

Document Page 1 of 37
United States Bankruptcy Court
District of New Jersey, Camden Division

IN RE:

Case No. _____

Cape Atlantic Dental Associates, PC

Chapter 11

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: January 15, 2018

Signature: /s/ John R. Jones

John R. Jones, President

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

Cape Atlantic Dental Associates, PC
1514 N Main St
Pleasantville, NJ 08232-1038

Benco/CST
PO Box 33127
Louisville, KY 40232-3127

Funding Circle / Greenfield Banking Co
AKA Bankers Healthcare Group
201 Solar St
Syracuse, NY 13204-1425

Subranni Zauber LLC
750 Route 73 S Ste 307B
Marlton, NJ 08053-4191

CAN Capital, Inc./FC Marketplace
414 W 14th St
New York, NY 10014-1030

Funding Circle / US BanCorp
PO Box 580337
Minneapolis, MN 55458-0337

1514 N. Main Street, LLC
1514 N Main St
Pleasantville, NJ 08232-1038

Capital One
POB 30281
Salt Lake City, UT 84130-0000

GlobaCrown Dental Lab
20610 Lassen St
Chatsworth, CA 91311-4506

Abrams, Davis & Keller
1201 Sussex Tpke
Randolph, NJ 07869-2974

Chase - Ink
POB 15123
Wilmington, DE 19850-0000

Greenfield Bank
Attn: Andrew Fletcher
201 Solar St
Syracuse, NY 13204-1425

Adler Wallack & Assoc.
PO Box 6605
Orange, CA 92863-6605

Corporation Service Compan
PO Box 2576
Springfield, IL 62708-2576

Heitner & Breitstein
PO Box 270
Wickatunk, NJ 07765-0270

AK Kim
27 N Broadway
Gloucester City, NJ 08030-1156

DDS Lab
29097 Network Pl
Chicago, IL 60673-1290

Maverick Dental Laboratories, LLC
1615 Golden Mile Hwy
Monroeville, PA 15146-2009

Alltran Financial, LP
PO Box 722910
Houston, TX 77272-2910

Estate of Wilford D. Conn
Attn: Jeffery L. Gold, Esq.
2106 New Rd Ste F-6
Linwood, NJ 08221-1046

Morgan Bornstein & Morgan
1236 Brace Rd Ste K
Cherry Hill, NJ 08034-3229

Amex
POB 981537
El Paso, TX 79998

FC Marketplace, LLC
747 Front St Fl 4
San Francisco, CA 94111-1922

NCB Management Services
POB 1099
Langhorne, PA 19047

Asteto Dental Lab
2075 Millburn Ave
Maplewood, NJ 07040-3717

Fund-Ex, LLC
207 N State St
Syracuse, NY 13203-1999

Recigno Laboratories, Inc.
509 Davisville Rd
Willow Grove, PA 19090-2717

Bankers Health Group
Cardmembers Services
PO Box 332509
Murfreesboro, TN 37133-2509

Funding Circle
747 Front St Fl 4
San Francisco, CA 94111-1922

Route 66 HF Funding
118 King St Ste 2
Alexandria, VA 22314-3288

TD Bank NA
PO Box 8400
Lewiston, ME 04243-8400

Wells Fargo Bank
MAC S4101-150
PO Box 29482
Phoenix, AZ 85038-9482

Wells Fargo Bank
PO Box 5058
Portland, OR 97208-5058

Document Page 4 of 37
United States Bankruptcy Court
District of New Jersey, Camden Division

IN RE:

Case No. _____

Cape Atlantic Dental Associates, PC

Chapter 11

Debtor(s)

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Cape Atlantic Dental Associates, PC
Printed Name(s) of Debtor(s)

X /s/ John R. Jones
Signature of Debtor

1/15/2018
Date

Case No. (if known)

X
Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify the case:

Debtor name Cape Atlantic Dental Associates, PC
 United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, CAMDEN DIVISION
 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)

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

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

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.

Debtor Cape Atlantic Dental Associates, PC

Case number (if known) _____

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. Recigno Lab v. Dr. John Jones et al. MJ-38208-CV-239-16; DJ-128378-17	Civil	Commonwealth Of PA 102 York Rd Ste 100 Willow Grove, PA 19090-3217	<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.

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.

Debtor Cape Atlantic Dental Associates, PC

Case number (if known) _____

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Subranni Zauber LLC 750 Route 73 S Ste 307B Marlton, NJ 08053-4191	\$15,975.00 prepetition, with \$9,025.00 in retainer.		\$15,975.00

Email or website address _____

Who made the payment, if not debtor? James A. Jones, Debtor's president's cousin

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.

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
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Part 9: Personally Identifiable Information

Debtor Cape Atlantic Dental Associates, PC

Case number (if known) _____

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

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

Social Security #'s; Govnt Issued ID's; Medical History etc.

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?

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
18.1. TD Bank	XXXX-70911	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	2017	\$0.00
18.2. Wells Fargo Bank	XXXX-6509	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	2017	\$0.00

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	Description of the contents	Do you still have it?
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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.

- 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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Debtor Cape Atlantic Dental Associates, PC

Case number (if known) _____

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
25.1. Cape Atlantic Dental Associates, PC 1514 N Main St Pleasantville, NJ 08232-1038	Dental Office	EIN: 22-3626731	From-To January 1999-present

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.

Debtor **Cape Atlantic Dental Associates, PC**

Case number (if known) _____

None

Name and address	Date of service From-To
26a.1. John J. O'Donnell 2000 Market St Ste 500 Philadelphia, PA 19103-3206	
26a.2. Ethan Capri 320 Haddon Ave Westmont, NJ 08108-2825	

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
26c.1. John O'Donnell, CPA 2000 Market St Ste 500 Philadelphia, PA 19103-3206	
26c.2. Ethan Capri 320 Haddon Ave Westmont, NJ 08108-2825	

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
Dr. John Jones	1514 N Main St Pleasantville, NJ 08232-1038	President	100%

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.

Debtor Cape Atlantic Dental Associates, PC

Case number (if known) _____

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?

- 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
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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 January 15, 2018

/s/ John R. Jones
Signature of individual signing on behalf of the debtor

John R. Jones
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

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY, CAMDEN DIVISION

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 Cape Atlantic Dental Associates, PC

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) 22-3626731

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

1514 N Main St Pleasantville, NJ 08232-1038

Number, Street, City, State & ZIP Code

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

Atlantic County

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

1514 N Main St Pleasantville, NJ 08232-1038

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 Cape Atlantic Dental Associates, PC
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>.

6212

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 Cape Atlantic Dental Associates, PC
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 checked="" 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 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 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 |

Debtor Cape Atlantic Dental Associates, PC
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 January 15, 2018
MM / DD / YYYY

X /s/ John R. Jones
Signature of authorized representative of debtor

John R. Jones
Printed name

Title President

18. Signature of attorney

X /s/ Scott M. Zauber, Esq
Signature of attorney for debtor

Date January 15, 2018
MM / DD / YYYY

Scott M. Zauber, Esq
Printed name

Subranni Zauber LLC
Firm name

750 Route 73 S Ste 307B
Marlton, NJ 08053-4191
Number, Street, City, State & ZIP Code

Contact phone (609) 347-7000 Email address szauber@subranni.com

12345
Bar number and State

Fill in this information to identify the case:

Debtor name Cape Atlantic Dental Associates, PC
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, CAMDEN DIVISION
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 January 15, 2018

X /s/ John R. Jones
Signature of individual signing on behalf of debtor

John R. Jones
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Cape Atlantic Dental Associates, PC
 United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY,
CAMDEN DIVISION
 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
AK Kim 27 N Broadway Gloucester City, NJ 08030-1156						\$0.00
Amex POB 981537 El Paso, TX 79998	Amex Account Review		Contingent Unliquidated Disputed			\$4,800.00
Asteto Dental Lab 2075 Millburn Ave Maplewood, NJ 07040-3717			Contingent Unliquidated Disputed			\$8,352.50
Bankers Health Group Cardmembers Services PO Box 332509 Murfreesboro, TN 37133-2509			Contingent Unliquidated Disputed			\$22,165.78
Benco/CST PO Box 33127 Louisville, KY 40232-3127			Contingent Unliquidated Disputed			\$3,000.00
CAN Capital, Inc./FC Marketplace 414 W 14th St New York, NY 10014-1030		UCC-1	Contingent Unliquidated Disputed	\$58,000.00	\$24,750.00	\$33,250.00
Capital One POB 30281 Salt Lake City, UT 84130	Capital One		Contingent Unliquidated Disputed			\$22,419.77
Chase - Ink POB 15123 Wilmington, DE 19850	Chase - Ink		Contingent Unliquidated Disputed			\$18,700.00

Debtor Cape Atlantic Dental Associates, PC
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, and government)	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
DDS Lab 29097 Network Pl Chicago, IL 60673-1290			Contingent Unliquidated Disputed			\$17,653.80
Estate of Wilford D. Conn Attn: Jeffery L. Gold, Esq. 2106 New Rd Ste F-6 Linwood, NJ 08221-1046		UCC-1	Contingent Unliquidated Disputed	\$74,000.00	\$8,650.00	\$65,350.00
Fund-Ex, LLC 207 N State St Syracuse, NY 13203-1999			Contingent Unliquidated Disputed			\$0.00
Funding Circle 747 Front St Fl 4 San Francisco, CA 94111-1922			Contingent Unliquidated Disputed			\$0.00
Funding Circle / Greenfield Banking Co AKA Bankers Healthcare Group 201 Solar St Syracuse, NY 13204-1425		UCC-1	Contingent Unliquidated Disputed	\$36,000.00	\$16,100.00	\$19,900.00
Funding Circle / US BanCorp PO Box 580337 Minneapolis, MN 55458-0337		UCC-1	Contingent Unliquidated Disputed	\$69,000.00	\$24,750.00	\$44,250.00
GlobaCrown Dental Lab 20610 Lassen St Chatsworth, CA 91311-4506			Contingent Unliquidated Disputed			\$1,630.00
Maverick Dental Laboratories, LLC 1615 Golden Mile Hwy Monroeville, PA 15146-2009			Contingent Unliquidated Disputed			\$1,772.64
Recigno Laboratories, Inc. 509 Davisville Rd Willow Grove, PA 19090-2717			Contingent Unliquidated Disputed			\$17,325.54
TD Bank NA PO Box 8400 Lewiston, ME 04243-8400	TD Bank NA		Contingent Unliquidated Disputed			\$4,800.00

Debtor Cape Atlantic Dental Associates, PC
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, and government)	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
Wells Fargo Bank MAC S4101-150 PO Box 29482 Phoenix, AZ 85038-9482	Wells Fargo Bank		Contingent Unliquidated Disputed			\$5,000.00
Wells Fargo Bank PO Box 5058 Portland, OR 97208-5058			Contingent Unliquidated Disputed			\$692.40

Fill in this information to identify the case:

Debtor name Cape Atlantic Dental Associates, PC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, CAMDEN DIVISION

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

3. **Checking, savings, money market, or financial brokerage accounts** (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>Ocean First Bank</u>	<u>Checking - Opreating Account</u>	<u>7064</u>	<u>\$900.00</u>
3.2. <u>Ocean First Bank</u>	<u>Checking - Payroll Account</u>	<u>0055</u>	<u>\$100.00</u>
3.3. <u>Wells Fargo</u>	<u>Checking</u>		<u>\$-40.00</u>
3.4. <u>Bank of America</u>	<u>Checking</u>	<u>5113</u>	<u>\$23.00</u>

4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$983.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

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

Debtor Cape Atlantic Dental Associates, PC Case number (if known) _____
 Name

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: 17,200.00 - 0.00 = \$17,200.00
 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>\$17,200.00</u>

Part 4: Investments

13. Does the debtor own any investments?

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

Valuation method used
for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. Cash on Hand - Petty Cash in Office \$0.00

17. Total of Part 4.

Add lines 14 through 16. Copy the total to line 83.

<u>\$0.00</u>

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.

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.

Debtor Cape Atlantic Dental Associates, PC Case number (if known) _____
 Name

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 Office Equipment, furnishings and supplies for 1514 N. Main Street, Pleasantville, NJ Location: 1 Desktop Computer Monitor; 1 Computer; 1 Fax Machine; 1 Copier; 5 Secretary Chairs; 12 Cloth and Metal Chairs; 2 Tables; 1 Leather recliner; 1 Television; 2 Leather Chairs; 1 Wood Desk; 1 Refrigerator; 1 Microwave; Misc. Office Furniture; Misc. Office Supplies; Misc. Computer Equipment	\$2,935.00		\$2,935.00
Office Equipment, Furnishings and Supplies for 204 N. Philadelphia, Ave., Egg Harbor City, NJ Location: 2 Copiers; 1 Desktop Computer; 2 Secretary Chairs; 1 Desk and Chair; 1 Fax Machine; 12 Waiting Room Chairs; 1 Glass Table; 1 Credenza; 1 Refrigerator; 1 Microwave; Computer Support Equipment; Misc. Office Furniture and Supplies	\$2,735.00		\$2,735.00
40. Office fixtures Dental Equipment and Supplies for 1514 N. Main Street, Pleasantville, NJ Location: 3 Operatory Chairs with Light and Sunction; 3 Wall Mount X-Ray; 1 Amalgainator; 1 Curing Light; 1 Sterilizer; 1 Panormaic X-Ray; 1 Air Compressor; 1 High Speed Suction; 4 Stools; 2 Lathes; 1 Pentamix Machine; 2 Operatory Carts; 3 High Speed Hand Pieces; 3 Slow Speed Hand Pieces; 1 X-Ray Film Processor; Misc. Dental Support Equipment	\$5,715.00		\$5,715.00
Dental Equipment and Supplies for 204 N. Philadelphia Ave., Egg Harbor City, NJ Location: 3 Operatory Pkg Chairs with Unity Light and Suction; 3 wall Mount X-Rays; 1 Panormaic X-Ray; 1 X-Ray Film Processor; 1 Serilizer; 4 Exam Stools; 1 Pentamix Machine; 1 Lathe; 1 Compressor; 1 High Speed Suction; 2 Operatory Carts; 3 High Speed Handpieces; 3 Slow Speed Hand Pieces; Misc. Supplies	\$13,365.00		\$13,365.00
41. Office equipment, including all computer equipment and communication systems equipment and software			
42. Collectibles <i>Examples:</i> 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.			\$24,750.00
44. Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor Cape Atlantic Dental Associates, PC Case number (If known) _____
Name

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?

- 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 Cape Atlantic Dental Associates, PC 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>\$983.00</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>\$17,200.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</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>\$24,750.00</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>\$42,933.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$42,933.00</u>

Fill in this information to identify the case:

Debtor name Cape Atlantic Dental Associates, PC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, CAMDEN DIVISION

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.	
<p>2.1</p> <p>CAN Capital, Inc./FC Marketplace</p> <p>Creditor's Name</p> <p>414 W 14th St</p> <p>New York, NY 10014-1030</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>October 2015</p> <p>Last 4 digits of account number</p> <p>0292</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>1. Estate of Wilford D. Conn</p> <p>2. CAN Capital, Inc./FC Marketplace</p> <p>3. Corporation Service Compan</p> <p>4. Funding Circle</p> <p>5. Funding Circle / US BanCorp</p> <p>6. Funding Circle / Greenfield Banking Co</p>	<p>Describe debtor's property that is subject to a lien</p> <p>UCC-1 Filed #280291; 5138961; Business Debt; The amount listed for this secured creditor is subject to a Cram Down</p> <p>Describe the lien</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 type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p>	<p>\$58,000.00</p>	<p>\$24,750.00</p>
<p>2.2</p> <p>Corporation Service Compan</p> <p>Creditor's Name</p> <p>PO Box 2576</p> <p>Springfield, IL 62708-2576</p> <p>Creditor's mailing address</p>	<p>Describe debtor's property that is subject to a lien</p> <p>UCC-1 Filed #51520007; Business Debt</p> <p>Describe the lien</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p>	<p>unknown</p>	<p>\$24,750.00</p>

Debtor Cape Atlantic Dental Associates, PC Case number (if known) _____

Name

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

0007

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

1. Estate of Wilford D. Conn
2. CAN Capital, Inc./FC Marketplace
3. Corporation Service Compan
4. Funding Circle
5. Funding Circle / US BanCorp
6. Funding Circle / Greenfield Banking Co

2.3 Estate of Wilford D. Conn

Creditor's Name

Attn: Jeffery L. Gold, Esq.
2106 New Rd Ste F-6
Linwood, NJ 08221-1046

Creditor's mailing address

Describe debtor's property that is subject to a lien
UCC-1 Filed against CADA, Inc. and Dr. John Jones, DDS; Index No.s: 2012023668; 2017023233; 2017019358; The amount listed for this secured creditor is subject to a Cram Down

\$74,000.00

\$8,650.00

Describe the lien

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

March 2012

Last 4 digits of account number

3668

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

1. Estate of Wilford D. Conn
2. CAN Capital, Inc./FC Marketplace
3. Corporation Service Compan
4. Funding Circle
5. Funding Circle / US BanCorp

2.4 Funding Circle / Greenfield Banking Co

Creditor's Name

AKA Bankers Healthcare Group
201 Solar St
Syracuse, NY 13204-1425

Creditor's mailing address

Describe debtor's property that is subject to a lien
UCC-1 Filed 26378817; Business Debt The amount listed for this secure creditor is subject to a Cram Down

\$36,000.00

\$16,100.00

Describe the lien

Debtor Cape Atlantic Dental Associates, PC
Name

Case number (if known)

Creditor's email address, if known

Date debt was incurred

June 2013

Last 4 digits of account number

0427

Do multiple creditors have an interest in the same property?

No

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

1. Corporation Service

Compan

2. Funding Circle / US

BanCorp

3. Funding Circle / Greenfield

Banking Co

4. CAN Capital, Inc./FC

Marketplace

5. Funding Circle

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

2.5 Funding Circle / US BanCorp

Creditor's Name

PO Box 580337

Minneapolis, MN 55458-0337

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2016

Last 4 digits of account number

6657

Do multiple creditors have an interest in the same property?

No

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

1. Estate of Wilford D. Conn

2. CAN Capital, Inc./FC

Marketplace

3. Corporation Service

Compan

4. Funding Circle

5. Funding Circle / US

BanCorp

6. Funding Circle / Greenfield

Banking Co

Describe debtor's property that is subject to a lien

UCC-1 Filed 24356657; Business Debt; The amounts listed for this secured creditor is subject to a Cram Down

\$69,000.00

\$24,750.00

Describe the lien

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

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

\$237,000.00

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.

Debtor Cape Atlantic Dental Associates, PC Case number (if know) _____
Name

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
FC Marketplace, LLC 747 Front St Fl 4 San Francisco, CA 94111-1922	Line <u>2.1</u>	0292
Greenfield Bank Attn: Andrew Fletcher 201 Solar St Syracuse, NY 13204-1425	Line <u>2.4</u>	0427
Route 66 HF Funding 118 King St Ste 2 Alexandria, VA 22314-3288	Line <u>2.1</u>	0292

Fill in this information to identify the case:

Debtor name Cape Atlantic Dental Associates, PC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, CAMDEN DIVISION

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.

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
3.1	Nonpriority creditor's name and mailing address AK Kim 27 N Broadway Gloucester City, NJ 08030-1156 Date(s) debt was incurred _ Last 4 digits of account number <u>All</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 <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$0.00</u>
3.2	Nonpriority creditor's name and mailing address Amex POB 981537 El Paso, TX 79998 Date(s) debt was incurred _ Last 4 digits of account number <u>1007</u>	<u>\$4,800.00</u>
3.3	Nonpriority creditor's name and mailing address Asteto Dental Lab 2075 Millburn Ave Maplewood, NJ 07040-3717 Date(s) debt was incurred _ Last 4 digits of account number <u>All</u>	<u>\$8,352.50</u>
3.4	Nonpriority creditor's name and mailing address Bankers Health Group Cardmembers Services PO Box 332509 Murfreesboro, TN 37133-2509 Date(s) debt was incurred _ Last 4 digits of account number <u>0427</u>	<u>\$22,165.78</u>

Debtor Cape Atlantic Dental Associates, PC Case number (if known) _____
Name

3.5 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$3,000.00
Benco/CST
 Contingent
 Unliquidated
 Disputed
PO Box 33127
Louisville, KY 40232-3127
Date(s) debt was incurred _____
Basis for the claim: _____
Last 4 digits of account number 0431
 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.* \$22,419.77
Capital One
 Contingent
 Unliquidated
 Disputed
POB 30281
Salt Lake City, UT 84130
Date(s) debt was incurred _____
Basis for the claim: _____
Last 4 digits of account number 6079
 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.* \$18,700.00
Chase - Ink
 Contingent
 Unliquidated
 Disputed
POB 15123
Wilmington, DE 19850
Date(s) debt was incurred _____
Basis for the claim: _____
Last 4 digits of account number 2837
 Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$17,653.80
DDS Lab
 Contingent
 Unliquidated
 Disputed
29097 Network Pl
Chicago, IL 60673-1290
Date(s) debt was incurred _____
Basis for the claim: _____
Last 4 digits of account number All
 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.* \$0.00
Fund-Ex, LLC
 Contingent
 Unliquidated
 Disputed
207 N State St
Syracuse, NY 13203-1999
Date(s) debt was incurred _____
Basis for the claim: Secured debt: Sold or transferred
Last 4 digits of account number 8817
 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.* \$0.00
Funding Circle
 Contingent
 Unliquidated
 Disputed
747 Front St Fl 4
San Francisco, CA 94111-1922
Date(s) debt was incurred _____
Basis for the claim: _____
Last 4 digits of account number 1fla
 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.* \$1,630.00
GlobaCrown Dental Lab
 Contingent
 Unliquidated
 Disputed
20610 Lassen St
Chatsworth, CA 91311-4506
Date(s) debt was incurred _____
Basis for the claim: _____
Last 4 digits of account number 0675
 Is the claim subject to offset? No Yes

Debtor Cape Atlantic Dental Associates, PC Case number (if known) _____
Name

3.12	Nonpriority creditor's name and mailing address Maverick Dental Laboratories, LLC 1615 Golden Mile Hwy Monroeville, PA 15146-2009 Date(s) debt was incurred _____ Last 4 digits of account number <u>8822</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,772.64
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3.13	Nonpriority creditor's name and mailing address Recigno Laboratories, Inc. 509 Davisville Rd Willow Grove, PA 19090-2717 Date(s) debt was incurred _____ Last 4 digits of account number <u>unts</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,325.54
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3.14	Nonpriority creditor's name and mailing address TD Bank NA PO Box 8400 Lewiston, ME 04243-8400 Date(s) debt was incurred _____ Last 4 digits of account number <u>0911</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,800.00
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3.15	Nonpriority creditor's name and mailing address Wells Fargo Bank PO Box 5058 Portland, OR 97208-5058 Date(s) debt was incurred _____ Last 4 digits of account number <u>6509</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$692.40
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3.16	Nonpriority creditor's name and mailing address Wells Fargo Bank MAC S4101-150 PO Box 29482 Phoenix, AZ 85038-9482 Date(s) debt was incurred _____ Last 4 digits of account number <u>3911</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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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	Abrams, Davis & Keller 1201 Sussex Tpke Randolph, NJ 07869-2974	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	<u>All</u>
4.2	Adler Wallack & Assoc. PO Box 6605 Orange, CA 92863-6605	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	<u>All</u>

Debtor Name	Case number (if known)	
Cape Atlantic Dental Associates, PC		
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
4.3 Alltran Financial, LP PO Box 722910 Houston, TX 77272-2910	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	<u>1f1a</u>
4.4 Heitner & Breitstein PO Box 270 Wickatunk, NJ 07765-0270	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	<u>unts</u>
4.5 Morgan Bornstein & Morgan 1236 Brace Rd Ste K Cherry Hill, NJ 08034-3229	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	<u>All</u>
4.6 NCB Management Services POB 1099 Langhorne, PA 19047	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	<u>0911</u>
4.7 Sherman Originator III, LLC	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	<u>6079</u>

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	\$	0.00
5b. Total claims from Part 2	+	128,312.43
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$	128,312.43

Fill in this information to identify the case:

Debtor name Cape Atlantic Dental Associates, PC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, CAMDEN DIVISION

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 List the contract number of any government contract	Commercial lease for CADA 1514 N. Main Street, Pleasantville, NJ location; Lease is assumed. N/A N/A	1514 N. Main Street, LLC 1514 N Main St Pleasantville, NJ 08232-1038
2.2.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Commercial lease for CADA at 204 Phildelphia Ave., Egg Harbor City, NJ location; Lease is assumed N/A N/A	1514 N. Main Street, LLC 1514 N Main St Pleasantville, NJ 08232-1038

Fill in this information to identify the case:

Debtor name Cape Atlantic Dental Associates, PC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, CAMDEN DIVISION

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 John R. Jones, DDS		Bankers Health Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
2.2 John R. Jones, DDS		Benco/CST	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
2.3 John R. Jones, DDS		CAN Capital, Inc./FC Marketplace	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 John R. Jones, DDS		Capital One	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
2.5 John R. Jones, DDS		DDS Lab	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.6 John R. Jones, DDS		Estate of Wilford D. Conn	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Cape Atlantic Dental Associates, PC Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.7	John R. Jones, DDS		Funding Circle	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
2.8	John R. Jones, DDS		GlobaCrown Dental Lab	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.11</u> <input type="checkbox"/> G _____
2.9	John R. Jones, DDS		Maverick Dental Laboratories, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
2.10	John R. Jones, DDS		Recigno Laboratories, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Cape Atlantic Dental Associates, PC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY, CAMDEN DIVISION

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. <i>Schedule A/B: Assets-Real and Personal Property</i> (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>42,933.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>42,933.00</u>

Part 2: Summary of Liabilities

2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 206D) Copy the total dollar amount listed in Column A Amount of claim, from line 3 of <i>Schedule D</i>		\$ <u>237,000.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (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>128,312.43</u>	
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>365,312.43</u>	

United States Bankruptcy Court
District of New Jersey, Camden Division

In re Cape Atlantic Dental Associates, PC

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

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 (\$ 15,975.00), Prior to the filing of this statement I have received (\$ 15,975.00), and Balance Due (\$ 0.00).

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

Debtor (checked) Other (specify):

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

Debtor (checked) Other (specify):

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

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

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

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

The terms and conditions of the retainer agreement are incorporated herein by reference. Retainer balance for Chapter 11 is \$9,025.00. Source of funds is James A. Jones, Debtor's president's cousin.

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

The terms and conditions of the retainer agreement are incorporated herein by reference.

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.

January 15, 2018

Date

/s/ Scott M. Zauber, Esq

Scott M. Zauber, Esq

Signature of Attorney

Subranni Zauber LLC

750 Route 73 S Ste 307B

Marlton, NJ 08053-4191

(609) 347-7000 Fax: (609) 345-4545

szauber@subranni.com

Name of law firm