

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

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

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	<u>Diagnostic Center of Medicine (Allen) LLP</u>	
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)	<u>20-0365179</u>	
4. Debtor's address	<b>Principal place of business</b>  <u>3012 S Durango Drive Ste 2</u> <u>Las Vegas, NV 89117</u> Number, Street, City, State & ZIP Code  <u>Clark</u> County	<b>Mailing address, if different from principal place of business</b>  _____ P.O. Box, Number, Street, City, State & ZIP Code  <b>Location of principal assets, if different from principal place of business</b> <u>3012 S Durango Drive Ste 2 Las Vegas, NV 89117</u> Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	_____	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor Diagnostic Center of Medicine (Allen) LLP  
Name

Case number (if known) \_\_\_\_\_

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

\_\_\_\_\_

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

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

Debtor **Diagnostic Center of Medicine (Allen) LLP**  
 Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

11. **Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

No

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

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

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_

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

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

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_  
 Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

13. **Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.

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

14. **Estimated number of creditors**

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

15. **Estimated Assets**

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

16. **Estimated liabilities**

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

Debtor **Diagnostic Center of Medicine (Allen) LLP**  
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 12, 2018**  
MM / DD / YYYY**X /s/ Lawrence M. Allen, M.D., Prof. Corp.**

Signature of authorized representative of debtor

**Lawrence M. Allen, M.D., Prof. Corp.**

Printed name

Title **Chief Executive Officer****18. Signature of attorney****X /s/ Samuel A. Schwartz. Esq.**

Signature of attorney for debtor

Date **January 12, 2018**

MM / DD / YYYY

**Samuel A. Schwartz. Esq. 10985**

Printed name

**Schwartz Flansburg PLLC**

Firm name

**6623 Las Vegas Blvd. South, Suite 300****Las Vegas, NV 89119**

Number, Street, City, State &amp; ZIP Code

Contact phone **(702) 385-5544**Email address **sam@nvfirm.com****10985**

Bar number and State

**Fill in this information to identify the case:**Debtor name Diagnostic Center of Medicine (Allen) LLPUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

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 12, 2018X /s/ Lawrence M. Allen, M.D., Prof. Corp.

Signature of individual signing on behalf of debtor

Lawrence M. Allen, M.D., Prof. Corp.

Printed name

Chief Executive Officer

Position or relationship to debtor

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

Debtor name **Diagnostic Center of Medicine (Allen) LLP**  
 United States Bankruptcy Court for the: **DISTRICT OF NEVADA**  
 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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Allscripts 24630 Network Place Chicago, IL 60673-1246		Service				\$227,138.61
Allscripts RCMS PO BOX 1473 Escondido, CA 92033		Service				\$94,986.60
Century Link PO BOX 2961 Phoenix, AZ 85062		Utility Bill				\$29,576.47
Effortless Office Enterprises LLC 4484 S Pecos Rd Las Vegas, NV 89121		Supplier				\$17,275.22
Health Endeavors 8955 E Pinnacle Peak Rd Ste 103 Scottsdale, AZ 85255		Supplier				\$37,152.06
Henry Schein PO BOX 7156 Pasadena, CA 91109-7156		Supplier				\$35,271.85
Internal Revenue Service Centralized Insolvency Operations PO BOX 7346 Philadelphia, PA 19101-7346		941s				\$487,513.00
Iron Mountain Inc PO BOX 841693 Dallas, TX 75284		Supplier				\$43,432.09

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Lake Mead Radiologists 2559 Wigwam Pkwy Henderson, NV 89074		Service				\$49,931.00
McKesson General Medical Corporation PO BOX 933027 Atlanta, GA 31193-3027		Supplier				\$19,290.92
Moonshell, LLC 8880 West Sunset Road, Third Floor Las Vegas, NV 89148						\$429,275.39
Nevada Heart and Vascular Center 700 E Silverado Blvd Ste 170 Las Vegas, NV 89183		Business Debt				\$150,919.63
Peak Performance Physicians, LLC 82277 Lost Hills Dr Bush, LA 70431		Business Debt				\$312,295.00
Siemens Healthcare Diagnostics PO BOX 121102 Dallas, TX 75312-1102		Service				\$31,138.12
Sklar Williams LLP 410 South Rampart Blvd Ste 350 Las Vegas, NV 89145		Supplier				\$82,252.17
Spring Valley Medical Properties LLC c/o Ensemble Real Estate Services, LLC 2020 Goldring Ave Ste 201 Las Vegas, NV 89106		Lease for 5380 S Rainbow Blvd, Ste 120				\$358,607.66
Sunset Health Realty, LLC Marquis Aurbach Coffing 10001 Park Run Drive Las Vegas, NV 89145		Lawsuit #A-17-751338-C	Contingent Unliquidated Disputed			\$311,526.29

Debtor Diagnostic Center of Medicine (Allen) LLP  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
West Valley Imaging 3025 S Rainbow Blvd Las Vegas, NV 89146		Supplier				\$32,725.50
Western Alliance Bank PO BOX 26237 Las Vegas, NV 89126-0237		All Assets		\$25,209.80	\$0.00	\$25,209.80
Western Alliance Bank PO BOX 26237 Las Vegas, NV 89126-0237		All Assets		\$110,777.89	\$0.00	\$110,777.89



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

Debtor name Diagnostic Center of Medicine (Allen) LLP

United States Bankruptcy Court for the: DISTRICT OF NEVADA

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. <b>Schedule A/B: Assets-Real and Personal Property</b> (Official Form 206A/B)	
1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>1,703,960.33</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>1,703,960.33</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>135,987.69</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>507,617.46</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>5,444,827.23</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>6,088,432.38</u>

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

Debtor name Diagnostic Center of Medicine (Allen) LLP

United States Bankruptcy Court for the: DISTRICT OF NEVADA

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  
**\$1,522.26**

2. **Cash on hand**

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

3.1. Bank of Nevada      Checking Account      1998      \$71,588.29

3.2. Bank of Nevada      Payroll Account      2005      \$62,040.87

3.3. Bank of Nevada      Money Market      2013      \$177,214.91

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.

**\$312,366.33**

**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 Diagnostic Center of Medicine (Allen) LLP  
Name

Case number (If known) \_\_\_\_\_

**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: 590,666.00 - 0.00 = .... \$590,666.00  
face amount doubtful or uncollectible accounts

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

11b. Over 90 days old: 433,060.00 - 0.00 = .... \$433,060.00  
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>\$1,023,726.00</u>
-----------------------

**Part 4: Investments**

13. Does the debtor own any investments?

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

**Part 5: Inventory, excluding agriculture assets**

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

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

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	<b>Raw materials</b>				
20.	<b>Work in progress</b>				
21.	<b>Finished goods, including goods held for resale</b>				
22.	<b>Other inventory or supplies</b>				
	<b>Inventory</b>		<b>Unknown</b>		<b>\$43,001.00</b>

23. **Total of Part 5.**

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

<u>\$43,001.00</u>
--------------------

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

- No
- Yes

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

- No

\_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

Debtor Diagnostic Center of Medicine (Allen) LLP Case number (If known) \_\_\_\_\_  
 Name

Yes. Book value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No  
 Yes

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

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

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

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

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

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

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture	\$49,289.00		\$49,289.00
40.	Office fixtures Office Fixtures	\$54,048.00		\$54,048.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Office Equipment - includes non-leased medical equipment, telephone and computer equipment and any other miscellaneous non-leased office equipment.	\$221,530.00		\$221,530.00

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

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$324,867.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

No  
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

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

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

Debtor Diagnostic Center of Medicine (Allen) LLP  
Name

Case number (If known) \_\_\_\_\_

**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.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites Internet domain names and websites <u>www.dcomnv.com</u>		Unknown	Unknown
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations <u>customer lists</u>		Unknown	Unknown
64.	Other intangibles, or intellectual property			
65.	Goodwill <u>Goodwill</u>		Unknown	Unknown

66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89. \$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?  
 No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?  
 No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?  
 No  
 Yes

**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 **Diagnostic Center of Medicine (Allen) LLP**  
Name

Case number (If known) \_\_\_\_\_

**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. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$312,366.33</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$1,023,726.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$43,001.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$324,867.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$1,703,960.33</b>	<b>+</b> 91b. <b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$1,703,960.33</b>

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

Debtor name Diagnostic Center of Medicine (Allen) LLP

United States Bankruptcy Court for the: DISTRICT OF NEVADA

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><b>2.1</b> <u>Western Alliance Bank</u></p> <p><small>Creditor's Name</small></p> <p><u>PO BOX 26237</u></p> <p><u>Las Vegas, NV 89126-0237</u></p> <p><small>Creditor's mailing address</small></p> <p>_____ <small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b></p> <p>_____ <b>Last 4 digits of account number</b></p> <p><b>5770</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>All Assets</b></p> <hr/> <p><b>Describe the lien</b></p> <p><b>UCC-1</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p><b>\$110,777.89</b></p>	<p><b>\$0.00</b></p>

<p><b>2.2</b> <u>Western Alliance Bank</u></p> <p><small>Creditor's Name</small></p> <p><u>PO BOX 26237</u></p> <p><u>Las Vegas, NV 89126-0237</u></p> <p><small>Creditor's mailing address</small></p> <p>_____ <small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b></p> <p>_____ <b>Last 4 digits of account number</b></p> <p><b>5767</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b></p> <p><b>All Assets</b></p> <hr/> <p><b>Describe the lien</b></p> <p><b>UCC-1</b></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p><b>As of the petition filing date, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p><b>\$25,209.80</b></p>	<p><b>\$0.00</b></p>
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Debtor Diagnostic Center of Medicine (Allen) LLP  
Name

Case number (if know) \_\_\_\_\_

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

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$135,987.69

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

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

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

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



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

Debtor name Diagnostic Center of Medicine (Allen) LLP

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

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

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

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

No. Go to Part 2.

Yes. Go to line 2.

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

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Clark County Treasurer                      c/o Bankruptcy Clerk                      500 S. Grand Central Pkwy                      Box 551220                      Las Vegas, NV 89155-1220</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$14,350.59</b>	<b>\$14,350.59</b>
	Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Personal Property Taxes</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Dept. of Employment, Training &amp; Rehab                      Employment Security Division                      500 E Third St                      Carson City, NV 89713-0030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,085.37</b>	<b>\$328.58</b>
	Date or dates debt was incurred _____  Last 4 digits of account number <b>0665</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Diagnostic Center of Medicine (Allen) LLP Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

2.3	Priority creditor's name and mailing address <b>Internal Revenue Service                  Centralized Insolvency Operations                  PO BOX 7346                  Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$487,513.00</b>	<b>\$475,250.10</b>
Date or dates debt was incurred _____		Basis for the claim: <b>941s</b>		
Last 4 digits of account number <u>5179</u>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address <b>Nevada Dept. of Taxation,                  Bankruptcy                  555 E. Washington Ave. #1300                  Las Vegas, NV 89101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,668.50</b>	<b>\$4,668.50</b>
Date or dates debt was incurred _____		Basis for the claim: <b>S&amp;U tax</b>		
Last 4 digits of account number <u>4902</u>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

3.1	Nonpriority creditor's name and mailing address <b>A Handy Matty                  721 W Azure Ave                  North Las Vegas, NV 89031</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim <b>\$647.77</b>	
Date(s) debt was incurred _____		Basis for the claim: <b>Business Debt</b>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.2	Nonpriority creditor's name and mailing address <b>Advanced Isotopes of Nevada                  1090 Desert Inn Rd Ste 102                  Las Vegas, NV 89109</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$11,862.32</b>	
Date(s) debt was incurred _____		Basis for the claim: <b>Supplier</b>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.3	Nonpriority creditor's name and mailing address <b>Aetna                  PO BOX 14079                  Lexington, KY 40512-4079</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	
Date(s) debt was incurred _____		Basis for the claim: <b>Business Debt</b>		
Last 4 digits of account number <u>3900</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Diagnostic Center of Medicine (Allen) LLP Case number (if known) \_\_\_\_\_  
Name

3.4 Nonpriority creditor's name and mailing address **Aflac**  
**c/o Worldwide Headquarters**  
**1932 Wynnton Rd**  
**Columbus, GA 31998**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 6582

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

Basis for the claim: Business Debt  
 Is the claim subject to offset?  No  Yes

**Unknown**

3.5 Nonpriority creditor's name and mailing address **Air Liquide America Corp.**  
**PO BOX 301046**  
**Dallas, TX 75303**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 0001

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

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

**\$145.64**

3.6 Nonpriority creditor's name and mailing address **Airtec Gases LLC**  
**2900 S Highland Dr #19A**  
**Las Vegas, NV 89109**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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

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

**\$1,532.16**

3.7 Nonpriority creditor's name and mailing address **All Lit Up Electric, Inc**  
**4426 Peaceful Harbor St**  
**Las Vegas, NV 89129**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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

Basis for the claim: Business Debt  
 Is the claim subject to offset?  No  Yes

**Unknown**

3.8 Nonpriority creditor's name and mailing address **Allscripts**  
**24630 Network Place**  
**Chicago, IL 60673-1246**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 2173

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

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

**\$227,138.61**

3.9 Nonpriority creditor's name and mailing address **Allscripts RCMS**  
**PO BOX 1473**  
**Escondido, CA 92033**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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

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

**\$94,986.60**

3.10 Nonpriority creditor's name and mailing address **American College of Radiology**  
**1891 Preston White Dr**  
**Reston, VA 20191-4326**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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

Basis for the claim: Business Debt  
 Is the claim subject to offset?  No  Yes

**Unknown**

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b>	
<p>3.11 Nonpriority creditor's name and mailing address  <b>American Continental Insurance Company</b>  <b>101 Continental Place</b>  <b>Brentwood, TN 37027</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$262.14</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Insurance</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.12 Nonpriority creditor's name and mailing address  <b>American Proficiency Institute</b>  <b>1159 Business Park Dr</b>  <b>Traverse City, MI 49686</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$3,741.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Business Debt</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.13 Nonpriority creditor's name and mailing address  <b>Antek Healthware</b>  <b>228 Business Center Dr</b>  <b>Reisterstown, MD 21136</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Business Debt</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.14 Nonpriority creditor's name and mailing address  <b>Aquaperfect</b>  <b>PO BOX 610</b>  <b>Saint Joseph, MN 56374</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number <b>2707</b></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$15.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Service</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.15 Nonpriority creditor's name and mailing address  <b>Bactes Imaging Solutions</b>  <b>8344 Clairemont Mesa Blvd Ste. 201</b>  <b>San Diego, CA 92111</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Service</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.16 Nonpriority creditor's name and mailing address  <b>Balboa Capital</b>  <b>2010 Main Street</b>  <b>11th Floor</b>  <b>Irvine, CA 92614</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Lease of medical equipment</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.17 Nonpriority creditor's name and mailing address  <b>Bio-Rad Laboratories, Inc</b>  <b>c/o Clinical Diagnostics Group</b>  <b>Dept 9740</b>  <b>Los Angeles, CA 90084</b></p> <p>Date(s) debt was incurred _  Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$267.32</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Supplier</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor Diagnostic Center of Medicine (Allen) LLP Case number (if known) \_\_\_\_\_  
Name

3.18 Nonpriority creditor's name and mailing address **BME Service**  
**381 N Bergin Dr**  
**Las Vegas, NV 89110**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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

Basis for the claim: Supplier

Is the claim subject to offset?  No  Yes

**Unknown**

3.19 Nonpriority creditor's name and mailing address **Caine & Weiner**  
**21210 Erwin Street**  
**Woodland Hills, CA 91367**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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

Basis for the claim: Business Debt

Is the claim subject to offset?  No  Yes

**\$51.00**

3.20 Nonpriority creditor's name and mailing address **Cashflow Lease**  
**3409 N Central Expy #200**  
**Plano, TX 75023**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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

Basis for the claim: Telephone equipment and XRay machine

Is the claim subject to offset?  No  Yes

**Unknown**

3.21 Nonpriority creditor's name and mailing address **Century Link**  
**PO BOX 2961**  
**Phoenix, AZ 85062**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 8655

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

Basis for the claim: Utility Bill

Is the claim subject to offset?  No  Yes

**\$29,576.47**

3.22 Nonpriority creditor's name and mailing address **Century Link**  
**PO BOX 2961**  
**Phoenix, AZ 85062**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 4266

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

Basis for the claim: Utility Bills

Is the claim subject to offset?  No  Yes

**Unknown**

3.23 Nonpriority creditor's name and mailing address **CGM Labdaq**  
**10715 Red Run Blvd Ste 101**  
**Owings Mills, MD 21117**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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

Basis for the claim: Supplier

Is the claim subject to offset?  No  Yes

**Unknown**

3.24 Nonpriority creditor's name and mailing address **CHMB**  
**PO BOX 1476**  
**Escondido, CA 92033**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

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

Basis for the claim: Service

Is the claim subject to offset?  No  Yes

**Unknown**

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b>	
3.25 Nonpriority creditor's name and mailing address <b>CIMT</b> <b>7575 W Washington Ave #127-400</b> <b>Las Vegas, NV 89128</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Service</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26 Nonpriority creditor's name and mailing address <b>Cintas Corp #59</b> <b>2460 Kiel Way</b> <b>North Las Vegas, NV 89030</b> Date(s) debt was incurred _ Last 4 digits of account number <b>9889</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27 Nonpriority creditor's name and mailing address <b>City of Henderson</b> <b>PO BOX 95007</b> <b>Henderson, NV 89009</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Licensing</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28 Nonpriority creditor's name and mailing address <b>City of Las Vegas</b> <b>PO BOX 52799</b> <b>Phoenix, AZ 85072</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business License</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29 Nonpriority creditor's name and mailing address <b>Clark County Assessor</b> <b>500 S. Grand Central Pkwy, 2nd Floor</b> <b>PO BOX 551401</b> <b>Las Vegas, NV 89155-1401</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Licensing</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30 Nonpriority creditor's name and mailing address <b>Clark County Business License</b> <b>PO BOX 551810</b> <b>Las Vegas, NV 89155-1810</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Licensing</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31 Nonpriority creditor's name and mailing address <b>Clark County Treasurer</b> <b>c/o Bankruptcy Clerk</b> <b>500 S Grand Central Parkway</b> <b>PO Box 551220</b> <b>Las Vegas, NV 89155-1220</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Taxes</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Diagnostic Center of Medicine (Allen) LLP Case number (if known) \_\_\_\_\_  
Name

3.32 Nonpriority creditor's name and mailing address **Clark County Water Reclamation District** **PO BOX 98526** **Las Vegas, NV 89193-8526** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Utility Bills  
 Last 4 digits of account number 2031 Is the claim subject to offset?  No  Yes

3.33 Nonpriority creditor's name and mailing address **CLIA Laboratory Program** **PO BOX 530882** **Atlanta, GA 30353-0882** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Licensing  
 Last 4 digits of account number 7879 Is the claim subject to offset?  No  Yes

3.34 Nonpriority creditor's name and mailing address **Clinical Pathology Laboratory** **PO Box 141669** **Austin, TX 78714** **As of the petition filing date, the claim is:** *Check all that apply.* **\$13,438.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Supplier  
 Last 4 digits of account number 4487 Is the claim subject to offset?  No  Yes

3.35 Nonpriority creditor's name and mailing address **CM&A Realty LLC** **3012 S Durango Dr Ste 1** **Las Vegas, NV 89117** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,782,480.22**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Lease for 3012 S Durango Dr.  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.36 Nonpriority creditor's name and mailing address **College of American Pathologies** **PO BOX 71698** **Chicago, IL 60694-1698** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Licensing  
 Last 4 digits of account number 3051 Is the claim subject to offset?  No  Yes

3.37 Nonpriority creditor's name and mailing address **Colonial Supplemental Insurance** **POST OFFICE BOX 903** **Columbia, SC 29202-0903** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Insurance  
 Last 4 digits of account number 4163 Is the claim subject to offset?  No  Yes

3.38 Nonpriority creditor's name and mailing address **Compugroup Medical Inc** **10751 Red Run Blvd Ste 101** **MD 21170** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Supplier  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

Debtor Diagnostic Center of Medicine (Allen) LLP Case number (if known) \_\_\_\_\_  
Name

3.39 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$275.00  
**Conexis**  Contingent  
**PO BOX 8363**  Unliquidated  
**Pasadena, CA 91109**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Insurance  
 Last 4 digits of account number 4217 Is the claim subject to offset?  No  Yes

3.40 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$746.18  
**Consultant Medical Electronics**  Contingent  
**1236 Douglas**  Unliquidated  
**Las Vegas, NV 89102**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Business Debt  
 Last 4 digits of account number DMCL Is the claim subject to offset?  No  Yes

3.41 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* Unknown  
**Cox Communications**  Contingent  
**PO BOX 53262**  Unliquidated  
**Phoenix, AZ 85072**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Utility Bills  
 Last 4 digits of account number 0901 Is the claim subject to offset?  No  Yes

3.42 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* Unknown  
**Cox communications**  Contingent  
**PO BOX 53262**  Unliquidated  
**Phoenix, AZ 85072-3262**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Utility Bills  
 Last 4 digits of account number 2201 Is the claim subject to offset?  No  Yes

3.43 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* Unknown  
**Critter Gitters Pest Control**  Contingent  
**PO BOX 364152**  Unliquidated  
**North Las Vegas, NV 89036**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Business Debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.44 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* Unknown  
**Cube Smart**  Contingent  
**2990 S Durango Dr**  Unliquidated  
**Las Vegas, NV 89117**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Storage Lease  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.45 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* Unknown  
**Darden Plumbing, LLC**  Contingent  
**4330 W Desert Inn Ste B**  Unliquidated  
**Las Vegas, NV 89102**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Business Debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes



Debtor <b>Diagnostic Center of Medicine (Allen) LLP</b> Name		Case number (if known)	
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>DBM 10 LLC</b> <b>7505 Cobal Canyon Lane</b> <b>Las Vegas, NV 89129</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,800.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Desert Springs Hospital</b> <b>2075 E. Flamingo Road</b> <b>Las Vegas, NV 89119</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Desert Technology Systems Inc</b> <b>1990 McCulloch Blvd #D 276</b> <b>Lake Havasu City, AZ 86403</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,350.00</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Direct TV</b> <b>PO BOX 5006</b> <b>Carol Stream, IL 60197-5006</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility Bills</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.22</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Doctor's answering service</b> <b>5130 S Fort Apache Rd#215</b> <b>Las Vegas, NV 89148</b> Date(s) debt was incurred _ Last 4 digits of account number <u>1401</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,250.00</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Durango Business Park Owners</b> <b>c/o Terra West Management Svcs</b> <b>PO BOX 61533</b> <b>Phoenix, AZ 85082</b> Date(s) debt was incurred _ Last 4 digits of account number <u>3799</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>HOA</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$158.86</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>EDS Electronics, Inc</b> <b>2675 W Cheyenne Ave</b> <b>North Las Vegas, NV 89032</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor <b>Diagnostic Center of Medicine (Allen) LLP</b> Name		Case number (if known)	
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Effortless Office Enterprises LLC</b> <b>4484 S Pecos Rd</b> <b>Las Vegas, NV 89121</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,275.22</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Everbank Commercial Finance</b> <b>PO BOX 911608</b> <b>Denver, CO 80291-1608</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,550.68</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Extra Express</b> <b>PO BOX 5100</b> <b>Cerritos, CA 90703</b> Date(s) debt was incurred _ Last 4 digits of account number <u>LV-DIACE</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,586.56</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Federal Express</b> <b>PO BOX 7221</b> <b>Pasadena, CA 91109</b> Date(s) debt was incurred _ Last 4 digits of account number <u>0357</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$124.19</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>GFI Software</b> <b>401 Congress Ave #2650</b> <b>Austin, TX 78701</b> Date(s) debt was incurred _ Last 4 digits of account number <u>3799</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,817.50</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Great American Leasing</b> <b>625 1st St SE #800</b> <b>Cedar Rapids, IA 52401</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>2 - Ototogram V2 and Antek Lab Equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Hasler Financial Services LLC</b> <b>PO BOX 45850</b> <b>San Francisco, CA 94145-0850</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor <b>Diagnostic Center of Medicine (Allen) LLP</b> Name		Case number (if known)	
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>HD Group, LLC</b> <b>PO BOX 230727</b> <b>Las Vegas, NV 89105-0727</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Health Endeavors</b> <b>8955 E Pinnacle Peak Rd Ste 103</b> <b>Scottsdale, AZ 85255</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,152.06</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Health Plan of Nevada</b> <b>POST Office Box 74946</b> <b>Los Angeles, CA 90074-9546</b> Date(s) debt was incurred __ Last 4 digits of account number <u>1270</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Healthsouth Hospital of Las Vegas</b> <b>1250 S Valley View Blvd</b> <b>Las Vegas, NV 89102</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Healthsouth Rehabilitation Hospital</b> <b>1250 S Valley View Blvd</b> <b>Las Vegas, NV 89107</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Henry Schein</b> <b>PO BOX 7156</b> <b>Pasadena, CA 91109-7156</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,271.85</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Hologic, Inc</b> <b>24506 Netwo</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	Name	Case number (if known)
	<b>Diagnostic Center of Medicine (Allen) LLP</b>	
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Horiba Finance</b> <b>PO Box 51-2936</b> <b>Los Angeles, CA 90051</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Acct #40017896</u> <u>Service contract for Pentra XL80</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Howard Coker, MD, PC</b> <b>3120 Coachlight Circle</b> <b>Las Vegas, NV 89117</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Managing Partner</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$482,083.24</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>HP Enterprise Service</b> <b>PO BOX 30042</b> <b>Reno, NV 89520</b> Date(s) debt was incurred __ Last 4 digits of account number <u>3476</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>HR Workplace Services, Inc</b> <b>8912 E Pinnacle Peak Rd Ste F9-451</b> <b>Scottsdale, AZ 85255</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>IDC of Rancho, LLC</b> <b>PO BOX 2595</b> <b>Spring, TX 77383</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>IMA Laboratory</b> <b>3121 S Maryland Pkwy Ste 301</b> <b>Las Vegas, NV 89109</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Imagistics</b> <b>PO BOX 2743</b> <b>Portland, OR 97208</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>

Debtor Diagnostic Center of Medicine (Allen) LLP Case number (if known) \_\_\_\_\_  
Name

3.74 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
**IND**  Contingent  
**PO BOX 400728**  Unliquidated  
**Las Vegas, NV 89140**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Supplier  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.75 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
**Ingenix**  Contingent  
**PO BOX 27116**  Unliquidated  
**Salt Lake City, UT 84127-0116**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Business Debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.76 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$43,432.09**  
**Iron Mountain Inc**  Contingent  
**PO BOX 841693**  Unliquidated  
**Dallas, TX 75284**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Supplier  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.77 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
**J Bud Gibson Doors Inc**  Contingent  
**300 W Bonanza Rd**  Unliquidated  
**Las Vegas, NV 89106**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Business Debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.78 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
**JBS, Inc**  Contingent  
**2251 N Rampart Blvd #575**  Unliquidated  
**Las Vegas, NV 89128-7640**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Business Debt  
 Last 4 digits of account number 5799 Is the claim subject to offset?  No  Yes

3.79 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,950.00**  
**Jim Kelley**  Contingent  
**2424 Luberon Dr**  Unliquidated  
**Henderson, NV 89044**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Business Debt  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

3.80 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
**JJ Keller & Associates Inc**  Contingent  
**PO BOX 548**  Unliquidated  
**Neenah, WI 54957**  Disputed  
 Date(s) debt was incurred \_\_\_\_\_ **Basis for the claim:** Supplier  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  No  Yes

Debtor Diagnostic Center of Medicine (Allen) LLP Case number (if known) \_\_\_\_\_  
Name

3.81 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$2,950.00  
**Jose Felix Chavarin**  
**1308 Smoke Tree Lane**  
**Las Vegas, NV 89108**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Business Debt  
 Is the claim subject to offset?  No  Yes

3.82 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* Unknown  
**Kelly's Glass & Mirror Co**  
**3400 Procyon St Ste 100A**  
**Las Vegas, NV 89102**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Business Debt  
 Is the claim subject to offset?  No  Yes

3.83 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00  
**Key Equipment Finance**  
**PO BOX 203901**  
**Houston, TX 77216-3901**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 1431  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.84 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$0.00  
**Key Equipment Finance**  
**PO BOX 7413**  
**Cleveland, OH 44194**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 4575  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** \_\_\_\_\_  
 Is the claim subject to offset?  No  Yes

3.85 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* Unknown  
**Labarrington**  
**220 North River St**  
**Dundee, IL 60118**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Acct# 10227000  
Lease of Dimension ExL200 Integrated System  
 Is the claim subject to offset?  No  Yes

3.86 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$49,931.00  
**Lake Mead Radiologists**  
**2559 Wigwam Pkwy**  
**Henderson, NV 89074**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Service  
 Is the claim subject to offset?  No  Yes

3.87 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$778,899.96  
**Lawrence Allen, MD, PC**  
**6165 Darby Lane**  
**Las Vegas, NV 89146**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Managing Partner  
 Is the claim subject to offset?  No  Yes

Debtor <b>Diagnostic Center of Medicine (Allen) LLP</b> Name		Case number (if known)
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Leaf Funding Inc</b> <b>2005 Market St 15th Floor</b> <b>Philadelphia, PA 19103</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Phone System</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Level Line Builders</b> <b>PO BOX 90411</b> <b>Henderson, NV 89009</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Liberty lock and Safe</b> <b>5470 W Sahra</b> <b>Las Vegas, NV 89146</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Live Electric Inc</b> <b>3038 S Durango Dr Ste 100</b> <b>Las Vegas, NV 89117</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Loan Mountain Glazing Inc</b> <b>4356 E Alexander Rd</b> <b>Las Vegas, NV 89115</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Mailfinance</b> <b>Dept 3682 PO BOX 123682</b> <b>Dallas, TX 75312-3682</b> Date(s) debt was incurred _ Last 4 digits of account number <u>2836</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$332.66</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Mailmax</b> <b>5565 S Decatur Blvd Ste 106</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$311.32</b>

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b> Name 3.95 Nonpriority creditor's name and mailing address <b>Management Resource Group LLC</b> <b>PO BOX 789</b> <b>Ocean Springs, MS 39566-0789</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.96 Nonpriority creditor's name and mailing address <b>Mass Media, LLC</b> <b>2863 St Rose Pkwy</b> <b>Henderson, NV 89052</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.97 Nonpriority creditor's name and mailing address <b>McKesson General Medical Corporation</b> <b>PO BOX 933027</b> <b>Atlanta, GA 31193-3027</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$19,290.92</b>
3.98 Nonpriority creditor's name and mailing address <b>McNair and Associates</b> <b>4955 South Durango Dr Ste. 207</b> <b>Las Vegas, NV 89113</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Service</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$3,414.45</b>
3.99 Nonpriority creditor's name and mailing address <b>Med-Smart Inc</b> <b>1701 N Green Valley Pkwy 2A</b> <b>Henderson, NV 89074</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$4,800.00</b>
3.100 Nonpriority creditor's name and mailing address <b>Medco</b> <b>PO BOX 6530</b> <b>Philadelphia, PA 19170</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.101 Nonpriority creditor's name and mailing address <b>Medical Data Information Services, Inc</b> <b>417 Caredean Dr Bldg E</b> <b>Horsham, PA 19044</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Service</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$2,350.00</b>



Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b> Name _____	_____
<b>3.102</b> Nonpriority creditor's name and mailing address <b>Michael W Carbrey</b> <b>1007 Celebration Ave #204</b> <b>Kissimmee, FL 34747</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$3,756.91</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.103</b> Nonpriority creditor's name and mailing address <b>Microgenics Corporation</b> <b>c/o Bank of America</b> <b>7055 Collections Center Dr</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>1851</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$834.02</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.104</b> Nonpriority creditor's name and mailing address <b>Millipore Corporation</b> <b>2736 Paysphere Circle</b> <b>Chicago, IL 60674</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.105</b> Nonpriority creditor's name and mailing address <b>Mirion Technologies</b> <b>PO BOX 101301</b> <b>Pasadena, CA 91189-0005</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$7,631.06</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.106</b> Nonpriority creditor's name and mailing address <b>Moonshell, LLC</b> <b>8880 West Sunset Road, Third Floor</b> <b>Las Vegas, NV 89148</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$429,275.39</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.107</b> Nonpriority creditor's name and mailing address <b>Msdsonline</b> <b>350 N Orleans Ste 950</b> <b>Chicago, IL 60654</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.108</b> Nonpriority creditor's name and mailing address <b>MXR</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$136.66</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b> Name _____	_____
3.109 Nonpriority creditor's name and mailing address <b>National Emergency Medical Services</b> <b>PO BOX 90635</b> <b>Henderson, NV 89009</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.110 Nonpriority creditor's name and mailing address <b>National lighting &amp; maintenance</b> <b>PO BOX 255</b> <b>Glyndon, MD 21071</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.111 Nonpriority creditor's name and mailing address <b>Nevada Division of Health</b> <b>1550 E College Pkwy, Ste 158</b> <b>Carson City, NV 89706</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business License</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.112 Nonpriority creditor's name and mailing address <b>Nevada Employment Security Division</b> <b>2800 E. St. Louis Avenue</b> <b>Las Vegas, NV 89104</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$3,013.32</b>
3.113 Nonpriority creditor's name and mailing address <b>Nevada Health Co-Op</b> <b>6425 W Sahara Avenue, Suite 250</b> <b>Las Vegas, NV 89146</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$208.24</b>
3.114 Nonpriority creditor's name and mailing address <b>Nevada Heart and Vascular Center</b> <b>700 E Silverado Blvd Ste 170</b> <b>Las Vegas, NV 89183</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Business Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$150,919.63</b>
3.115 Nonpriority creditor's name and mailing address <b>Nevada Linen Supply</b> <b>3960 W Mesa Vista Ave</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>391</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Supplier</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$227.92</b>

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b>	
3.116 Nonpriority creditor's name and mailing address <b>Nevada State Board of Medical Examiners</b> PO BOX 7238 Reno, NV 89510 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117 Nonpriority creditor's name and mailing address <b>Nevada State Board of Osteopathic</b> 2860 E Flamingo Rd Ste D Las Vegas, NV 89121 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118 Nonpriority creditor's name and mailing address <b>Nevada State Board of Pharmacy</b> 555 Double Eagle Ct #1100 Reno, NV 89521 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119 Nonpriority creditor's name and mailing address <b>Nevada State Health Division</b> 675 Fairview Dr Ste 218 Carson City, NV 89701 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120 Nonpriority creditor's name and mailing address <b>Novero Neurology LLC</b> 3150 N Tenaya Way #150 Las Vegas, NV 89128 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121 Nonpriority creditor's name and mailing address <b>Nuance Communications, Inc</b> PO BOX 2561 Carol Stream, IL 60132 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122 Nonpriority creditor's name and mailing address <b>NV Energy</b> PO BOX 30086 Reno, NV 89520-3086 Date(s) debt was incurred __ Last 4 digits of account number <u>1102</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: <b>Utility Bills</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b> Name	
3.123 Nonpriority creditor's name and mailing address <b>Palm 1 Medical</b> <b>980 Lakes Pkwy</b> <b>Lawrenceville, GA 30043</b> Date(s) debt was incurred _ Last 4 digits of account number <u>6004</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$785.10</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124 Nonpriority creditor's name and mailing address <b>Paradise Liquid, Inc</b> <b>PO BOX 92068</b> <b>Henderson, NV 89009-2068</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$980.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.125 Nonpriority creditor's name and mailing address <b>Paylocity Corporation</b> <b>3850 N Wilke Rd Ste 100</b> <b>Arlington Heights, IL 60004-1270</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126 Nonpriority creditor's name and mailing address <b>Peak Performance Physicians, LLC</b> <b>82277 Lost Hills Dr</b> <b>Bush, LA 70431</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$312,295.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127 Nonpriority creditor's name and mailing address <b>Perozek Professional Corporation</b> <b>653 N. Town Center Dr. Ste 212</b> <b>Las Vegas, NV 89144</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,240.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128 Nonpriority creditor's name and mailing address <b>Principal</b> <b>PO BOX 10372</b> <b>Des Moines, IA 50306</b> Date(s) debt was incurred _ Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,586.97</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129 Nonpriority creditor's name and mailing address <b>Proassurance Companies</b> <b>PO BOX 809196</b> <b>Chicago, IL 60680</b> Date(s) debt was incurred _ Last 4 digits of account number <u>4713</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b> Name 3.130 Nonpriority creditor's name and mailing address <b>Professional Medical Consultants, Inc.</b> <b>801 S Rancho Dr Ste. C-1</b> <b>Las Vegas, NV 89106-3858</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$11,250.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131 Nonpriority creditor's name and mailing address <b>Quest Diagnostics</b> <b>12323 Collections Ctr Dr</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred _ Last 4 digits of account number <b>0667</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$70.88</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132 Nonpriority creditor's name and mailing address <b>Quest Diagnostics</b> <b>12323 Collections Ctr Dr</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred _ Last 4 digits of account number <b>5799</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$163.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133 Nonpriority creditor's name and mailing address <b>Radiation Control Program</b> <b>675 Fairview Dr Ste 218</b> <b>Carson City, NV 89701</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Licensing</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134 Nonpriority creditor's name and mailing address <b>Republic Services</b> <b>PO BOX 78829</b> <b>Phoenix, AZ 85062-8040</b> Date(s) debt was incurred _ Last 4 digits of account number <b>4135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Utility Bills</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135 Nonpriority creditor's name and mailing address <b>Republic Services</b> <b>PO BOX 78829</b> <b>Phoenix, AZ 85062-8040</b> Date(s) debt was incurred _ Last 4 digits of account number <b>5777</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$716.99</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136 Nonpriority creditor's name and mailing address <b>S&amp;S Integrations, LLC</b> <b>55 S Valle Verde Dr Ste 410</b> <b>Henderson, NV 89012</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$319.92</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Service</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b> Name 3.137 Nonpriority creditor's name and mailing address <b>Secretary of State</b> <b>202 North Carson St</b> <b>Carson City, NV 89701</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.138 Nonpriority creditor's name and mailing address <b>Sekisui Diagnostics LLC</b> <b>PO BOX 360975</b> <b>Pittsburgh, PA 15251-6975</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$1,454.97</b>
3.139 Nonpriority creditor's name and mailing address <b>Shred-It Las Vegas</b> <b>PO BOX 101007</b> <b>Pasadena, CA 91189-1007</b> Date(s) debt was incurred _ Last 4 digits of account number <b>0791</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Service</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$1,886.50</b>
3.140 Nonpriority creditor's name and mailing address <b>Siemens Healthcare Diagnostics</b> <b>PO BOX 121102</b> <b>Dallas, TX 75312-1102</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Service</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$31,138.12</b>
3.141 Nonpriority creditor's name and mailing address <b>SK Medical</b> <b>8722 Martinique Bay Lane</b> <b>Las Vegas, NV 89147</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.142 Nonpriority creditor's name and mailing address <b>Sklar Williams LLP</b> <b>410 South Rampart Blvd Ste 350</b> <b>Las Vegas, NV 89145</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$82,252.17</b>
3.143 Nonpriority creditor's name and mailing address <b>Sonosite, Inc</b> <b>4332 Soluntions Center</b> <b>Chicago, IL 60677</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b>	
3.144 Nonpriority creditor's name and mailing address <b>Sourceone Healthcare Technologies</b> <b>PO BOX 730386</b> <b>Dallas, TX 75373</b> Date(s) debt was incurred _ Last 4 digits of account number <u>5071</u>	<b>Unknown</b> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145 Nonpriority creditor's name and mailing address <b>Southern Hills Hospital</b> <b>9300 West Sunset Road</b> <b>Las Vegas, NV 89148</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>Unknown</b> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146 Nonpriority creditor's name and mailing address <b>Spring Valley Hospital Medical Center</b> <b>File 57361</b> <b>Los Angeles, CA 90074</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>Unknown</b> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147 Nonpriority creditor's name and mailing address <b>Spring Valley Medical Properties LLC</b> <b>c/o Ensemble Real Estate Services, LLC</b> <b>2020 Goldring Ave Ste 201</b> <b>Las Vegas, NV 89106</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>\$358,607.66</b> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease for 5380 S Rainbow Blvd, Ste 120</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148 Nonpriority creditor's name and mailing address <b>Staples Advantage</b> <b>Dept LA</b> <b>PO BOX 83689</b> <b>Chicago, IL 60696</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>\$7,484.70</b> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149 Nonpriority creditor's name and mailing address <b>State of Nevada ESD</b> <b>2800 E St Louis Ave</b> <b>Las Vegas, NV 89104</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>Unknown</b> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150 Nonpriority creditor's name and mailing address <b>Sterling Independent Services Inc</b> <b>6300 Powers Ferry Rd Ste 600-351</b> <b>Atlanta, GA 30339</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>Unknown</b> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b> Name 3.151 Nonpriority creditor's name and mailing address <b>Summerlin Hospital</b> <b>657 Town Center Dr</b> <b>Las Vegas, NV 89134</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.152 Nonpriority creditor's name and mailing address <b>Sunrise Hospital Medical Staff</b> <b>3186 S Maryland Pkwy</b> <b>Las Vegas, NV 89109</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.153 Nonpriority creditor's name and mailing address <b>Sunset Health Realty, LLC</b> <b>Marquis Aurbach Coffing</b> <b>10001 Park Run Drive</b> <b>Las Vegas, NV 89145</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Lawsuit #A-17-751338-C</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$311,526.29</b>
3.154 Nonpriority creditor's name and mailing address <b>Supercoder LLC</b> <b>2222 Sedwick Dr</b> <b>Durham, NC 27713</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.155 Nonpriority creditor's name and mailing address <b>Telepacific Communications</b> <b>PO BOX 526015</b> <b>Sacramento, CA 95852-6015</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$1,279.26</b>
3.156 Nonpriority creditor's name and mailing address <b>THC of Nevada, Las Vegas</b> <b>5321 S Cameron St</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.157 Nonpriority creditor's name and mailing address <b>The Hartford</b> <b>PO BOX 660916</b> <b>Dallas, TX 75266-0916</b> Date(s) debt was incurred _ Last 4 digits of account number <b>0739</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Insurance</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>



Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b> Name 3.158 Nonpriority creditor's name and mailing address <b>The Idea Factory</b> <b>8430 W Lake Mead Blvd Ste 100</b> <b>Las Vegas, NV 89128</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.159 Nonpriority creditor's name and mailing address <b>The Valley Health System</b> <b>620 Shawdow Lane</b> <b>Las Vegas, NV 89106</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Business Debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.160 Nonpriority creditor's name and mailing address <b>Thorne Research Inc</b> <b>25820 Highway 2 West</b> <b>PO BOX 25</b> <b>Dover, ID 83825</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.161 Nonpriority creditor's name and mailing address <b>Totalfunds by Hassler</b> <b>PO BOX 30193</b> <b>Tampa, FL 33630-3193</b> Date(s) debt was incurred __ Last 4 digits of account number <b>4956</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$2,260.50</b>
3.162 Nonpriority creditor's name and mailing address <b>Tyco Integrated Security LLC</b> <b>PO BOX 371967</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred __ Last 4 digits of account number <b>0724</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$4,750.41</b>
3.163 Nonpriority creditor's name and mailing address <b>United States Trustee</b> <b>300 Las Vegas Blvd South #4300</b> <b>Las Vegas, NV 89101</b> Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.164 Nonpriority creditor's name and mailing address <b>UPS</b> <b>PO BOX 894820</b> <b>Los Angeles, CA 90189-4820</b> Date(s) debt was incurred __ Last 4 digits of account number <b>V273</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>

Debtor Name	Case number (if known)
<b>Diagnostic Center of Medicine (Allen) LLP</b>	
3.165 Nonpriority creditor's name and mailing address <b>US Filter</b> <b>119 South Weber Dr</b> <b>Chandler, AZ 85226</b> Date(s) debt was incurred _ Last 4 digits of account number <u>5701</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166 Nonpriority creditor's name and mailing address <b>US Pay</b> <b>3601 Hampstead Turnpike</b> <b>Levittown, NY 11756</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167 Nonpriority creditor's name and mailing address <b>USA Mobility Wireless, Inc</b> <b>PO BOX 660770</b> <b>Dallas, TX 75266-0770</b> Date(s) debt was incurred _ Last 4 digits of account number <u>9328</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168 Nonpriority creditor's name and mailing address <b>Valley Health System</b> <b>620 Shadow Lane</b> <b>Las Vegas, NV 89106</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169 Nonpriority creditor's name and mailing address <b>Vision Financial Corp</b> <b>615 Iron City Dr</b> <b>Pittsburgh, PA 15205</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical Equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170 Nonpriority creditor's name and mailing address <b>Washington National Insurance Company</b> <b>PO BOX 223388</b> <b>Pittsburgh, PA 15251-2388</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171 Nonpriority creditor's name and mailing address <b>Water District</b> <b>PO BOX 2921</b> <b>Phoenix, AZ 85062-2921</b> Date(s) debt was incurred _ Last 4 digits of account number <u>3167</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utility Bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Diagnostic Center of Medicine (Allen) LLP Case number (if known) \_\_\_\_\_  
Name

3.172 Nonpriority creditor's name and mailing address **Wells Fargo Third Party Admin** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
**PO BOX 3244**  Contingent  
**Charleston, WV 25332-3244**  Unliquidated  
 Date(s) debt was incurred \_\_\_\_\_  Disputed  
 Last 4 digits of account number \_\_\_\_\_ Basis for the claim: **Business License**  
 Is the claim subject to offset?  No  Yes

3.173 Nonpriority creditor's name and mailing address **West Valley Imaging** As of the petition filing date, the claim is: *Check all that apply.* **\$32,725.50**  
**3025 S Rainbow Blvd**  Contingent  
**Las Vegas, NV 89146**  Unliquidated  
 Date(s) debt was incurred \_\_\_\_\_  Disputed  
 Last 4 digits of account number \_\_\_\_\_ Basis for the claim: **Supplier**  
 Is the claim subject to offset?  No  Yes

3.174 Nonpriority creditor's name and mailing address **Winzer Corporation** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
**PO BOX 671482**  Contingent  
**Dallas, TX 75267-1482**  Unliquidated  
 Date(s) debt was incurred \_\_\_\_\_  Disputed  
 Last 4 digits of account number \_\_\_\_\_ Basis for the claim: **Supplier**  
 Is the claim subject to offset?  No  Yes

3.175 Nonpriority creditor's name and mailing address **Zonare Medical Systems** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
**PO BOX 122383**  Contingent  
**Dallas, TX 75312**  Unliquidated  
 Date(s) debt was incurred \_\_\_\_\_  Disputed  
 Last 4 digits of account number **3339** Basis for the claim: **Business Debt**  
 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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>c/o The Equity Group, Inc</b> <b>6018 S Durango Dr #110</b> <b>Las Vegas, NV 89113</b>	Line <b>3.153</b> <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Ensemble Real Estate Services, LLC</b> <b>4722 North 24th St Ste.400</b> <b>Phoenix, AZ 85016</b>	Line <b>3.147</b> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Moonshell, LLC</b> <b>7140 Smoke Ranch Rd</b> <b>Las Vegas, NV 89128</b>	Line <b>3.106</b> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Moonshell, LLC</b> <b>c/o LL Bradford</b> <b>8945 W Post Rd Ste 110</b> <b>Las Vegas, NV 89148</b>	Line <b>3.106</b> <input type="checkbox"/> Not listed. Explain _____	—

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

Debtor Diagnostic Center of Medicine (Allen) LLP  
Name

Case number (if known) \_\_\_\_\_

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>507,617.46</u>
5b. +	\$ <u>5,444,827.23</u>
5c.	\$ <u>5,952,444.69</u>

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

Debtor name Diagnostic Center of Medicine (Allen) LLP

United States Bankruptcy Court for the: DISTRICT OF NEVADA

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 **Lease of medical equipment**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Balboa Capital**  
**2010 Main Street**  
**11th Floor**  
**Irvine, CA 92614**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Telephone Equipment and Xray machine**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Cashflow Lease**  
**3409 N Central Expy #200**  
**Plano, TX 75023**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lease for 3012 S Durango Dr.**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**CM&A Realty LLC**  
**3012 S Durango Dr Ste 1**  
**Las Vegas, NV 89117**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Antek Lab Equipment and 2 Otogram V2 machines**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Great America Lease**  
**625 1st St SE #800**  
**Cedar Rapids, IA 52401**

Debtor 1 **Diagnostic Center of Medicine (Allen) LLP**  
First Name Middle Name Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

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

2.5. State what the contract or lease is for and the nature of the debtor's interest **Acct# 40017896  
Service contract for  
Pentra XL80**

State the term remaining

List the contract number of any government contract

**Horiba Finance  
PO Box 51-2936  
Los Angeles, CA 90051**2.6. State what the contract or lease is for and the nature of the debtor's interest **Acct# 10227000  
Lease of Dimension  
ExL200 Integrated  
System**State the term remaining **0**

List the contract number of any government contract

**Labarrington  
220 North River St  
Dundee, IL 60118**2.7. State what the contract or lease is for and the nature of the debtor's interest **Phone System**

State the term remaining

List the contract number of any government contract

**Leaf Funding Inc  
2005 Market St 15th Floor  
Philadelphia, PA 19103**2.8. State what the contract or lease is for and the nature of the debtor's interest **Lease of 5380 South  
Rainbow Blvd., Suite  
120, Las Vegas, NV**State the term remaining **0**

List the contract number of any government contract

**Spring Valley Medical Properties LLC  
c/o Ensemble Real Estate Services, LLC  
2020 Goldring Ave Ste 201  
Las Vegas, NV 89106**2.9. State what the contract or lease is for and the nature of the debtor's interest **Property lease for 6301  
Mountain Vista Street,  
Suite 108, Henderson,  
NV 89104**State the term remaining **24 months**

List the contract number of any government contract

**Sunset Health Realty, LLC  
Marquis Aurbach Coffing  
10001 Park Run Drive  
Las Vegas, NV 89145**2.10. State what the contract or lease is for and the nature of the debtor's interest **Medical Equipment**

State the term remaining

List the contract number of any government contract

**Vision Financial Corp  
615 Iron City Dr  
Pittsburgh, PA 15205**

Debtor 1 **Diagnostic Center of Medicine (Allen) LLP**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

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

government contract \_\_\_\_\_

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

Debtor name Diagnostic Center of Medicine (Allen) LLP

United States Bankruptcy Court for the: DISTRICT OF NEVADA

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	Howard Coker, MD	3120 Coachlight Circle Las Vegas, NV 89117	Sunset Health Realty, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.153</u> <input type="checkbox"/> G _____
2.2	Howard Coker, MD	3120 Coachlight Circle Las Vegas, NV 89117	Moonshell, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.106</u> <input type="checkbox"/> G _____
2.3	Howard Coker, MD	3120 Coachlight Circle Las Vegas, NV 89117	CM&A Realty LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.35</u> <input type="checkbox"/> G _____
2.4	Lawrence Allen, MD	6165 Darby Lane Las Vegas, NV 89146	Sunset Health Realty, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.153</u> <input type="checkbox"/> G _____
2.5	Lawrence Allen, MD	6165 Darby Lane Las Vegas, NV 89146	Moonshell, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.106</u> <input type="checkbox"/> G _____



Debtor Diagnostic Center of Medicine (Allen) LLP

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

2.6 **Lawrence Allen,**      **6165 Darby Lane**  
**MD**                      **Las Vegas, NV 89146**

**CM&A Realty LLC**

D \_\_\_\_\_  
 E/F 3.35  
 G \_\_\_\_\_

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

Debtor name Diagnostic Center of Medicine (Allen) LLP

United States Bankruptcy Court for the: DISTRICT OF NEVADA

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)

For prior year:  
From 1/01/2017 to 12/31/2017

Operating a business  
 Other \_\_\_\_\_

\$5,163,430.63

For year before that:  
From 1/01/2016 to 12/31/2016

Operating a business  
 Other \_\_\_\_\_

\$7,089,610.86

For the fiscal year:  
From 1/01/2015 to 12/31/2015

Operating a business  
 Other \_\_\_\_\_

\$7,531,800.60

**2. Non-business revenue**

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

None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

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

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

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Advanced Imaging Solutions</b> 3865 W Cheyenne Ave Ste 505 North Las Vegas, NV 89032	11/2017, 12/2017	<b>\$7,770.72</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. <b>Advanced Isotopes of Nevada</b> 1090 Desert Inn Rd Ste 102 Las Vegas, NV 89109	11/2017, 12/2017	<b>\$11,164.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. <b>Clinical Pathology Laboratory</b> PO BOX 141669 Austin, TX 78714	10/2017, 11/2017, 12/2017	<b>\$15,184.65</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.4. <b>CM&amp;A Realty LLC</b> 3012 S Durango Dr Ste 1 Las Vegas, NV 89117	11/2017, 12/2017	<b>\$53,337.04</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.5. <b>DBM 10 LLC</b> 7505 Cobal Canyon Lane Las Vegas, NV 89129	10/2017, 11/2017, 12/2017	<b>\$10,867.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.6. <b>US Department of Treasury</b> PO BOX 80110 Tempe, AZ 85280-0110	10/2017, 12/2017	<b>\$223,458.39</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>
3.7. <b>Effortless Office</b> 4484 S Pecos Rd Las Vegas, NV 89121	11/2017, 12/2017	<b>\$18,153.04</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.8. <b>Health Plan of Nevada</b> PO BOX 749546 Los Angeles, CA 90074	10/2017, 11/2017, 12/2017	<b>\$61,416.16</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Group Health Insurance</u>

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. <b>Lake Mead Radiologists 2559 Wigwam Pkwy Henderson, NV 89074</b>	<b>10/2017, 11/2017</b>	<b>\$7,923.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 <b>Michael W Carbrey 1007 Celebration Ave #204 Celebration, FL 34747</b>	<b>10/2017, 11/2017, 12/2017</b>	<b>\$24,684.28</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 <b>Moonshell LLC 8945 W. Post Rd Ste 110 Las Vegas, NV 89148</b>	<b>10/2017, 11/2017, 12/2017</b>	<b>\$40,355.79</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 <b>Nevada Energy PO BOX 30086 Reno, NV 89520</b>	<b>10/2017, 11/2017, 12/2017</b>	<b>\$7,440.99</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Utilities</u>
3.13 <b>ProAssurance PO BOX 95295 Ste 103 Dallas, TX 75395</b>	<b>10/2017, 11/2017, 12/2017</b>	<b>\$16,541.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Malpractice Insurance</u>
3.14 <b>Siemens Healthcare Diagnostics PO BOX 121102 Dallas, TX 75312</b>	<b>10/2017</b>	<b>\$14,518.65</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 <b>E Clinical Works, LLC 2 Technology Drive Westborough, MA 01581</b>	<b>11/2017, 12/2017</b>	<b>\$9,098.34</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 <b>McNair and Associates 4955 South Durango Dr Ste. 207 Las Vegas, NV 89113</b>	<b>11/2017, 12/2017</b>	<b>\$10,039.95</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 <b>Clark County Treasurer c/o Bankruptcy Clerk 500 S Grand Central Parkway PO Box 551220 Las Vegas, NV 89155-1220</b>	<b>10/2017, 12/2017</b>	<b>\$7,174.40</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>County Taxes</b>
3.18 <b>Nevada Dept of Taxation, BK Section 555 E. Washington Ave. #1300 Las Vegas, NV 89101</b>	<b>10/2017</b>	<b>\$26,533.34</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>State Taxes</b>

**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
4.1. <b>Howard Coker M.D. 3120 Coachlight Cir Las Vegas, NV 89117 President</b>	<b>12/2016 through 12/2017</b>	<b>\$93,173.91</b>	<b>Compensation</b>
4.2. <b>Lawrence Allen M.D. 6165 Darby Ln Las Vegas, NV 89146 Chief Executive Officer</b>	<b>12/2016 through 12/2017</b>	<b>\$93,173.91</b>	<b>Compensation</b>

**5. Repossessions, foreclosures, and returns**

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

None

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

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

None

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

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

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

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known) \_\_\_\_\_

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>Sunset Health Realty, LLC, a Nevada limited liability company vs. Diagnostic Center of Medicine (Allen) LLP, a Nevada limited liability partnership; Lawrence M Allen, M.D. Prof. Corp., a Nevada professional corporation; Howard Coker, M.D., Prof. Corp., a Nevada professional corporation; Larence Allen, M.d., an individual; Howard Coker, M.D., an individual; DOES I through X, inclusive; and ROE Corporations I through X, inclusive. A-17-751338-C</b>	Civil	District Court of Las Vegas 200 Lewis Ave Las Vegas, NV 89155	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input 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
9.1. <b>Blind Center of Nevada 1001 N Bruce St Las Vegas, NV 89101</b>	Office Electronics	12/15/15	\$1,050.00
<b>Recipients relationship to debtor</b> Third Party			
9.2. <b>Blind Center of Nevada 1011 N Bruce St Las Vegas, NV 89101</b>	Office Electronics	10/18/16	\$1,770.00
<b>Recipients relationship to debtor</b> Third Party			

**Part 5: Certain Losses**

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

None

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known) \_\_\_\_\_

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

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

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

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>Ghandi Deeter Blackham</b> 725 South 8th Street Suite 100 Las Vegas, NV 89101	Attorney Fees	5/6/16	\$18,450.00
Email or website address nedda@ghandilaw.com			
Who made the payment, if not debtor?			

11.2. <b>Schwartz Flansburg PLLC</b> 6623 Las Vegas Blvd. South, Suite 300 Las Vegas, NV 89119	Attorney Fees	12/11/2017	\$11,550.00
Email or website address sam@nvfirm.com			
Who made the payment, if not debtor?			

11.3. <b>Schwartz Flansburg PLLC</b> 6623 Las Vegas Blvd. South, Suite 300 Las Vegas, NV 89119	Attorney Fees	1/9/18	\$18,450.00
Email or website address sam@nvfirm.com			
Who made the payment, if not debtor?			

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

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

None.

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

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known) \_\_\_\_\_

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
14.1. <b>Spring Valley Office</b> 5301 S Rainbow Blvd Ste 120 Las Vegas, NV 89118	4/14/2004-9/6/2016
14.2. <b>Green Valley Office</b> 6301 Mountain Vista St Ste 108 Henderson, NV 89014	12/1/2013-12/1/2016

**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
15.1. <b>Diagnostic Center of Medicine(Allen)LLP</b> 3012 S Durango Dr Ste 1 Las Vegas, NV 89117	<b>Primary Care, Family Practice and Internal Medicine</b>	
	<b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider. 3012 S Durango Dr Ste 1 Las Vegas, NV 89117	<b>How are records kept?</b> <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

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

No.

Yes. State the nature of the information collected and retained.

**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?



Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known) \_\_\_\_\_

**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
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**19. Safe deposit boxes**

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

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	---	-----------------------------	-----------------------

**20. Off-premises storage**

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

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
<b>Cubalmart</b> 2990 S Durango Dr Las Vegas, NV 89117	<b>3012 S Durango Dr Ste 1</b> Las Vegas, NV 89117	<b>Office Furniture and Miscellaneous medical office equipment</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>All Air Systems Inc</b> 1421 Sutter Ave Las Vegas, NV 89109	<b>Warehouse</b>	<b>Miscellaneous office furniture and miscellaneous medical office equipment</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**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.**

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known) \_\_\_\_\_

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
---------------------------	-------------------------------------	--------------------	----------------

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 <small>Do not include Social Security number or ITIN.</small>	Dates business existed
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26. Books, records, and financial statements

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

- None

Name and address	Date of service From-To
26a.1. Sharon McNair, CPA 4955 S Durango Dr Ste 207 Las Vegas, NV 89113	12/9/2014-current
26a.2. O'Banon Anaya and Company Ltd 870 Seven Hills Dr Ste 203 Henderson, NV 89052	12/29/2009-12/31/2016

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

Name and address	Date of service From-To
26b.1. Sharon McNair, CPA 4955 S Durango Dr Ste 207 Las Vegas, NV 89113	12/9/2014-current

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known)

Name and address	Date of service From-To
26b.2. <b>O'Bannon Anaya &amp; Company LTD</b> <b>870 Seven Hills Dr Ste 203</b> <b>Henderson, NV 89052</b>	<b>12/29/2009-12/31/2016</b>

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

None

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

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

None

Name and address
26d.1. <b>American First National Bank</b> <b>6822 W Sahara Ave</b> <b>Las Vegas, NV 89146</b>

## 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
<b>Lawrence Allen M.D.</b>	<b>6165 Darby Ln</b> <b>Las Vegas, NV 89146</b>	<b>CEO-Managing Partner</b>	<b>50%</b>
<b>Howard Coker M.D.</b>	<b>3120 Coachlight Cir</b> <b>Las Vegas, NV 89117</b>	<b>President-Managing Partner</b>	<b>50%</b>

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

No

Yes. Identify below.

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

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

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

Debtor **Diagnostic Center of Medicine (Allen) LLP**

Case number (if known) \_\_\_\_\_

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>Lawrence Allen M.D. 6165 Darby Lane Las Vegas, NV 89146</b>	<b>93,173.91</b>	<b>12/2016 through 12/2017</b>	<b>Compensation</b>
	<b>Relationship to debtor CEO</b>			
30.2	<b>Howard Coker M.D. 3120 Coachlight Circle Las Vegas, NV 89117</b>	<b>93,173.91</b>	<b>12/2016 through 12/2017</b>	<b>Compensation</b>
	<b>Relationship to debtor President</b>			

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 \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation \_\_\_\_\_ Employer Identification number of the parent corporation \_\_\_\_\_

**Part 14: Signature and Declaration**

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

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

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

Executed on **January 12, 2018**

**/s/ Lawrence M. Allen, M.D., Prof. Corp.**      **Lawrence M. Allen, M.D., Prof. Corp.**  
Signature of individual signing on behalf of the debtor      Printed name

Position or relationship to debtor **Chief Executive Officer**

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

- No
- Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
District of Nevada**

In re Diagnostic Center of Medicine (Allen) LLP

Debtor(s)

Case No.

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

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

For legal services, I have agreed to accept .....	\$	<u>28,833.00</u>
Prior to the filing of this statement I have received .....	\$	<u>28,833.00</u>
Balance Due .....	\$	<u>0.00</u>

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

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

Debtor       Other (specify):

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

Debtor       Other (specify):

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

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

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

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

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

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

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 12, 2018  
Date

/s/ Samuel A. Schwartz. Esq.  
**Samuel A. Schwartz. Esq. 10985**  
*Signature of Attorney*  
**Schwartz Flansburg PLLC**  
**6623 Las Vegas Blvd. South, Suite 300**  
**Las Vegas, NV 89119**  
**(702) 385-5544 Fax: (702) 385-2741**  
sam@nvfirm.com  
*Name of law firm*

**United States Bankruptcy Court  
District of Nevada**

In re Diagnostic Center of Medicine (Allen) LLP

Debtor(s)

Case No.

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
---	----------------	----------------------	------------------

**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

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

Date January 12, 2018Signature /s/ Lawrence M. Allen, M.D., Prof. Corp.  
Lawrence M. Allen, M.D., Prof. Corp.

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

**United States Bankruptcy Court  
District of Nevada**

In re **Diagnostic Center of Medicine (Allen) LLP**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Executive Officer 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: **January 12, 2018**

**/s/ Lawrence M. Allen, M.D., Prof. Corp.**

**Lawrence M. Allen, M.D., Prof. Corp./Chief Executive Officer**

Signer/Title

Diagnostic Center of Medicine (Allen) LLP  
3012 S Durango Drive Ste 2  
Las Vegas, NV 89117

Samuel A. Schwartz. Esq.  
Schwartz Flansburg PLLC  
6623 Las Vegas Blvd. South, Suite 300  
Las Vegas, NV 89119

Clark County Assessor  
c/o Bankruptcy Clerk  
500 S Grand Central Pkwy  
Box 551401  
Las Vegas, NV 89155-1401

Dept of Employment, Training and Rehab  
Employment Security Division  
500 East Third Street  
Carson City, NV 89713

United States Trustee  
300 Las Vegas Blvd. South #4300  
Las Vegas, NV 89101

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

Clark County Treasurer  
c/o Bankruptcy Clerk  
500 S Grand Central Parkway  
PO Box 551220  
Las Vegas, NV 89155-1220

State of Nevada Dept. of Motor Vehicles  
Attn: Legal Division  
555 Wright Way  
Carson City, NV 89711

A Handy Matty  
721 W Azure Ave  
North Las Vegas, NV 89031

Advanced Isotopes of Nevada  
1090 Desert Inn Rd Ste 102  
Las Vegas, NV 89109

Aetna  
Acct No 3900  
PO BOX 14079  
Lexington, KY 40512-4079



Aflac  
Acct No x6582  
c/o Worldwide Headquarters  
1932 Wynnton Rd  
Columbus, GA 31998

Air Liquide America Corp.  
Acct No xxxx0-001  
PO BOX 301046  
Dallas, TX 75303

Airtec Gases LLC  
2900 S Highland Dr #19A  
Las Vegas, NV 89109

All Lit Up Electric, Inc  
4426 Peaceful Harbor St  
Las Vegas, NV 89129

Allscripts  
Acct No 2173  
24630 Network Place  
Chicago, IL 60673-1246

Allscripts RCMS  
PO BOX 1473  
Escondido, CA 92033

American College of Radiology  
1891 Preston White Dr  
Reston, VA 20191-4326

American Continental Insurance Company  
101 Continental Place  
Brentwood, TN 37027

American Proficiency Institute  
1159 Business Park Dr  
Traverse City, MI 49686

Antek Healthware  
228 Business Center Dr  
Reisterstown, MD 21136

Aquaperfect  
Acct No x2707  
PO BOX 610  
Saint Joseph, MN 56374

Bactes Imaging Solutions  
8344 Clairemont Mesa Blvd Ste. 201  
San Diego, CA 92111

Balboa Capital  
2010 Main Street  
11th Floor  
Irvine, CA 92614

Bio-Rad Laboratories, Inc  
c/o Clinical Diagnostics Group  
Dept 9740  
Los Angeles, CA 90084

BME Service  
381 N Bergin Dr  
Las Vegas, NV 89110

c/o The Equity Group, Inc  
6018 S Durango Dr #110  
Las Vegas, NV 89113

Caine & Weiner  
21210 Erwin Street  
Woodland Hills, CA 91367

Cashflow Lease  
3409 N Central Expy #200  
Plano, TX 75023

Century Link  
Acct No xxxxx8655  
PO BOX 2961  
Phoenix, AZ 85062

Century Link  
Acct No xxxxx4266  
PO BOX 2961  
Phoenix, AZ 85062

CGM Labdaq  
10715 Red Run Blvd Ste 101  
Owings Mills, MD 21117

CHMB  
PO BOX 1476  
Escondido, CA 92033

CIMT  
7575 W Washington Ave #127-400  
Las Vegas, NV 89128

Cintas Corp #59  
Acct No xxx-x9889  
2460 Kiel Way  
North Las Vegas, NV 89030

City of Henderson  
PO BOX 95007  
Henderson, NV 89009

City of Las Vegas  
PO BOX 52799  
Phoenix, AZ 85072

Clark County Assessor  
500 S. Grand Central Pkwy, 2nd Floor  
PO BOX 551401  
Las Vegas, NV 89155-1401

Clark County Business License  
PO BOX 551810  
Las Vegas, NV 89155-1810

Clark County Treasurer  
c/o Bankrutpcy Clerk  
500 S. Grand Central Pkwy  
Box 551220  
Las Vegas, NV 89155-1220

Clark County Water Reclamation District  
Acct No xxx-xx-xx2-031  
PO BOX 98526  
Las Vegas, NV 89193-8526

CLIA Laboratory Program  
Acct No xxxxxx7879  
PO BOX 530882  
Atlanta, GA 30353-0882

Clinical Pathology Laboratory  
Acct No x4487  
PO Box 141669  
Austin, TX 78714

CM&A Realty LLC  
3012 S Durango Dr Ste 1  
Las Vegas, NV 89117

College of American Pathologies  
Acct No xx3051  
PO BOX 71698  
Chicago, IL 60694-1698

Colonial Supplemental Insurance  
Acct No xxxx4163  
POST OFFICE BOX 903  
Columbia, SC 29202-0903

Compugroup Medical Inc  
10751 Red Run Blvd Ste 101  
MD 21170

Conexis  
Acct No xxx 4217  
PO BOX 8363  
Pasadena, CA 91109

Consultant Medical Electronics  
Acct No DMCL  
1236 Douglas  
Las Vegas, NV 89102

Cox Communications  
Acct No xx xxxxxxxxxxxxxx0901  
PO BOX 53262  
Phoenix, AZ 85072

Cox communications  
Acct No xx xxxxxxxxxxxxxx2201  
PO BOX 53262  
Phoenix, AZ 85072-3262

Critter Gitters Pest Control  
PO BOX 364152  
North Las Vegas, NV 89036

Cube Smart  
2990 S Durango Dr  
Las Vegas, NV 89117

Darden Plumbing, LLC  
4330 W Desert Inn Ste B  
Las Vegas, NV 89102

DBM 10 LLC  
7505 Cobal Canyon Lane  
Las Vegas, NV 89129

Dept. of Employment, Training & Rehab  
Acct No xx0665  
Employment Security Division  
500 E Third St  
Carson City, NV 89713-0030

Desert Springs Hospital  
2075 E. Flamingo Road  
Las Vegas, NV 89119

Desert Technology Systems Inc  
1990 McCulloch Blvd #D 276  
Lake Havasu City, AZ 86403

Direct TV  
PO BOX 5006  
Carol Stream, IL 60197-5006

Doctor's answering service  
Acct No 1401  
5130 S Fort Apache Rd#215  
Las Vegas, NV 89148

Durango Business Park Owners  
Acct No xxxxx-3799  
c/o Terra West Management Svcs  
PO BOX 61533  
Phoenix, AZ 85082

EDS Electronics, Inc  
2675 W Cheyenne Ave  
North Las Vegas, NV 89032

Effortless Office Enterprises LLC  
4484 S Pecos Rd  
Las Vegas, NV 89121

Ensemble Real Estate Services, LLC  
4722 North 24th St Ste.400  
Phoenix, AZ 85016

Everbank Commercial Finance  
PO BOX 911608  
Denver, CO 80291-1608

Extra Express  
Acct No LV-DIACE  
PO BOX 5100  
Cerritos, CA 90703

Federal Express  
Acct No xxxxx035-7  
PO BOX 7221  
Pasadena, CA 91109

GFI Software  
Acct No xx3799  
401 Congress Ave #2650  
Austin, TX 78701

Great America Lease  
625 1st St SE #800  
Cedar Rapids, IA 52401

Great American Leasing  
625 1st St SE #800  
Cedar Rapids, IA 52401

Hasler Financial Services LLC  
PO BOX 45850  
San Francisco, CA 94145-0850

HD Group, LLC  
PO BOX 230727  
Las Vegas, NV 89105-0727

Health Endeavors  
8955 E Pinnacle Peak Rd Ste 103  
Scottsdale, AZ 85255

Health Plan of Nevada  
Acct No xxxx1270  
POST Office Box 74946  
Los Angeles, CA 90074-9546

Healthsouth Hospital of Las Vegas  
1250 S Valley View Blvd  
Las Vegas, NV 89102

Healthsouth Rehabilitation Hospital  
1250 S Valley View Blvd  
Las Vegas, NV 89107

Henry Schein  
PO BOX 7156  
Pasadena, CA 91109-7156

Hologic, Inc  
24506 Netwo  
Chicago, IL 60673

Horiba Finance  
PO Box 51-2936  
Los Angeles, CA 90051

Howard Coker, MD  
3120 Coachlight Circle  
Las Vegas, NV 89117

Howard Coker, MD, PC  
3120 Coachlight Circle  
Las Vegas, NV 89117

HP Enterprise Service  
Acct No x3476  
PO BOX 30042  
Reno, NV 89520

HR Workplace Services, Inc  
8912 E Pinnacle Peak Rd Ste F9-451  
Scottsdale, AZ 85255

IDC of Rancho, LLC  
PO BOX 2595  
Spring, TX 77383

IMA Laboratory  
3121 S Maryland Pkwy Ste 301  
Las Vegas, NV 89109

Imagistics  
PO BOX 2743  
Portland, OR 97208

IND  
PO BOX 400728  
Las Vegas, NV 89140

Ingenix  
PO BOX 27116  
Salt Lake City, UT 84127-0116

Internal Revenue Service  
Acct No xx-xxx5179  
Centralized Insolvency Operations  
PO BOX 7346  
Philadelphia, PA 19101-7346

Iron Mountain Inc  
PO BOX 841693  
Dallas, TX 75284

J Bud Gibson Doors Inc  
300 W Bonanza Rd  
Las Vegas, NV 89106

JBS, Inc  
Acct No 5799  
2251 N Rampart Blvd #575  
Las Vegas, NV 89128-7640

Jim Kelley  
2424 Luberon Dr  
Henderson, NV 89044

JJ Keller & Associates Inc  
PO BOX 548  
Neenah, WI 54957

Jose Felix Chavarin  
1308 Smoke Tree Lane  
Las Vegas, NV 89108

Kelly's Glass & Mirror Co  
3400 Procyon St Ste 100A  
Las Vegas, NV 89102

Key Equipment Finance  
Acct No xxxxxx1431  
PO BOX 203901  
Houston, TX 77216-3901

Key Equipment Finance  
Acct No xxx4575  
PO BOX 7413  
Cleveland, OH 44194

Labarrington  
220 North River St  
Dundee, IL 60118

Lake Mead Radiologists  
2559 Wigwam Pkwy  
Henderson, NV 89074

Lawrence Allen, MD  
6165 Darby Lane  
Las Vegas, NV 89146

Lawrence Allen, MD, PC  
6165 Darby Lane  
Las Vegas, NV 89146

Leaf Funding Inc  
2005 Market St 15th Floor  
Philadelphia, PA 19103

Level Line Builders  
PO BOX 90411  
Henderson, NV 89009

Liberty lock and Safe  
5470 W Sahra  
Las Vegas, NV 89146

Live Electric Inc  
3038 S Durango Dr Ste 100  
Las Vegas, NV 89117

Loan Mountain Glazing Inc  
4356 E Alexander Rd  
Las Vegas, NV 89115

Mailfinance  
Acct No xx2836  
Dept 3682 PO BOX 123682  
Dallas, TX 75312-3682

Mailmax  
5565 S Decatur Blvd Ste 106  
Las Vegas, NV 89118

Management Resource Group LLC  
PO BOX 789  
Ocean Springs, MS 39566-0789



Mass Media, LLC  
2863 St Rose Pkwy  
Henderson, NV 89052

McKesson General Medical Corporation  
PO BOX 933027  
Atlanta, GA 31193-3027

McNair and Associates  
4955 South Durango Dr Ste. 207  
Las Vegas, NV 89113

Med-Smart Inc  
1701 N Green Valley Pkwy 2A  
Henderson, NV 89074

Medco  
PO BOX 6530  
Philadelphia, PA 19170

Medical Data Information Services, Inc  
417 Caredean Dr Bldg E  
Horsham, PA 19044

Michael W Carbrey  
1007 Celebration Ave #204  
Kissimmee, FL 34747

Microgenics Corporation  
Acct No xxxxxx1851  
c/o Bank of America  
7055 Collections Center Dr  
Chicago, IL 60693

Millipore Corporation  
2736 Paysphere Circle  
Chicago, IL 60674

Mirion Technologies  
PO BOX 101301  
Pasadena, CA 91189-0005

Moonshell, LLC  
8880 West Sunset Road, Third Floor  
Las Vegas, NV 89148

Moonshell, LLC  
7140 Smoke Ranch Rd  
Las Vegas, NV 89128

Moonshell, LLC  
c/o LL Bradford  
8945 W Post Rd Ste 110  
Las Vegas, NV 89148

Msdsonline  
350 N Orleans Ste 950  
Chicago, IL 60654

MXR

National Emergency Medical Services  
PO BOX 90635  
Henderson, NV 89009

National lighting & maintenance  
PO BOX 255  
Glyndon, MD 21071

Nevada Dept. of Taxation, Bankruptcy  
Acct No xxx-xx-xxxxxxxxx4-902  
555 E. Washington Ave. #1300  
Las Vegas, NV 89101

Nevada Division of Health  
1550 E College Pkwy, Ste 158  
Carson City, NV 89706

Nevada Employment Security Division  
2800 E. St. Louis Avenue  
Las Vegas, NV 89104

Nevada Health Co-Op  
6425 W Sahara Avenue, Suite 250  
Las Vegas, NV 89146

Nevada Heart and Vascular Center  
700 E Silverado Blvd Ste 170  
Las Vegas, NV 89183

Nevada Linen Supply  
Acct No 391  
3960 W Mesa Vista Ave  
Las Vegas, NV 89118

Nevada State Board of Medical Examiners  
PO BOX 7238  
Reno, NV 89510

Nevada State Board of Osteopathic  
2860 E Flamingo Rd Ste D  
Las Vegas, NV 89121

Nevada State Board of Pharmacy  
555 Double Eagle Ct #1100  
Reno, NV 89521

Nevada State Health Dividion  
675 Fairview Dr Ste 218  
Carson City, NV 89701

Novero Neurology LLC  
3150 N Tenaya Way #150  
Las Vegas, NV 89128

Nuance Communications, Inc  
PO BOX 2561  
Carol Stream, IL 60132

NV Energy  
Acct No xxxxxxxxxxxxxxxx1102  
PO BOX 30086  
Reno, NV 89520-3086

Palm 1 Medical  
Acct No 6004  
980 Lakes Pkwy  
Lawrenceville, GA 30043

Paradise Liquid, Inc  
PO BOX 92068  
Henderson, NV 89009-2068

Paylocity Corporation  
3850 N Wilke Rd Ste 100  
Arlington Heights, IL 60004-1270

Peak Performance Physicians, LLC  
82277 Lost Hills Dr  
Bush, LA 70431

Perozek Professional Corporation  
653 N. Town Center Dr. Ste 212  
Las Vegas, NV 89144

Principal  
Acct No xxxxxxxx-x0001  
PO BOX 10372  
Des Moines, IA 50306

Proassurance Companies  
Acct No xx4713  
PO BOX 809196  
Chicago, IL 60680

Professional Medical Consultants, Inc.  
801 S Rancho Dr Ste. C-1  
Las Vegas, NV 89106-3858

Quest Diagnostics  
Acct No x0667  
12323 Collections Ctr Dr  
Chicago, IL 60693

Quest Diagnostics  
Acct No 5799  
12323 Collections Ctr Dr  
Chicago, IL 60693

Radiation Control Program  
675 Fairview Dr Ste 218  
Carson City, NV 89701

Republic Services  
Acct No x-xxxx-xxx4135  
PO BOX 78829  
Phoenix, AZ 85062-8040

Republic Services  
Acct No x-xxxx-xxx5777  
PO BOX 78829  
Phoenix, AZ 85062-8040

S&S Integrations, LLC  
55 S Valle Verde Dr Ste 410  
Henderson, NV 89012

Secretary of State  
202 North Carson St  
Carson City, NV 89701

Sekisui Diagnostics LLC  
PO BOX 360975  
Pittsburgh, PA 15251-6975

Shred-It Las Vegas  
Acct No xxx0791  
PO BOX 101007  
Pasadena, CA 91189-1007

Siemens Healthcare Diagnostics  
PO BOX 121102  
Dallas, TX 75312-1102

SK Medical  
8722 Martinique Bay Lane  
Las Vegas, NV 89147

Sklar Williams LLP  
410 South Rampart Blvd Ste 350  
Las Vegas, NV 89145

Sonosite, Inc  
4332 Solutions Center  
Chicago, IL 60677

Sourceone Healthcare Technologies  
Acct No xxx5071  
PO BOX 730386  
Dallas, TX 75373

Southern Hills Hospital  
9300 West Sunset Road  
Las Vegas, NV 89148

Spring Valley Hospital Medical Center  
File 57361  
Los Angeles, CA 90074

Spring Valley Medical Properties LLC  
c/o Ensemble Real Estate Services, LLC  
2020 Goldring Ave Ste 201  
Las Vegas, NV 89106

Staples Advantage  
Dept LA  
PO BOX 83689  
Chicago, IL 60696

State of Nevada ESD  
2800 E St Louis Ave  
Las Vegas, NV 89104

Sterling Independent Services Inc  
6300 Powers Ferry Rd Ste 600-351  
Atlanta, GA 30339

Summerlin Hospital  
657 Town Center Dr  
Las Vegas, NV 89134

Sunrise Hospital Medical Staff  
3186 S Maryland Pkwy  
Las Vegas, NV 89109

Sunset Health Realty, LLC  
Marquis Aurbach Coffing  
10001 Park Run Drive  
Las Vegas, NV 89145

Supercoder LLC  
2222 Sedwick Dr  
Durham, NC 27713

Telepacific Communications  
PO BOX 526015  
Sacramento, CA 95852-6015

THC of Nevada, Las Vegas  
5321 S Cameron St  
Las Vegas, NV 89118

The Hartford  
Acct No xxxxxx0739  
PO BOX 660916  
Dallas, TX 75266-0916

The Idea Factory  
8430 W Lake Mead Blvd Ste 100  
Las Vegas, NV 89128

The Valley Health System  
620 Shawdow Lane  
Las Vegas, NV 89106

Thorne Research Inc  
25820 Highway 2 West  
PO BOX 25  
Dover, ID 83825

Totalfunds by Hassler  
Acct No xxxxxxxxxxxx4956  
PO BOX 30193  
Tampa, FL 33630-3193

Tyco Integrated Security LLC  
Acct No xxxxxxxxxxxx0724  
PO BOX 371967  
Pittsburgh, PA 15250

United States Trustee  
300 Las Vegas Blvd South #4300  
Las Vegas, NV 89101

UPS  
Acct No xxV273  
PO BOX 894820  
Los Angeles, CA 90189-4820

US Filter  
Acct No xxxx5701  
119 South Weber Dr  
Chandler, AZ 85226

US Pay  
3601 Hampstead Turnpike  
Levittown, NY 11756

USA Mobility Wireless, Inc  
Acct No xxxxxxxx9328  
PO BOX 660770  
Dallas, TX 75266-0770

Valley Health System  
620 Shadow Lane  
Las Vegas, NV 89106

Vision Financial Corp  
615 Iron City Dr  
Pittsburgh, PA 15205

Washington National Insurance Company  
PO BOX 223388  
Pittsburgh, PA 15251-2388

Water District  
Acct No xxxxxxxx3167  
PO BOX 2921  
Phoenix, AZ 85062-2921

Wells Fargo Third Party Admin  
PO BOX 3244  
Charleston, WV 25332-3244

West Valley Imaging  
3025 S Rainbow Blvd  
Las Vegas, NV 89146

Western Alliance Bank  
Acct No xxxxxx5770  
PO BOX 26237  
Las Vegas, NV 89126-0237

Western Alliance Bank  
Acct No xxxxxx5767  
PO BOX 26237  
Las Vegas, NV 89126-0237

Winzer Corporation  
PO BOX 671482  
Dallas, TX 75267-1482

Zonare Medical Systems  
Acct No 3339  
PO BOX 122383  
Dallas, TX 75312

**United States Bankruptcy Court  
District of Nevada**

In re Diagnostic Center of Medicine (Allen) LLP

Debtor(s)

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

Chapter 11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Diagnostic Center of Medicine (Allen) LLP in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

**January 12, 2018**

Date

**/s/ Samuel A. Schwartz. Esq.**

**Samuel A. Schwartz. Esq. 10985**

Signature of Attorney or Litigant

Counsel for Diagnostic Center of Medicine (Allen) LLP

**Schwartz Flansburg PLLC**

**6623 Las Vegas Blvd. South, Suite 300**

**Las Vegas, NV 89119**

**(702) 385-5544 Fax:(702) 385-2741**

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