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien Medical equipment Describe the lien Finance Agreement	\$5,972.68	\$2,249.02
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Debtor Lincoln Medical Supply Company, LLC Case number (if know) _____
Name

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

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

Creditor's email address, if known

Date debt was incurred

11/16/2015

Last 4 digits of account number

7012

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

Check all that apply

- Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$138,000.99**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

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

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Lincoln Medical Supply Company, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

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

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

No. Go to Part 2.

Yes. Go to line 2.

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

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service 955 S. Springfield Avenue, Bldg A Springfield, NJ 07081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address State of New Jersey Division of Employer Accounts Trenton, NJ 08625-0059	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

Amount of claim

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

3.1 Nonpriority creditor's name and mailing address **A-T Surgical Mfg. Co., Inc.** **115 Clemente Street** **Holyoke, MA 01040-0826** **As of the petition filing date, the claim is:** *Check all that apply.* **\$112.33**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number 2409
Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.2 Nonpriority creditor's name and mailing address **Advanced Orthopaedics** **27267 Network Place** **Chicago, IL 60637-1272** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,679.40**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.3 Nonpriority creditor's name and mailing address **Alpha Message Center** **1001 New Jersey Avnue** **#1456** **Absecon, NJ 08201** **As of the petition filing date, the claim is:** *Check all that apply.* **\$190.74**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.4 Nonpriority creditor's name and mailing address **Ameda, Inc.** **P.O. Box 28448** **New York, NY 10087-8448** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,440.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.5 Nonpriority creditor's name and mailing address **Amoena USA Corp** **2736 Momentum Place** **Chicago, IL 60689-5327** **As of the petition filing date, the claim is:** *Check all that apply.* **\$22.79**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address **Anthros PVC Products, LLC** **201 Badger Parkway** **Darien, WI 53114** **As of the petition filing date, the claim is:** *Check all that apply.* **\$175.90**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address **Atlantic City Electric** **PO Box 13610** **Philadelphia, PA 19101** **As of the petition filing date, the claim is:** *Check all that apply.* **\$720.50**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
Basis for the claim: Utility Bill
 Is the claim subject to offset? No Yes

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

3.8	Nonpriority creditor's name and mailing address Atlantic Coast Alarm, Inc. 5100 Harding Highway Suite 203 Mays Landing, NJ 08330 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$385.20
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3.9	Nonpriority creditor's name and mailing address Betty Corbin c/o Hyberg White & Mann 2111 New Road, Suit 105 Northfield, NJ 08225 Date(s) debt was incurred _____ Last 4 digits of account number <u>3277</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.10	Nonpriority creditor's name and mailing address Brightree LLC P.O. Box 101513 Atlanta, GA 30392-1513 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.00
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3.11	Nonpriority creditor's name and mailing address BSN Jobst, Inc PO Box 751766 Charlotte, NC 28275-1766 Date(s) debt was incurred _____ Last 4 digits of account number <u>8010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,805.55
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3.12	Nonpriority creditor's name and mailing address Chart Inc. P.O. Box 088968 Chicago, IL 60695-1968 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.32
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3.13	Nonpriority creditor's name and mailing address Comfortland Medical Inc 709 A O Smith Road Mebane, NC 27302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124.81
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3.14	Nonpriority creditor's name and mailing address Complete Medical Supplies, Inc. 100 Route 59 Suite 113 Suffern, NY 10901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$696.35
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Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

3.15 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$871.89**
Consetllation NewEnergy Inc
14217 Collections Center Dr.
Chicago, IL 60693
 Contingent
 Unliquidated
 Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Trade debt
Is the claim subject to offset? No Yes

3.16 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,065.63**
Cropper Medical, Inc.
240 E. Hersey Street, Suite #2
Ashland, OR 97520-5202
 Contingent
 Unliquidated
 Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Trade debt
Is the claim subject to offset? No Yes

3.17 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$680.68**
Dell Financial Services
P.O. Box 5275
Carol Stream, IL 60197-5275
 Contingent
 Unliquidated
 Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Trade debt
Is the claim subject to offset? No Yes

3.18 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$6,120.42**
Drive Medical Design & Mfg
P.O. Box 842450
Boston, MA 02284-2450
 Contingent
 Unliquidated
 Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Trade debt
Is the claim subject to offset? No Yes

3.19 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$99.17**
FedEx
P.O. Box 371461
Pittsburgh, PA 15250-7461
 Contingent
 Unliquidated
 Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Trade debt
Is the claim subject to offset? No Yes

3.20 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,042.51**
Fisher & Paykel Healthcare Inc.
Dept. CH 16926
Palatine, IL 60055-6926
 Contingent
 Unliquidated
 Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Trade debt
Is the claim subject to offset? No Yes

3.21 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,398.65**
Future Mobility Products
One Buffalo River Place
Buffalo, NY 14210
 Contingent
 Unliquidated
 Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Trade debt
Is the claim subject to offset? No Yes

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

3.22 Nonpriority creditor's name and mailing address **Gillespie & Associates**
1111 Marlkrass Road
Suite 102
Cherry Hill, NJ 08003
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Accounting Services
 Is the claim subject to offset? No Yes

\$15,518.75

3.23 Nonpriority creditor's name and mailing address **Golden Technologies, Inc**
401 Bridge Street
Old Forge, PA 18518
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

\$4,715.24

3.24 Nonpriority creditor's name and mailing address **Graham-Field, Inc.**
P.O. Box 47510
Atlanta, GA 30362-0510
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

\$2,214.94

3.25 Nonpriority creditor's name and mailing address **Harvy Surgical Suppoly Corp**
34-35 Collins Place
Flushing, NY 11354-2790
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

\$726.32

3.26 Nonpriority creditor's name and mailing address **Hudson Industries, Inc.**
P.O. Box 38666
Henrico, VA 23231
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

\$959.00

3.27 Nonpriority creditor's name and mailing address **Independence Medical**
P.O. Box 635864
Cincinnati, OH 45263-5864
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

\$4,579.08

3.28 Nonpriority creditor's name and mailing address **ING Source, Inc.**
1720 Tate Blvd.
Hickory, NC 28602
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

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

Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

\$523.47

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

3.29 Nonpriority creditor's name and mailing address **Jeffrey A. Reses** As of the petition filing date, the claim is: *Check all that apply.* **\$213.50**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.30 Nonpriority creditor's name and mailing address **K2 Health Products, LLC** As of the petition filing date, the claim is: *Check all that apply.* **\$1,120.00**
5359 Kings Highway
Brooklyn, NY 11203
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Basis for the claim: **Trade debt**
 Is the claim subject to offset? No Yes

3.31 Nonpriority creditor's name and mailing address **Key Star Capital Fund LP** As of the petition filing date, the claim is: *Check all that apply.* **\$1,176,695.52**
PO Box 1068
Stafford, TX 77497
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.32 Nonpriority creditor's name and mailing address **Line Systems Inc.** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
P.O. Box 826590
Philadelphia, PA 19182-6590
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Basis for the claim: **Trade debt**
 Is the claim subject to offset? No Yes

3.33 Nonpriority creditor's name and mailing address **McKesson Medical-Surgical** As of the petition filing date, the claim is: *Check all that apply.* **\$18,944.04**
P.O. Box 630693
Cincinnati, OH 45267-0693
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Basis for the claim: **Trade debt**
 Is the claim subject to offset? No Yes

3.34 Nonpriority creditor's name and mailing address **Mobile Mini, Inc** As of the petition filing date, the claim is: *Check all that apply.* **\$292.78**
P.O. Box 740773
Cincinnati, OH 45263-0693
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number **5051**
 Basis for the claim: **Trade debt**
 Is the claim subject to offset? No Yes

3.35 Nonpriority creditor's name and mailing address **New Jersey Casualty Insurance Company** As of the petition filing date, the claim is: *Check all that apply.* **\$1,946.00**
Workers Compensation
P.O. Box 1228
Trenton, NJ 08628-0227
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Basis for the claim: **Trade debt**
 Is the claim subject to offset? No Yes

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

3.36 Nonpriority creditor's name and mailing address **New Jersey- American Water Co.** **P.O. Box 371331** **Pittsburgh, PA 15250-7331** **As of the petition filing date, the claim is:** *Check all that apply.* **\$67.84**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Trade debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.37 Nonpriority creditor's name and mailing address **Ovation Medical** **P.O. Box 745846** **Los Angeles, CA 90074-5844** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,001.78**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Trade debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.38 Nonpriority creditor's name and mailing address **Patient Point Hospital Solutions** **11408 Otter Creek South Road** **Mabelvale, AR 72103** **As of the petition filing date, the claim is:** *Check all that apply.* **\$400.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Trade debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.39 Nonpriority creditor's name and mailing address **Patterson Medical** **PO Box 93040** **Chicago, IL 60673** **As of the petition filing date, the claim is:** *Check all that apply.* **\$92.38**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Trade debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.40 Nonpriority creditor's name and mailing address **PCI Computer Services, Inc.** **1622 Tilton Road** **Northfield, NJ 08225** **As of the petition filing date, the claim is:** *Check all that apply.* **\$190.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Trade debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.41 Nonpriority creditor's name and mailing address **Pitney Bowes Global Financial Services** **P.O. Box 856460** **Louisville, KY 40285-6460** **As of the petition filing date, the claim is:** *Check all that apply.* **\$586.84**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Trade debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.42 Nonpriority creditor's name and mailing address **Prairie View Industries** **714 5th Street** **P.O. Box 575** **Fairbury, NE 68352-0575** **As of the petition filing date, the claim is:** *Check all that apply.* **\$586.84**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Trade debt
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____

Name

3.43	<p>Nonpriority creditor's name and mailing address Pride Mobility Products Corp 182 Susquehanna Avenue Exeter, PA 18643</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,115.59</p>
3.44	<p>Nonpriority creditor's name and mailing address Probasics by PMI P.O. Box 534996 Atlanta, GA 30353-4996</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$17,378.00</p>
3.45	<p>Nonpriority creditor's name and mailing address ResMed P.O. Box 534593 Atlanta, GA 30353-4593</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number <u>2452</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$5,911.93</p>
3.46	<p>Nonpriority creditor's name and mailing address Respironics P.O. Box 405740 Atlanta, GA 30384-5740</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$20,484.47</p>
3.47	<p>Nonpriority creditor's name and mailing address Rich Fire Protection PO Box 1149 Pleasantville, NJ 08232</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$220.42</p>
3.48	<p>Nonpriority creditor's name and mailing address Robert Glukowski 429 Berkshire Drive Ventnor City, NJ 08406</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$15,000.00</p>
3.49	<p>Nonpriority creditor's name and mailing address Romax Hose Inc 3087 State Route 367 Laceyville, PA 18623</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$185.36</p>

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

3.50 Nonpriority creditor's name and mailing address **Rose Healthcare**
224 Rose Drive
Brunswick, GA 31520
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$478.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.51 Nonpriority creditor's name and mailing address **Sigvaris, Inc.**
P.O. Box 8908807
Charlotte, NC 28289-0807
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$734.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.52 Nonpriority creditor's name and mailing address **Skil-Care**
29 Wells Avenue
Yonkers, NY 10701
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$260.33**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.53 Nonpriority creditor's name and mailing address **South Jersey Gas**
PO Box 6091
Bellmawr, NJ 08099-6091
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$62.27**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.54 Nonpriority creditor's name and mailing address **South Jersey Sanitation**
P.O. Box 1224
Hammonton, NJ 08037
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$250.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.55 Nonpriority creditor's name and mailing address **South Jersey Welding**
P.O. Box 658
Maple Shade, NJ 08052-0658
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$755.10**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

3.56 Nonpriority creditor's name and mailing address **Staples Advantage**
Dept. PHL
P.O. Box 415256
Boston, MA 02241-5256
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$69.44**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Trade debt
 Is the claim subject to offset? No Yes

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

3.57	Nonpriority creditor's name and mailing address Staples Credit Plan Dept. 51-7819198580 P.O. Box 689020 Des Moines, IA 50368-9020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.12
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3.58	Nonpriority creditor's name and mailing address Sunrise Medical P.O. Box 933056 Atlanta, GA 31193-3056 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$639.39
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3.59	Nonpriority creditor's name and mailing address Sunset Healthcare Solutions 180 N. Michigan Avenue Suite 2000 Chicago, IL 60601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$639.39
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3.60	Nonpriority creditor's name and mailing address Surgical Appliance Industries Inc. 3960 Rosslyn Drive Cincinnati, OH 45209-1195 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.89
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3.61	Nonpriority creditor's name and mailing address TD Card Services P.O. Box 84037 Columbus, GA 31908-4037 Date(s) debt was incurred _____ Last 4 digits of account number <u>6654</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit card purchases Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,939.58
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3.62	Nonpriority creditor's name and mailing address The Aftermarket Group 3866 Solutions Center Chicago, IL 60677 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,954.97
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3.63	Nonpriority creditor's name and mailing address The Comfort Company 509 S. 22nd Avenue Bozeman, MT 59718 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$584.78
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Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____
Name

3.64	Nonpriority creditor's name and mailing address U.S. Rehab P.O. Box 2817 Waterloo, IA 50704-2817 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.65	Nonpriority creditor's name and mailing address W.B. Mason P.O. Box 981101 Boston, MA 02298-1101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$345.76
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3.66	Nonpriority creditor's name and mailing address Wells Fargo Bank, N.A. 300 Tristate International Suite 400 Lincolnshire, IL 60069 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Overdrawn Checking Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.77
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3.67	Nonpriority creditor's name and mailing address Western Pest Services 2621 Tilton Road Egg Harbor Township, NJ 08234-1874 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122.00
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Part 3: List Others to Be Notified About Unsecured Claims

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

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

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Dembo, Brown & Burns LLP 1300 Route 73, Suite 205 Mount Laurel, NJ 08054	Line <u>3.31</u> <input type="checkbox"/> Not listed. Explain _____	<u>3316</u>
4.2	GMS Law 1030 Atlantic Avenue Atlantic City, NJ 08401	Line <u>3.48</u> <input type="checkbox"/> Not listed. Explain _____	-

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

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

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>0.00</u>
5b. Total claims from Part 2	5b. + \$ <u>1,339,830.72</u>
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	5c. \$ <u>1,339,830.72</u>

Fill in this information to identify the case:

Debtor name Lincoln Medical Supply Company, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

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

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining **6 payments remaining**

List the contract number of any government contract _____

**De Lage Landen Financial Services, Inc.
PO Box 41602
Philadelphia, PA 19101-1602**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Lease No.
100-1009696494
Invacare Invoice Nos.
107649611, 107657100,
107668762, 107671385,
107676767, 107678226,
107678403, 107693619,
107704538, 107706797,
107721315, 107725272,
107747901, 107749843,
107752254, 107760694,
107765922, 107766215,
107784368, 107816829,
107816832, 107816943,
107819197, 107824009,
107857412, 107866633,
107872926, 107877016,
107879175, 107881440,
107885530, 107894501,
107899403, 107902396,
and 107905378, PMI
Invoice Nos. 225305,
225357, 225427,
225894, 226545,
226601, 226688,
228356, 229020,
229250, and 229342
17 months**

State the term remaining

List the contract number of any government contract _____

**Invacare Credit Corp
One Invacare Way
Elyria, OH 44035**

Debtor 1 **Lincoln Medical Supply Company, LLC**
 First Name Middle Name Last Name

Case number (if known)



Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.3. State what the contract or lease is for and the nature of the debtor's interest
 Lease No. **100-10107432 - Perfecto2 V with Sensor 91 53650799 (27), Full-Electric 9153638225 (12), 80x36x6 Innerspring Mattress 1633 9135347268 (12), Reduced Gap Full Lgt Bed Rails (12) 19 payments remaining**
 State the term remaining
 List the contract number of any government contract
**Invacare Credit Corp
 One Invacare Way
 Elyria, OH 44035**

2.4. State what the contract or lease is for and the nature of the debtor's interest
 Lease No. **100-10106440- 3N1 Commode Folding Elongat (12), Toilet Safety Frame (12), Cane Economy Curved Handle (10), Small Base Quad Cane Hammer (12), Bariatric Rollator Marble (6), Bariatric Commode 450 lbs (5), Adult Streeel Walker w/ Wheel (12), Offset Cane Bronze (10), Aluminum Transport Chair Gr Drop Ship (6), Steel Rollator Loop Brakes (8) 19 months**
 State the term remaining
 List the contract number of any government contract
**Invacare Credit Corp
 One Invacare Way
 Elyria, OH 44035**

2.5. State what the contract or lease is for and the nature of the debtor's interest
 Lease No. **100-10102700 - Invoice Nos. 107993489, 107957169, 107956290, and 107969977 14 months**
 State the term remaining
 List the contract number of any government contract
**Invacare Credit Corp
 One Invacare Way
 Elyria, OH 44035**

2.6. State what the contract or lease is for and the nature of the debtor's interest
 Lease No. **100-10083501 - Probasics Invoice Nos. 220577 and 220755 14 months**
 State the term remaining
**Invacare Credit Corp
 One Invacare Way
 Elyria, OH 44035**

Debtor 1 **Lincoln Medical Supply Company, LLC**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.7. State what the contract or lease is for and the nature of the debtor's interest **Lease No. 100-10085294 - 17in Aluminum Transport BLU (4), CPAP Nasal Small w/Headgear (3)**
 State the term remaining **14 months**
 List the contract number of any government contract _____ **Invacare Credit Corp
 One Invacare Way
 Elyria, OH 44035**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Finance Agreement No. 1800107720- Respiratory Equipment from Respiration Inc.**
 State the term remaining **11 months**
 List the contract number of any government contract _____ **Key Equipment Finance
 1000 South McCaslin Blvd.
 Louisville, CO 80027**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Lease No. 4002398 - Respiration Invoice Nos. 0926156040, 0926319813, 092634487, 0926351763, 0926365436, 0926625783, 0926642838, 0926669034, 0926798519, 09270134, 0927014037, and 0927013415**
 State the term remaining **3 months**
 List the contract number of any government contract _____ **VGM Financial
 1111 W. San Marnan Drive
 Waterloo, IA 50701**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Finance Agreement No. 301-6060757-011- Pride Mobility Products Corp. Invoice Nos. 12280285, 12311124, 12311097, 12371784, 12360065, 12360829**
 State the term remaining **1 month**
 List the contract number of any government contract _____ **Wells Fargo Bank, N.A.
 300 Tristate International
 Suite 400
 Lincolnshire, IL 60069**

Debtor 1 **Lincoln Medical Supply Company, LLC**
 First Name Middle Name Last Name

Case number (if known)



Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.11. State what the contract or lease is for and the nature of the debtor's interest **Finance Agreement No. 301-6060757-012- 7 New Inova Labs PRO Oxygen Concentrators, 5 New Inova Labs 4L Oxygen Concentrators, 2 Ext Batteries**
 State the term remaining **4 months**
 List the contract number of any government contract _____ **Wells Fargo Bank, N.A. 300 Tristate International Suite 400 Lincolnshire, IL 60069**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Finance Agreement No. 301-6060757-013 - ResMed Equipment: Airfit F10 FFM Med Amer (21), Airfit F10 FFM Lge-Amer (4), Airfit F10 For Her Sml Amer (2); Airfit F10 For Her Med- Amer (3), Mirage Quattro FFM Sys Med-Amer (10), Mirage Quattro FFM Sys Lge-Amer (5), Mirage FX Mask Sys-Amer (20), Swift FX Mask System-Amer (25), Airfit P10 Mask System-Amer (25); Airsense 10 Autoset USA Co (25), Airsense 10 Autoset USA Co (2), Aircurve 10 Vauto USA Tri (1), Airsense 10 CPAP USA Co (5), Airsense 10 CPAP USA Co (1)**
 State the term remaining **6 months**
 List the contract number of any government contract _____ **Wells Fargo Bank, N.A. 300 Tristate International Suite 400 Lincolnshire, IL 60069**

Fill in this information to identify the case:

Debtor name Lincoln Medical Supply Company, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

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

1. Do you have any codebtors?

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

Yes

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

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Paul Reses

93 Cheltenham Avenue
Linwood, NJ 08221

Invacare Credit Corp

D 2.5
 E/F _____
 G _____

Fill in this information to identify the case:

Debtor name Lincoln Medical Supply Company, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

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

Part 1: Income

1. Gross revenue from business

None.

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

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2016 to **Filing Date**

Operating a business
 Other _____

\$500,237.73

For prior year:
From 1/01/2015 to 12/31/2015

Operating a business
 Other _____

\$2,348,582.00

2. Non-business revenue

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

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Lincoln Medical Supply Company, LLC**

Case number (if known) _____

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

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

None.

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

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

None

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

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

None

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

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

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

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Key Star Capital Fund LP v. Lincoln Medical Supply, LLC, et als. ATL-L-333-16	Civil	Atlantic County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

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

None

Part 4: Certain Gifts and Charitable Contributions

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

None

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

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

Debtor **Lincoln Medical Supply Company, LLC**

Case number (if known) _____

None

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

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Scott H. Marcus & Associates 121 Johnson Road Turnersville, NJ 08012	Attorney Fees	7/25/16	\$18,283.00

Email or website address
smarcus@marcuslaw.net

Who made the payment, if not debtor?

11.2. Scott H. Marcus & Associates 121 Johnson Road Turnersville, NJ 08012	Filing Fee	7/25/16	\$1,717.00
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Email or website address
smarcus@marcuslaw.net

Who made the payment, if not debtor?

11.3. Scott H. Marcus & Associates 121 Johnson Road Turnersville, NJ 08012	Attorney Fees- prior file	12/30/15	\$5,000.00
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Email or website address
smarcus@marcuslaw.net

Who made the payment, if not debtor?

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.4.	Scott H. Marcus & Associates 121 Johnson Road Turnersville, NJ 08012	Attorney Fees	5/26/16	\$3,750.00

Email or website address
smarcus@marcuslaw.net

Who made the payment, if not debtor?

11.5.	Scott H. Marcus & Associates 121 Johnson Road Turnersville, NJ 08012	Attorney Fees	6/14/16	\$3,750.00
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Email or website address
smarcus@marcuslaw.net

Who made the payment, if not debtor?

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

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

None.

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

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

None.

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

14. Previous addresses

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

Does not apply

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

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Debtor **Lincoln Medical Supply Company, LLC**

Case number (if known) _____

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

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

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

DOB, financial information, insurance information, SSN

Does the debtor have a privacy policy about that information?

- No
- Yes

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

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

No Go to Part 10.

Yes. Fill in below:

Name of plan

Lincoln Medical Supply 401k & Profit Sharing Plan

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

- No
- Yes

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

18. Closed financial accounts

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

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

- None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

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

- None

Depository institution name and address

Names of anyone with access to it Address

Description of the contents

Do you still have it?

20. Off-premises storage

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

Debtor **Lincoln Medical Supply Company, LLC**

Case number (if known) _____

None

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

21. Property held for another

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

None

Part 12: Details About Environment Information

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

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

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

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

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

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

- No.
- Yes. Provide details below.

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

- No.
- Yes. Provide details below.

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

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

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

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

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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Debtor **Lincoln Medical Supply Company, LLC**

Case number (if known) _____

26. Books, records, and financial statements

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

None

Name and address		Date of service From-To
26a.1.	Gillespie & Associates 1111 Markkress Road Suite 102 Cherry Hill, NJ 08003	February 3, 2014 to Present

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

None

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

None

Name and address	If any books of account and records are unavailable, explain why

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

None

Name and address

27. Inventories

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

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

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

Name	Address	Position and nature of any interest	% of interest, if any
Paul Reses	93 Cheltenham Avenue Linwood, NJ 08221	Partner	50%
Jeffrey Reses	113 Tonks Trail Holly Springs, NC 27540	Partner	50%

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

No

Yes. Identify below.

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

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

Debtor Lincoln Medical Supply Company, LLC Case number (if known) _____

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

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

Part 14: Signature and Declaration

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

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

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

Executed on July 25, 2016

/s/ Paul Reses
Signature of individual signing on behalf of the debtor

Paul Reses
Printed name

Position or relationship to debtor President

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

- No
- Yes

United States Bankruptcy Court District of New Jersey

In re Lincoln Medical Supply Company, LLC

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept (\$ 18,283.00); Prior to the filing of this statement I have received (\$ 18,283.00); Balance Due (\$ 0.00).

2. \$ 1,717.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor [checked] Other (specify): [unchecked]

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

Debtor [checked] Other (specify): [unchecked]

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

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

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

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

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods, filing of Disclosure Statement and Plan

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

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.

July 25, 2016

Date

/s/ Scott H. Marcus, Esquire

Scott H. Marcus, Esquire

Signature of Attorney

Scott H. Marcus & Associates

121 Johnson Road

Turnersville, NJ 08012

856-227-0800 Fax: 856-227-7939

smarcus@marcuslaw.net

Name of law firm

**United States Bankruptcy Court
District of New Jersey**

In re Lincoln Medical Supply Company, LLC

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Jeffrey Reses 113 Tonks Trail Holly Springs, NC 27540			50% partnership interest
Paul Reses 93 Cheltenham Avenue Linwood, NJ 08221			50% partnership interest

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date July 25, 2016

Signature /s/ Paul Reses
Paul Reses

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

**United States Bankruptcy Court
District of New Jersey**

In re Lincoln Medical Supply Company, LLC 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: July 25, 2016

/s/ Paul Reses
Paul Reses/President
Signer/Title

A-T Surgical Mfg. Co., Inc.
115 Clemente Street
Holyoke, MA 01040-0826

Advanced Orthopaedics
27267 Network Place
Chicago, IL 60637-1272

Alpha Message Center
1001 New Jersey Avnue
#1456
Absecon, NJ 08201

Ameda, Inc.
P.O. Box 28448
New York, NY 10087-8448

Amoena USA Corp
2736 Momentum Place
Chicago, IL 60689-5327

Anthros PVC Products, LLC
201 Badger Parkway
Darien, WI 53114

Atlantic City Electric
PO Box 13610
Philadelphia, PA 19101

Atlantic Coast Alarm, Inc.
5100 Harding Highway
Suite 203
Mays Landing, NJ 08330

Betty Corbin
c/o Hyberg White & Mann
2111 New Road, Suit 105
Northfield, NJ 08225

Brightree LLC
P.O. Box 101513
Atlanta, GA 30392-1513

BSN Jobst, Inc
PO Box 751766
Charlotte, NC 28275-1766

Chart Inc.
P.O. Box 088968
Chicago, IL 60695-1968

Comfortland Medical Inc
709 A O Smith Road
Mebane, NC 27302

Complete Medical Supplies, Inc.
100 Route 59
Suite 113
Suffern, NY 10901

Consetllation NewEnergy Inc
14217 Collections Center Dr.
Chicago, IL 60693

Cropper Medical, Inc.
240 E. Hersey Street, Suite #2
Ashland, OR 97520-5202

De Lage Landen Financial Services, Inc.
PO Box 41602
Philadelphia, PA 19101-1602

Dell Financial Services
P.O. Box 5275
Carol Stream, IL 60197-5275

Dembo, Brown & Burns LLP
1300 Route 73, Suite 205
Mount Laurel, NJ 08054

Drive Medical Design & Mfg
P.O. Box 842450
Boston, MA 02284-2450

FedEx
P.O. Box 371461
Pittsburgh, PA 15250-7461

Fisher & Paykel Healthcare Inc.
Dept. CH 16926
Palatine, IL 60055-6926

Future Mobility Products
One Buffalo River Place
Buffalo, NY 14210

Gillespie & Associates
1111 Marlkress Road
Suite 102
Cherry Hill, NJ 08003

GMS Law
1030 Atlantic Avenue
Atlantic City, NJ 08401

Golden Technologies, Inc
401 Bridge Street
Old Forge, PA 18518

Graham-Field, Inc.
P.O. Box 47510
Atlanta, GA 30362-0510

Harvy Surgical Suppoly Corp
34-35 Collins Place
Flushing, NY 11354-2790

Hudson Industries, Inc.
P.O. Box 38666
Henrico, VA 23231

Independence Medical
P.O. Box 635864
Cincinnati, OH 45263-5864

ING Source, Inc.
1720 Tate Blvd.
Hickory, NC 28602

Internal Revenue Service
955 S. Springfield Avenue, Bldg A
Springfield, NJ 07081

Invacare Credit Corp
One Invacare Way
Elyria, OH 44035

Jeffrey A. Reses

K2 Health Products, LLC
5359 Kings Highway
Brooklyn, NY 11203

Key Equipment Finance
1000 South McCaslin Blvd.
Louisville, CO 80027

Key Star Capital Fund LP
PO Box 1068
Stafford, TX 77497

Line Systems Inc.
P.O. Box 826590
Philadelphia, PA 19182-6590

McKesson Medical-Surgical
P.O. Box 630693
Cincinnati, OH 45267-0693

Mobile Mini, Inc
P.O. Box 740773
Cincinnati, OH 45263-0693

New Jersey Casualty Insurance Company
Workers Compensation
P.O. Box 1228
Trenton, NJ 08628-0227

New Jersey- American Water Co.
P.O. Box 371331
Pittsburgh, PA 15250-7331

Ovation Medical
P.O. Box 745846
Los Angeles, CA 90074-5844

Patient Point Hospital Solutions
11408 Otter Creek South Road
Mabelvale, AR 72103

Patterson Medical
PO Box 93040
Chicago, IL 60673

Paul Reses
93 Cheltenham Avenue
Linwood, NJ 08221

PCI Computer Services, Inc.
1622 Tilton Road
Northfield, NJ 08225

Pitney Bowes Global Financial Services
P.O. Box 856460
Louisville, KY 40285-6460

Prairie View Industries
714 5th Street
P.O. Box 575
Fairbury, NE 68352-0575

Pride Mobility Products Corp
182 Susquehanna Avenue
Exeter, PA 18643

Probasics by PMI
P.O. Box 534996
Atlanta, GA 30353-4996

ResMed
P.O. Box 534593
Atlanta, GA 30353-4593

Respironics
P.O. Box 405740
Atlanta, GA 30384-5740

Rich Fire Protection
PO Box 1149
Pleasantville, NJ 08232

Robert Glukowski
429 Berkshire Drive
Ventnor City, NJ 08406

Romax Hose Inc
3087 State Route 367
Laceyville, PA 18623

Rose Healthcare
224 Rose Drive
Brunswick, GA 31520

Sigvaris, Inc.
P.O. Box 8908807
Charlotte, NC 28289-0807

Skil-Care
29 Wells Avenue
Yonkers, NY 10701

South Jersey Gas
PO Box 6091
Bellmawr, NJ 08099-6091

South Jersey Sanitation
P.O. Box 1224
Hammonton, NJ 08037

South Jersey Welding
P.O. Box 658
Maple Shade, NJ 08052-0658

Staples Advantage
Dept. PHL
P.O. Box 415256
Boston, MA 02241-5256

Staples Credit Plan
Dept. 51-7819198580
P.O. Box 689020
Des Moines, IA 50368-9020

State of New Jersey
Division of Employer Accounts
Trenton, NJ 08625-0059

Sunrise Medical
P.O. Box 933056
Atlanta, GA 31193-3056

Sunset Healthcare Solutions
180 N. Michigan Avenue
Suite 2000
Chicago, IL 60601

Surgical Applicance Industries Inc.
3960 Rosslyn Drive
Cincinnati, OH 45209-1195

TD Card Services
P.O. Box 84037
Columbus, GA 31908-4037

The Aftermarket Group
3866 Solutions Center
Chicago, IL 60677

The Comfort Company
509 S. 22nd Avenue
Bozeman, MT 59718

U.S. Rehab
P.O. Box 2817
Waterloo, IA 50704-2817

VGM Financial
1111 W. San Marnan Drive
Waterloo, IA 50701

W.B. Mason
P.O. Box 981101
Boston, MA 02298-1101

Wells Fargo Bank, N.A.
300 Tristate International
Suite 400
Lincolnshire, IL 60069

Western Pest Services
2621 Tilton Road
Egg Harbor Township, NJ 08234-1874

**United States Bankruptcy Court
District of New Jersey**

In re Lincoln Medical Supply Company, LLC

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 Lincoln Medical Supply Company, LLC 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*]

July 25, 2016

Date

/s/ Scott H. Marcus, Esquire

Scott H. Marcus, Esquire

Signature of Attorney or Litigant

Counsel for Lincoln Medical Supply Company, LLC

Scott H. Marcus & Associates

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Turnersville, NJ 08012

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