Case 16-25389-KCF Doc 1 Filed 08/10/16 Entered 08/10/16 16:02:43 Desc Main Document Page 1 of 15

Fill in this information to identify your case:				1	
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 <i>doing business as</i> 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	Location of principal assets, if different from principal
		County	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:	

Debt	Case 10-2538			2 of 15 Case number (<i>if known</i>)	Desc Main		
	Name			· · · ·			
7.	Describe debtor's business	A. Check one:					
		Health Care Busin	ess (as defined in 11 U.S.C. § 10	1(27A))			
		□ Single Asset Real	Estate (as defined in 11 U.S.C. §	101(51B))			
			ed in 11 U.S.C. § 101(44))	< <i>"</i>			
			efined in 11 U.S.C. § 101(53A))				
			(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 compa	ny, including hedge fund or poole	d investment vehicle (as defined in 15	5 U.S.C. §80a-3)		
		Investment advisor	r (as defined in 15 U.S.C. §80b-2	(a)(11))			
		C. NAICS (North Ame	rican Industry Classification Syste	em) 4-digit code that best describes de	btor.		
			ourts.gov/four-digit-national-asso				
8.	Under which chapter of the	Check one:					
	Bankruptcy Code is the debtor filing?	Chapter 7					
	debtor ming:	Chapter 9					
		Chapter 11. Check	Chapter 11. Check all that apply:				
					and the installant of a fille (see)		
		-		gent liquidated debts (excluding debts ount subject to adjustment on 4/01/19			
			business debtor, attach the m	s debtor as defined in 11 U.S.C. § 101 ost recent balance sheet, statement of e tax return or if all of these documents ((1)(B)	f operations, cash-flow		
			1 8 1	solicited prepetition from one or more	classes of creditors, in		
			accordance with 11 U.S.C. §	1126(b).			
			Exchange Commission accore	eriodic reports (for example, 10K and ding to § 13 or 15(d) of the Securities E on for Non-Individuals Filing for Bankri form.	Exchange Act of 1934. File the		
			The debtor is a shell company	as defined in the Securities Exchange	e Act of 1934 Rule 12b-2.		
		Chapter 12		-			
		·					
9.	Were prior bankruptcy	No.					
	cases filed by or against the debtor within the last 8						
	years?	☐ Yes.					
	If more than 2 cases, attach a separate list.	District	When	Case numbe	r		
		District	When	Case numbe			
10.	Are any bankruptcy cases pending or being filed by a	No					
	business partner or an affiliate of the debtor?	□ Yes.					
	List all cases. If more than 1, attach a separate list	Debtor		Relationship			
	allon a soparato ilst	District	When	Case number,	if known		
				0000 Hambol,			

Dah	Case 16-253			oc 1 Filed 08/ Documer		.6:02:43 Desc Main				
Deb	tor ABBA Medical Trai	nsportatio	on, LLC		Case number (# know	n)				
11.	11. Why is the case filed in Check all that apply:									
	this district?				pal place of business, or principal assets or for a longer part of such 180 days thar					
			ankruptcy	y case concerning del	otor's affiliate, general partner, or partner	ship is pending in this district.				
12.	Does the debtor own or have possession of any	No								
	real property or personal property that needs	□ Yes.	Answer b	pelow for each proper	ty that needs immediate attention. Attach	additional sheets if needed.				
	immediate attention?		Why doe	es the property need	immediate attention? (Check all that a	pply.)				
			🛛 It pos	0 1	se a threat of imminent and identifiable ha					
			What i	is the hazard?						
			□ It nee	eds to be physically se	cured or protected from the weather.					
					s or assets that could quickly deteriorate meat, dairy, produce, or securities-related	or lose value without attention (for example, assets or other options).				
			C Other	·						
			Where is	s the property?						
					Number, Street, City, State & ZIP Code	•				
			-	operty insured?						
			□ No							
			□ Yes.	Insurance agency						
				Contact name						
				Phone						
	Statistical and admin	istrative in	oformatio	n						
13.	Debtor's estimation of	. C	heck one:	:						
	available funds		Funds w	vill be available for dis	tribution to unsecured creditors.					
					nses are paid, no funds will be available t	o unsecured creditors.				
				,						
14.	Estimated number of creditors	1-49			1 ,000-5,000	25,001-50,000				
	creators	□ 50-99			□ 5001-10,000 □ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000				
		□ 100-19 □ 200-99			L 10,001-25,000					
15	Estimated Assets	□ \$0 - \$!			□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
				,000	□ \$1,000,001 - \$10 million	\square \$1,000,000,001 - \$10 billion				
		\$100,0	001 - \$500	0,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion				
		□ \$500,0	001 - \$1 m	nillion	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
16.	Estimated liabilities	□ \$0 - \$9	50,000		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
		□ \$50,0	01 - \$100		🗖 \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
		□ \$100,0			□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion				
		■ \$500,0	001 - \$1 n	nillion	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				

Debtor	ABBA Medical Tra	nsportation, LLC	Document	Page 4 of	15 Case number (<i>if known</i>)	
	Name	-		-		
	Request for Relief, D	eclaration, and Signatu	res			
WARNII		a serious crime. Making p to 20 years, or both. 18			bankruptcy case can result in fines up to \$500,000 or	
	laration and signature uthorized	The debtor requests re	lief in accordance with	the chapter of tit	le 11, United States Code, specified in this petition.	
repr	esentative of debtor	I have been authorized	to file this petition on b	ehalf of the debt	tor.	
		I have examined the in	formation in this petitior	n and have a rea	asonable belief that the information is trued and correct.	
		I declare under penalty	of perjury that the fore	going is true and	d correct.	
			st 10, 2016 DD / YYYY			
	Х	/s/ Evan Walker			Evan Walker	
		Signature of authorized	representative of debt	or	Printed name	
		Title Managing Me	ember			
18. Sigr	nature of attorney X	/s/ Andrew J. Kelly			Date August 10, 2016	
5		Signature of attorney for	or debtor		MM / DD / YYYY	
		Andrew J. Kelly				
		Printed name				
		The Kelly Firm, P.C	-			
		Firm name				
		1011 Highway 71 Suite 200				
		Spring Lake, NJ 07	762			
		Number, Street, City, S	state & ZIP Code			
		Contact phone 732-	449-0525	Email address	akelly@kbtlaw.com	
		032191991				
					_	

Bar number and State

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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 1 1	st in alphabetical order all creditors wi	Column A	Column B	
	n, list the creditor separately for each clair		Amount of claim Do not deduct the value	Value of collateral that supports this claim
		• • • • • • • • • • • • • •	of collateral.	
2.1	Advantage Funding	Describe debtor's property that is subject to a lien	Unknown	Unknown
		2013 Ford Van		
	14402 Collections Center Drive			
	Chicago, IL 60693			
	Creditor's mailing address	Describe the lien		
		Non-Purchase Money Security		
		Is the creditor an insider or related party?		
		■ No		
	Creditor's email address, if known			
	Creditor's email address, if known	☐ Yes Is anyone else liable on this claim?		
		-		
	Date debt was incurred	No		
		☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Last 4 digits of account number			
	<u>3378</u>	As of the petition filing date, the claim is:		
	Do multiple creditors have an interest in the same property?	Check all that apply		
	No			
	Yes. Specify each creditor,	Unliquidated		
	including this creditor and its relative			
	priority.			
2.2	Advantage Funding	Describe debtor's property that is subject to a lien	Unknown	Unknown
		2014 Ford Van		
	14402 Collections Center			
	Drive Chicago, IL 60693			
	Cricago, IL 60093 Creditor's mailing address	Describe the lien		
	Creditor's maning address	Describe the nen		
		Is the creditor an insider or related party?		
	Creditor's email address, if known	☐ Yes Is anyone else liable on this claim?		
		-		
	Date debt was incurred	No		
		Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Last 4 digits of account number			
	8885	As of the potition filing date the claim is:		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		

Schedule D: Creditors Who Have Claims Secured by Property

Dahtar	Case 16-25389-KCF	Doc 1		ge 6 of 15	10/16 16:02:43	Desc Main
Debtor	ABBA Medical Transporta	ation, LLC		Case numbe	er (if know)	
□ incl	No Yes. Specify each creditor, luding this creditor and its relative prity.	Continger Unliquida				
	dvantage Funding		btor's property that is subjec	t to a lien	Unknown	Unknown
14 Dr	402 Collections Center ive nicago, IL 60693	2013 Ford	1 E350			
	ditor's mailing address	Describe the	e lien			
	diala angli addaran Khanan	No No	or an insider or related party	?		
	ditor's email address, if known	-	se liable on this claim?			
Las	te debt was incurred st 4 digits of account number	■ No □ Yes. Fill o	out Schedule H: Codebtors (Off	icial Form 206H)		
Do inte	65 multiple creditors have an erest in the same property? No Yes. Specify each creditor, luding this creditor and its relative ority.	As of the pe Check all tha Continger Unliquida	nt	:		
Cre	dvantage Funding	Describe de 2014 Forc	btor's property that is subjec 1 E350	t to a lien	Unknown	Unknown
Dr Ch	402 Collections Center ive hicago, IL 60693 ditor's mailing address	Describe the	e lien			
Cre	ditor's email address, if known	■ No □ Yes	or an insider or related party [.] se liable on this claim?	?		
	te debt was incurred st 4 digits of account number	No	out Schedule H: Codebtors (Off	icial Form 206H)		
87 Do inte ■ incl	93 multiple creditors have an erest in the same property? No Yes. Specify each creditor, luding this creditor and its relative porty.	As of the pe Check all tha Continger Unliquida	nt			
	dvantage Funding		btor's property that is subjec	t to a lien	Unknown	Unknown
14 Dr	ditor's Name 402 Collections Center ive	2014 Ford	3			
	nicago, IL 60693	Describe the	e lien			
		Is the credit	or an insider or related party	?		
Cre	ditor's email address, if known	☐ Yes				

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	Case 16-25389-KCF	Doc 1 Filed 08/1 Document		10/16 16:02:43	Desc Main
Debto		ion, LLC	Case numb	er (if know)	
	Name				
		Is anyone else liable on this cl	aim?		
I	Date debt was incurred	No			
		Tes. Fill out Schedule H: Coo	debtors (Official Form 206H)		
	Last 4 digits of account number				
	1506 Do multiple creditors have an	As of the petition filing date, the	ha claim is:		
	interest in the same property?	Check all that apply	le cialifi is.		
	No	Contingent			
	Yes. Specify each creditor,	Unliquidated			
i	including this creditor and its relative priority.	Disputed			
-	Dell Business	Describe debtor's property that	at is subject to a lien	Unknown	Unknown
	Creditor's Name	Computers			
	P.O. Box 5275				
	Carol Stream, IL 60197-5275			-	
	Creditor's mailing address	Describe the lien			
		Is the creditor an insider or rel	lated party?	-	
		No			
	Creditor's email address, if known	□ Yes			
		Is anyone else liable on this cl	aim?		
I	Date debt was incurred	No			
	April, 2016	Tes. Fill out Schedule H: Coo	debtors (Official Form 206H)		
	Last 4 digits of account number 0883				
-	Do multiple creditors have an interest in the same property?	As of the petition filing date, the Check all that apply	he claim is:		
	No	Contingent			
	Yes. Specify each creditor,	Unliquidated			
i	including this creditor and its relative priority.	Disputed			
-					

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 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

Case 16-25389-KCF	Doc 1	Filed 08/10/16	Entered 08/10/16 16:02:43	Desc Main

Fill in this information to identify the case: Debtor name ABBA Medical Transportation, LLC Debtor name ABBA Medical Transportation, LLC		Case 10-25509-NCF DUC	Document Page 8 of 15	02.45 Dest	, wall
Debtor name ABBA Medical Transportation, LLC United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number (filnown)	Fill in	this information to identify the case:	Ducument Paue o UL 15	1	
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number (If known) Official Form 206E/F Schedule E/F: Creditors Who Have Unsecured Claims Tates as possible. Use Part for creditors with PRIORITY unsecured claims Additional Page of that Part for Contracts on Schedule 6: Executory Contracts on unsecured claims. As list secure volume to and state the Additional Page of that Part included in this form. EXET List All Creditors with PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims (Sec 1) 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 (Best 1) 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 (Best 1) 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 (Best 1) U.S.C. § 507). Chock all that apply. Exact digits of account number 8451 Sector Code subsection of PRIORITY Unsecured Claims 2. Priority creditor's name and mailing address STATE OF NEW JERSEY, Division OF TAXITO So Box 2245 Compliance & Enforcement Barkruptey Unit. 2. Priority creditor's name and mailing address STATE OF NEW JERSEY, Division OF TAXITO So Box 2245 Compliance & Enforcement Barkruptey Unit. 2. Priority creditor's name and mailing address STATE OF NEW JERSEY, Division OF TAXITO So Box 2245 Compliance & Enforcement Barkruptey Unit Terrenton, NJ 06895 Description of the datim: List 4 digits of account number Sector State and the apply. Sector Code address on PRIORITY Unsected Claims subject to offset? Sector Claims s		this mornation to identify the case.		4	
Case number (if known) Case number (if known) Case number (if known) Case number (if known) Control of the second of the sec	Debto	r name ABBA Medical Transportatio	n, LLC		
Case number (if known) Case number (if known) Case number (if known) Case number (if known) Control of the second of the sec	Linitor	States Bankruptov Court for the DISTRIC			
Control of the boxes on the left. If more subscriptions with PRIORITY Unsecured Claims and Part 1 for ordinors with PRIORITY Unsecured claims and Part 1 for ordinors with PRIORITY Unsecured claims and Part 1 for ordinors with PRIORITY Unsecured claims and Part 1 for ordinors with PRIORITY Unsecured claims and Part 1 for ordinors with PRIORITY Unsecured claims and Part 1 for ordinors with PRIORITY Unsecured claims and Part 1 for ordinors with PRIORITY Unsecured claims and Part 1 for ordinors with PRIORITY Unsecured claims and Part 1 for ordinors with PRIORITY Unsecured claims. All of at excurptor protects or unsecured claims of the states the Additional Page of that Part 1 for Part 2 for	United				
Official Form 206E/F Schedule E/F: Creditors Who Have Unsecured Claims 1215 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 1216 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 1215 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims accuratory contracts or unsecured claims 1216 Be as complete and accurate as possible. Use Part 1 for Creditors with PRIORITY Unsecured Claims 1216 Part 1 List All Creditors with PRIORITY Unsecured Claims 1217 Part 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 Yes, Go to Imp 2. Stating address As of the petition filing date, the claim is: Creack all that apply. \$158,559.74 Unknown Ploided eightin, PA 19101-8208 Is the claim subject to offset? Is not the claim: \$158,559.74 Unknown PLO, Box 8208 Philadeliphia, PA 19101-8208 Is the claim subject to offset? No State claim: Creack all that apply.	Case	number (if known)			
Official Form 206E/F 21/15 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 last the activity to any security is only security contracts or unsepired learese that could result in a claim. Also list executiory contracts on Schedule Also Assets - Read and attache page of that Part included in this form. Cartal List All Creditors with PRIORITY Unsecured Claims 16 ust and attach the Additional Page of that Part included in this form. Cartal List All Creditors with PRIORITY Unsecured Claims 10 ust and attach the Additional Page of that Part included in this form. In the boxes on the left. If more space is needed for Part 3, if float and attach the Additional Page of that Part included in this form. Include the Additional Page of that Part included in this form. In the obsets on the left. If more space is needed for Part 3. IN the Os any creditors have priority unsecured claims? (See 11 U.S.C. § 507). Include the additional Page of Part 3. Include that appee the page of Part 3. In the laphabetical 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 3. Include that apply. Priority creditors name and mailing address As of the petition filing date, the claim is: \$158,559.74 Unknown INS Philadelphia, PA 19101-8208 Indiquudand Disputed S					
Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORTY unsecured claims and Part 2 for creditors with NONPRIORTY unsecured claims Claim 2000 It the boxes on the left. If more spaces is needed for Part 1 of Part 1 for creditors with PRIORTY unsecured claims and Part 2 for creditors with NONPRIORTY unsecured claims of the 2 keyster. PART 1 for creditors with PRIORTY Unsecured claims and Part 2 for creditors with PRIORTY Unsecured Claims Part 1 List All Creditors with PRIORTY Unsecured Claims? (See 11 U.S.C. § 507). No. Go to Part 2. Yes. Go to line 2. 1 box any creditors have priority unsecured claims? (See 11 U.S.C. § 507). No. Go to Part 2. Yes. Go to line 2. 2.11 Priority creditors who have unsecured claims that are entitled to priority in whole or in part. If the debitor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1. 2.11 Priority creditor's name and mailing address As of the petition filing date, the claim is:: \$158,559.74 Unknown 2.12 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$158,559.74 Unknown 2.13 Uniquidated Disputed Disputed No No 2.2 Priority creditor's name and mailing address As of the petit				amend	ed filing
Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORTY unsecured claims and Part 2 for creditors with NONPRIORTY unsecured claims Claim 2000 It the boxes on the left. If more spaces is needed for Part 1 of Part 1 for creditors with PRIORTY unsecured claims and Part 2 for creditors with NONPRIORTY unsecured claims of the 2 keyster. PART 1 for creditors with PRIORTY Unsecured claims and Part 2 for creditors with PRIORTY Unsecured Claims Part 1 List All Creditors with PRIORTY Unsecured Claims? (See 11 U.S.C. § 507). No. Go to Part 2. Yes. Go to line 2. 1 box any creditors have priority unsecured claims? (See 11 U.S.C. § 507). No. Go to Part 2. Yes. Go to line 2. 2.11 Priority creditors who have unsecured claims that are entitled to priority in whole or in part. If the debitor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1. 2.11 Priority creditor's name and mailing address As of the petition filing date, the claim is:: \$158,559.74 Unknown 2.12 Priority creditor's name and mailing address As of the petition filing date, the claim is: \$158,559.74 Unknown 2.13 Uniquidated Disputed Disputed No No 2.2 Priority creditor's name and mailing address As of the petit	<u>ощ</u> :				
be as complete and eccurate as possible. Use Part 1 for coefficts with PRIORITY unsecured claims and Part 2 for coefficts with PRIORITY unsecured that could result in a claim. Miso Bit executory contrates on Schedule & Assers - Peel and Personal Property (Official Form 206A) humber 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 11 List AI Creditors with PRIORITY Unsecured Claims 1. Do any creditors with PRIORITY Unsecured Claims ? (See 11 U.S.C. § 507). No. Go to Part 2. Yes. Go to line 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? (See 11 U.S.C. § 507). No. Go to Part 2. Yes. Go to line 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 It is a Check at that apply. Pionity creditor's name and mailing address IRS Check at that apply. P.O. Box 2208 Philadelphia, PA 19101-8208 Disputed Date or dates debt was incurred Basis for the claim: Last 4 digits of account number <u>8451</u> Is the claim subject to offset? Specify Code subsection of PRIORITY No Complete A as of the petition filing date, the claim is: Check at that apply. PVISION OF TAXATIO So Barrack Street, 9th Floor P.O. Box 2208 P.O. Box 2208 P.O. Box 2208 Disputed Date or dates debt was incurred Basis for the claim: Last 4 digits of account number STATE OF NEW JERSEY, DVISION OF TAXATIO So Barrack Street, 9th Floor P.O. Box 2206 P.O. Box 245 Compliance & Enforcement Bankruptcy Unit Terreton, NJ 08695 Da					
List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts on Schedule Al2: Assets - Real and Personal Property Contracts - Real and Personal Property - Contracts - Real Al2: Assets - Real and Personal Property - Contracts - Real Al2: Assets - Real and Personal Property - Real Property - Contracts - Real Al2: Assets - Real and Personal Propert	Sch	edule E/F: Creditors Wh	o Have Unsecured Claims		12/15
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 creditor's name and mailing address IRS PO. Box 8208 Philadelphia, PA 19101-8208 Date or dates debt was incurred Basis for the claim: Last 4 digits of account number 8451 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) Priority oreditor's name and mailing address STATE OF NEW JERSEY, DIVISION OF TAXATIO Start E of NEW JERSEY, Division Of PRO. Box 8205 Date or dates debt was incurred Basis for the claim: Contingent Dividated Disputed Basis for the claim subject to offset? Specify Code subsection of PRIORITY Unscored subsection of PRIORITY Disputed Basis for the claim: Last 4 digits of account number Basis for the claim:	List the Person 2 in the	other party to any executory contracts or unex al Property (Official Form 206A/B) and on Scheo boxes on the left. If more space is needed for P	pired leases that could result in a claim. Also list executory contra dule G: Executory Contracts and Unexpired Leases (Official Form 2 Part 1 or Part 2, fill out and attach the Additional Page of that Part in	cts on <i>Schedule A/B:</i> 206G). Number the ent	Assets - Real and
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unsecured claim: 11 U.S.C. § 507(a) (8)		Last 4 digits of account number	Is the claim subject to offset?		
unsecured claim: 11 U.S.C. § 507(a) (8)			No		
		unsecured claim: 11 U.S.C. § 507(a) (<u>8</u>)	□ 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

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Debtor	ABBA Medical Transportation, LLC	Case number (if known)	
3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$18,905.00
	All American Ford		
	3698 U.S. 9	Unliquidated	
	Old Bridge, NJ 08857	Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number <u>6455</u>	Is the claim subject to offset? ■ No □ Yes	
3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,124.98
	Ansell Grimm	Contingent	
	1500 Lawrence Avenue	Unliquidated	
	Ocean, NJ 07712	Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number <u>5891</u>	Is the claim subject to offset?	
3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$16,433.04
	Bayshore Auto		
	81 Route 35 South		
	Keyport, NJ 07735		
	Date(s) debt was incurred <u>Nov., 2013 - June, 2015</u>	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,120.00
	Bon Venture Services		
	34 Ironia Road	Unliquidated	
	Flanders, NJ 07836	Disputed	
	Date(s) debt was incurred _	Basis for the claim: <u>Advertising</u>	
	Last 4 digits of account number <u>5542</u>	Is the claim subject to offset?	
3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$19,629.87
	Buhler Ford		
	105 Route 36	Unliquidated	
	Eatontown, NJ 07724	Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number 0852	Is the claim subject to offset? ■ No □ Yes	
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$8,379.36
	Creative Management		
	550 Smith Street		
	Perth Amboy, NJ 08861	Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$7,000.00
	Delta Gas	Contingent	
	c/o Glen Vida, Esq.	Unliquidated	
	114 Elm Street Westfield, NJ 07090		
	Date(s) debt was incurred	Basis for the claim: <u>Judgment</u>	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	

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		ocument Page 10 of 15	
Debtor	ABBA Medical Transportation, LLC	Case number (if known)	
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$5,705.84
	EMSAR	\square Contingent	<i>\\</i> 0,100.04
	P.O. Box 146		
	Bordentown, NJ 08505		
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number		
	5 <u>–</u>	Is the claim subject to offset? ■ No □ Yes	
3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,574.20
	EZ Pass		
	P.O. Box 4972	Unliquidated	
	Trenton, NJ 08650	Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number <u>0406</u>	Is the claim subject to offset? ■ No □ Yes	
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$17,188.30
L	George Wall		· , · · · · ·
	700 Shrewsbury Avenue		
	Red Bank, NJ 07701		
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	_	
		Is the claim subject to offset? No Yes	
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$34,501.00
	Guarantee Insurance Company		
	401 E Las Olas Blvd		
	1540	Disputed	
	Fort Lauderdale, FL 33301	Basis for the claim:	
	Date(s) debt was incurred _	—	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,276.00
	JS Paluch		
	P.O. Boxz 2703	Unliquidated	
	Schiller Park, IL 60176	Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$605.00
-	Monmouth Shores	Contingent	
	12 Corbett Way	Unliquidated	
	Eatontown, NJ 07724	Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? No Yes	
3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,881.22
0.14	Moore Medical		41,001.22
	P.O. Box 4066		
	Farmington, CT 06032		
	Date(s) debt was incurred	Disputed	
		Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset?	

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Debto	ABBA Medical Transportation, 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.	\$600.00
	New Jersey State Funeral Director Assoc.	Contingent	
	P.O. Box L.		
	Manasquan, NJ 08736		
	Date(s) debt was incurred _	Basis for the claim: Advertising	
	Last 4 digits of account number _	Is the claim subject to offset?	
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$12,847.00
	Pillar of Fire	Contingent	
	648 Wyckoff Avenue	Unliquidated	
	Wyckoff, NJ 07481	Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number 0738	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.	\$33,683.42
	WSB	Contingent	
	Camp Shapiro		
	5 Vaughn Drive Princeton, NJ 08544		
	Date(s) debt was incurred April, 2014	Basis for the claim: _	
	Last 4 digits of account number <u>1170</u>	Is the claim subject to offset?	
3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$28,010.00
	ZOLL	Contingent	
	11802 Ridge Parkway		
	Suite 400 Broomfield, CO 80021		
	Date(s) debt was incurred <u>Nov., 2014</u>	Basis for the claim: _	
	Last 4 digits of account number <u>8611</u>	Is the claim subject to offset? ■ No □ Yes	

Part 3: List Others to Be Notified About Unsecured Claims

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

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

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed? Last 4 d account any	igits of number, if
4.1	Ernest Som, Revenue Officer 200 Sheffield Street	Line	
	Mountainside, NJ 07092	Not listed. Explain	
4.2	Internal Revenue Service P.O. Box 7346	Line	
	Philadelphia, PA 19101-7346	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.	\$	158,559.74
5b. Total claims from Part 2	5b.	+ \$	213,464.23
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	372,023.97

United States Bankruptcy Court District of New Jersey

In re	ABBA Medical Transportation, LLC		Case No.	
		Debtor(s)	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

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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

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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