

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 ABBA Medical Transportation, 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) 27-1728451

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

675 Line Road Suite 3A Matawan, NJ 07747 Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Monmouth County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

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

Debtor **ABBA Medical Transportation, 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 ABBA Medical Transportation, 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 checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input 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 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 checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor **ABBA Medical Transportation, 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 **August 10, 2016**  
MM / DD / YYYY

**X /s/ Evan Walker**  
Signature of authorized representative of debtor  
  
Title **Managing Member**

**Evan Walker**  
Printed name

**18. Signature of attorney**

**X /s/ Andrew J. Kelly**  
Signature of attorney for debtor

Date **August 10, 2016**  
MM / DD / YYYY

**Andrew J. Kelly**  
Printed name

**The Kelly Firm, P.C.**  
Firm name

**1011 Highway 71  
Suite 200  
Spring Lake, NJ 07762**  
Number, Street, City, State & ZIP Code

Contact phone **732-449-0525** Email address **akelly@kbtlaw.com**

**032191991**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name ABBA Medical Transportation, 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 Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p><b>2.1</b></p> <p><b>Advantage Funding</b></p> <p><small>Creditor's Name</small> <b>14402 Collections Center Drive Chicago, IL 60693</b></p> <p><small>Creditor's mailing address</small></p> <hr/> <p><small>Creditor's email address, if known</small></p> <hr/> <p><b>Date debt was incurred</b></p> <hr/> <p><b>Last 4 digits of account number</b> <b>3378</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b> <b>2013 Ford Van</b></p> <hr/> <p><b>Describe the lien</b> <b>Non-Purchase Money Security</b></p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p><b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><b>Unknown</b></p>	<p><b>Unknown</b></p>

<p><b>2.2</b></p> <p><b>Advantage Funding</b></p> <p><small>Creditor's Name</small> <b>14402 Collections Center Drive Chicago, IL 60693</b></p> <p><small>Creditor's mailing address</small></p> <hr/> <p><small>Creditor's email address, if known</small></p> <hr/> <p><b>Date debt was incurred</b></p> <hr/> <p><b>Last 4 digits of account number</b> <b>8885</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p>	<p><b>Describe debtor's property that is subject to a lien</b> <b>2014 Ford Van</b></p> <hr/> <p><b>Describe the lien</b></p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p>	<p><b>Unknown</b></p>	<p><b>Unknown</b></p>
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Debtor ABBA Medical Transportation, LLC Case number (if know) \_\_\_\_\_

Name

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

<b>2.3 Advantage Funding</b> Creditor's Name <b>14402 Collections Center Drive Chicago, IL 60693</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>6565</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>2013 Ford E350</b>  <hr/> <b>Describe the lien</b>  <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <hr/> <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
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<b>2.4 Advantage Funding</b> Creditor's Name <b>14402 Collections Center Drive Chicago, IL 60693</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>8793</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>2014 Ford E350</b>  <hr/> <b>Describe the lien</b>  <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <hr/> <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>Unknown</u>	<u>Unknown</u>
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<b>2.5 Advantage Funding</b> Creditor's Name <b>14402 Collections Center Drive Chicago, IL 60693</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>	<b>Describe debtor's property that is subject to a lien</b> <b>2014 Ford</b>  <hr/> <b>Describe the lien</b>  <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>	<u>Unknown</u>
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Debtor ABBA Medical Transportation, LLC Case number (if know) \_\_\_\_\_  
Name

**Date debt was incurred**

**Last 4 digits of account number**  
**1506**

**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

<p><b>2.6 Dell Business</b></p> <p><small>Creditor's Name</small>  <b>P.O. Box 5275</b>  <b>Carol Stream, IL</b>  <b>60197-5275</b></p> <p><small>Creditor's mailing address</small></p> <hr/> <p><small>Creditor's email address, if known</small></p>	<p><b>Describe debtor's property that is subject to a lien</b>  <b>Computers</b></p> <hr/> <p><b>Describe the lien</b></p> <hr/> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b>      Check all that apply  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><b>Unknown</b></p>	<p><b>Unknown</b></p>
<p><b>Date debt was incurred</b>  <b>April, 2016</b></p> <p><b>Last 4 digits of account number</b>  <b>0883</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b>      Check all that apply  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$0.00

**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 be 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 ABBA Medical Transportation, 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 <b>IRS</b> <b>P.O. Box 8208</b> <b>Philadelphia, PA 19101-8208</b>	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	<b>\$158,559.74</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>8451</b>	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 <b>STATE OF NEW JERSEY,</b> <b>DIVISION OF TAXATIO</b> <b>50 Barrack Street, 9th Floor</b> <b>P.O. Box 245</b> <b>Compliance &amp; Enforcement</b> <b>Bankruptcy Unit</b> <b>Trenton, NJ 08695</b>	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	<b>Unknown</b>	<b>Unknown</b>
	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 ABBA Medical Transportation, LLC Case number (if known) \_\_\_\_\_

3.1 Nonpriority creditor's name and mailing address **All American Ford**  
 3698 U.S. 9  
 Old Bridge, NJ 08857  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 6455

As of the petition filing date, the claim is: *Check all that apply.* **\$18,905.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.2 Nonpriority creditor's name and mailing address **Ansell Grimm**  
 1500 Lawrence Avenue  
 Ocean, NJ 07712  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 5891

As of the petition filing date, the claim is: *Check all that apply.* **\$1,124.98**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.3 Nonpriority creditor's name and mailing address **Bayshore Auto**  
 81 Route 35 South  
 Keyport, NJ 07735  
 Date(s) debt was incurred Nov., 2013 - June, 2015  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$16,433.04**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.4 Nonpriority creditor's name and mailing address **Bon Venture Services**  
 34 Ironia Road  
 Flanders, NJ 07836  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 5542

As of the petition filing date, the claim is: *Check all that apply.* **\$3,120.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Advertising  
 Is the claim subject to offset?  No  Yes

3.5 Nonpriority creditor's name and mailing address **Buhler Ford**  
 105 Route 36  
 Eatontown, NJ 07724  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 0852

As of the petition filing date, the claim is: *Check all that apply.* **\$19,629.87**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.6 Nonpriority creditor's name and mailing address **Creative Management**  
 550 Smith Street  
 Perth Amboy, NJ 08861  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$8,379.36**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.7 Nonpriority creditor's name and mailing address **Delta Gas**  
 c/o Glen Vida, Esq.  
 114 Elm Street  
 Westfield, NJ 07090  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$7,000.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Basis for the claim: Judgment  
 Is the claim subject to offset?  No  Yes

Debtor ABBA Medical Transportation, LLC Case number (if known) \_\_\_\_\_  
Name

3.8 Nonpriority creditor's name and mailing address **EMSAR** As of the petition filing date, the claim is: *Check all that apply.* \$5,705.84  
**P.O. Box 146**  Contingent  
**Bordentown, NJ 08505**  Unliquidated  
Date(s) debt was incurred  Disputed  
Last 4 digits of account number  Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.9 Nonpriority creditor's name and mailing address **EZ Pass** As of the petition filing date, the claim is: *Check all that apply.* \$1,574.20  
**P.O. Box 4972**  Contingent  
**Trenton, NJ 08650**  Unliquidated  
Date(s) debt was incurred  Disputed  
Last 4 digits of account number 0406 Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.10 Nonpriority creditor's name and mailing address **George Wall** As of the petition filing date, the claim is: *Check all that apply.* \$17,188.30  
**700 Shrewsbury Avenue**  Contingent  
**Red Bank, NJ 07701**  Unliquidated  
Date(s) debt was incurred  Disputed  
Last 4 digits of account number Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.11 Nonpriority creditor's name and mailing address **Guarantee Insurance Company** As of the petition filing date, the claim is: *Check all that apply.* \$34,501.00  
**401 E Las Olas Blvd**  Contingent  
**1540**  Unliquidated  
**Fort Lauderdale, FL 33301**  Disputed  
Date(s) debt was incurred Basis for the claim: \_\_\_\_\_  
Last 4 digits of account number Is the claim subject to offset?  No  Yes

3.12 Nonpriority creditor's name and mailing address **JS Paluch** As of the petition filing date, the claim is: *Check all that apply.* \$2,276.00  
**P.O. Boxz 2703**  Contingent  
**Schiller Park, IL 60176**  Unliquidated  
Date(s) debt was incurred  Disputed  
Last 4 digits of account number Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.13 Nonpriority creditor's name and mailing address **Monmouth Shores** As of the petition filing date, the claim is: *Check all that apply.* \$605.00  
**12 Corbett Way**  Contingent  
**Eatontown, NJ 07724**  Unliquidated  
Date(s) debt was incurred  Disputed  
Last 4 digits of account number Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.14 Nonpriority creditor's name and mailing address **Moore Medical** As of the petition filing date, the claim is: *Check all that apply.* \$1,881.22  
**P.O. Box 4066**  Contingent  
**Farmington, CT 06032**  Unliquidated  
Date(s) debt was incurred  Disputed  
Last 4 digits of account number Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

Debtor ABBA Medical Transportation, LLC Case number (if known) \_\_\_\_\_  
Name

3.15	Nonpriority creditor's name and mailing address <b>New Jersey State Funeral Director Assoc.</b> P.O. Box L. Manasquan, NJ 08736  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: <b>Advertising</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
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3.16	Nonpriority creditor's name and mailing address <b>Pillar of Fire</b> 648 Wyckoff Avenue Wyckoff, NJ 07481  Date(s) debt was incurred _____ Last 4 digits of account number <u>0738</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: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,847.00</b>
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3.17	Nonpriority creditor's name and mailing address <b>WSB</b> Camp Shapiro 5 Vaughn Drive Princeton, NJ 08544  Date(s) debt was incurred <u>April, 2014</u> Last 4 digits of account number <u>1170</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: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,683.42</b>
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3.18	Nonpriority creditor's name and mailing address <b>ZOLL</b> 11802 Ridge Parkway Suite 400 Broomfield, CO 80021  Date(s) debt was incurred <u>Nov., 2014</u> Last 4 digits of account number <u>8611</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: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,010.00</b>
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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	<b>Ernest Som, Revenue Officer</b> 200 Sheffield Street Mountainside, NJ 07092	Line <u>2.1</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Internal Revenue Service</b> P.O. Box 7346 Philadelphia, PA 19101-7346	Line <u>2.1</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.

	<b>Total of claim amounts</b>
5a. Total claims from Part 1	5a. \$ <u>158,559.74</u>
5b. Total claims from Part 2	5b. + \$ <u>213,464.23</u>
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	5c. \$ <u>372,023.97</u>

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

In re ABBA Medical Transportation, LLC

Debtor(s)

Case No.  
Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the Managing Member 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: August 10, 2016

/s/ Evan Walker

Evan Walker/Managing Member  
Signer/Title

Advantage Funding  
14402 Collections Center Drive  
Chicago, IL 60693

All American Ford  
3698 U.S. 9  
Old Bridge, NJ 08857

Ansell Grimm  
1500 Lawrence Avenue  
Ocean, NJ 07712

Bayshore Auto  
81 Route 35 South  
Keyport, NJ 07735

Bon Venture Services  
34 Ironia Road  
Flanders, NJ 07836

Buhler Ford  
105 Route 36  
Eatontown, NJ 07724

Creative Management  
550 Smith Street  
Perth Amboy, NJ 08861

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

Delta Gas  
c/o Glen Vida, Esq.  
114 Elm Street  
Westfield, NJ 07090

EMSAR  
P.O. Box 146  
Bordentown, NJ 08505

Ernest Som, Revenue Officer  
200 Sheffield Street  
Mountainside, NJ 07092

EZ Pass  
P.O. Box 4972  
Trenton, NJ 08650

George Wall  
700 Shrewsbury Avenue  
Red Bank, NJ 07701

Guarantee Insurance Company  
401 E Las Olas Blvd  
1540  
Fort Lauderdale, FL 33301

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

IRS  
P.O. Box 8208  
Philadelphia, PA 19101-8208

JS Paluch  
P.O. Boxz 2703  
Schiller Park, IL 60176

Monmouth Shores  
12 Corbett Way  
Eatontown, NJ 07724

Moore Medical  
P.O. Box 4066  
Farmington, CT 06032

New Jersey State Funeral Director Assoc.  
P.O. Box L.  
Manasquan, NJ 08736

Pillar of Fire  
648 Wyckoff Avenue  
Wyckoff, NJ 07481

STATE OF NEW JERSEY, DIVISION OF TAXATIO  
50 Barrack Street, 9th Floor  
P.O. Box 245  
Compliance & Enforcement Bankruptcy Unit  
Trenton, NJ 08695

WSB  
Camp Shapiro  
5 Vaughn Drive  
Princeton, NJ 08544

ZOLL  
11802 Ridge Parkway  
Suite 400  
Broomfield, CO 80021