

**United States Bankruptcy Court  
Eastern District of New York**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>New York Home Health Care Equipment, LLC</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>11-3392879</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>80 Hooper Street Westbury, NY</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>11590</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Nassau</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other  <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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**Statistical/Administrative Information**

Debtor estimates that funds will be available for distribution to unsecured creditors.  
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

**Estimated Number of Creditors**

<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
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**Estimated Assets**

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

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>New York Home Health Care Equipment, LLC</b>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____ Signature of Attorney for Debtor(s) (Date)</p>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

Debtor has been domiciled or has had a residence, 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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**New York Home Health Care Equipment, LLC**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).  
  
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Anthony F. Giuliano  
Signature of Attorney for Debtor(s)

Anthony F. Giuliano 2460  
Printed Name of Attorney for Debtor(s)

Pryor & Mandelup, L.L.P.  
Firm Name

675 Old Country Road  
Westbury, NY 11590

\_\_\_\_\_  
Address

516-997-0999 Fax: 516-333-7333  
Telephone Number

July 21, 2008  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

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

\_\_\_\_\_  
Address

**X** \_\_\_\_\_

\_\_\_\_\_  
Date

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

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

**X** /s/ Harry Ruddy  
Signature of Authorized Individual

Harry Ruddy  
Printed Name of Authorized Individual

Managing Member  
Title of Authorized Individual

July 21, 2008  
Date

**United States Bankruptcy Court**  
**Eastern District of New York**

In re **New York Home Health Care Equipment, LLC**  
 Debtor(s)

Case No. \_\_\_\_\_  
 Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Caliber Printing 145 Mineola Blvd Mineola, NY 11501</b>	<b>Caliber Printing 145 Mineola Blvd Mineola, NY 11501</b>			<b>14,274.34</b>
<b>Drive P O Box 789019 Saint Louis, MO 63179</b>	<b>Drive P O Box 789019 Saint Louis, MO 63179</b>			<b>15,666.52</b>
<b>Fisher &amp; Paykel Healthcare 15365 Barranca Parkway Irvine, CA 92618</b>	<b>Fisher &amp; Paykel Healthcare 15365 Barranca Parkway Irvine, CA 92618</b>			<b>105,465.32</b>
<b>Healthline Trading LLC 1685 McDonald Avenue Brooklyn, NY 11230</b>	<b>Healthline Trading LLC 1685 McDonald Avenue Brooklyn, NY 11230</b>			<b>9,930.00</b>
<b>Huntington Services Inc 680 Broadway 2nd Floor Massapequa, NY 11758</b>	<b>Huntington Services Inc 680 Broadway 2nd Floor Massapequa, NY 11758</b>			<b>6,754.04</b>
<b>Independent Medical 1810 Summit Commerce Park Twinsburg, OH 44087</b>	<b>Independent Medical 1810 Summit Commerce Park Twinsburg, OH 44087</b>			<b>6,754.04</b>
<b>Inogen 326 Bollay Drive Goleta, CA 93117</b>	<b>Inogen 326 Bollay Drive Goleta, CA 93117</b>			<b>6,669.90</b>
<b>Lifegas P O Box 803285 Chicago, IL 60680-3285</b>	<b>Lifegas P O Box 803285 Chicago, IL 60680-3285</b>			<b>21,443.11</b>
<b>Mason Medical Products 85 Denton Avenue New Hyde Park, NY 11040</b>	<b>Mason Medical Products 85 Denton Avenue New Hyde Park, NY 11040</b>			<b>12,949.76</b>
<b>Medical Industries America Inc 2636 289th Place Adel, IA 50003</b>	<b>Medical Industries America Inc 2636 289th Place Adel, IA 50003</b>			<b>3,740.09</b>
<b>Medline One Midline PI Mundelein, IL 60060</b>	<b>Medline One Midline PI Mundelein, IL 60060</b>			<b>101,367.44</b>

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Nortech Laboratories Inc 125 Sherwood Avenue Farmingdale, NY 11735	Nortech Laboratories Inc 125 Sherwood Avenue Farmingdale, NY 11735			2,353.20
Resmed LockBox 534593 Atlanta, GA 30353-4593	Resmed LockBox 534593 Atlanta, GA 30353-4593			216,468.33
Sleep Services of America Inc 890 Airport Park Road Suite 1 Glen Burnie, MD 21061	Sleep Services of America Inc 890 Airport Park Road Suite 1 Glen Burnie, MD 21061			10,900.00
Smith & Nephew 75 Remittance Drive Suite 6493 Chicago, IL 60675-6493	Smith & Nephew 75 Remittance Drive Suite 6493 Chicago, IL 60675-6493			28,158.66
Smith & Nephew 75 Remittance Drive Suite 6493 Chicago, IL 60675-6493	Smith & Nephew 75 Remittance Drive Suite 6493 Chicago, IL 60675-6493			16,081.44
Teleflex Medical 2917 Weck Dr Research Tria Durham, NC 27709	Teleflex Medical 2917 Weck Dr Research Tria Durham, NC 27709			4,448.26
The Roho Group P O Box 658 Belleville, IL 62220	The Roho Group P O Box 658 Belleville, IL 62220			30,094.88
TMPUR-PEDIC P O Box 634533 Cincinnati, OH 45263	TMPUR-PEDIC P O Box 634533 Cincinnati, OH 45263			10,103.00
Universal Hospital Services 25 Fairchild Avenue Suite 400 Plainview, NY 11803	Universal Hospital Services 25 Fairchild Avenue Suite 400 Plainview, NY 11803			37,445.72

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

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date July 21, 2008Signature /s/ Harry Ruddy

**Harry Ruddy**  
**Managing Member**

*Penalty for making a false statement or 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  
Eastern District of New York**

In re **New York Home Health Care Equipment, LLC**

Debtor(s)

Case No.  
Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: **July 21, 2008**

**/s/ Harry Ruddy**

**Harry Ruddy/Managing Member**

Signer/Title

Date: **July 21, 2008**

**/s/ Anthony F. Giuliano**

Signature of Attorney

**Anthony F. Giuliano**

**Pryor & Mandelup, L.L.P.**

**675 Old Country Road**

**Westbury, NY 11590**

**516-997-0999 Fax: 516-333-7333**

AEL Financial  
600 North Buffalo Grove Road  
Suite 203  
Buffalo Grove, IL 60089

All Points Capital - NFEQ  
265 Broadhollow Road  
Melville, NY 11747

All Pro Medical Spplies Inc  
464 E. Main Street  
Patchogue, NY 11772

Bankers Leasing  
P O Box 7740  
Urbandale, IA 50323

Barton Carey  
P O Box 421  
Perrysburg, OH 43552

BMT Leasing Inc.  
P O Box 692  
Bryn Mawr, PA 19010-0692

Butler Capital

Byram Healthcare Centers Inc  
P O Box 531670  
Atlanta, GA 30353-1670

Caliber Printing  
145 Mineola Blvd  
Mineola, NY 11501

Chosen Holdings Inc.  
Acculease  
63 Clifton Street  
Farmingdale, NY 11735

CoActiv Capital Partners  
655 Business Center Drive  
Suite 250  
Horsham, PA 19044

CPM Sales and Services Inc  
P O Box 501  
Pewaukee, WI 53072

Diamond Diabetic Products  
4820 Park Blvd  
Pinellas Park, FL 33781

DM Systems Inc  
1316 Sherman Avenue  
Evanston, IL 60201

Drive  
P O Box 789019  
Saint Louis, MO 63179

Evans National  
P O Box 210  
Hamburg, NY 14075-9998

First Lease  
185 Commerce Drive  
Unit 102  
Fort Washington, PA 19034

First Niagara Bank  
726 Exchange Street  
Suite 900  
Buffalo, NY 14210

Fisher & Paykel Healthcare  
15365 Barranca Parkway  
Irvine, CA 92618

Gemco Medical  
P O Box 429  
Hudson, OH 44236-0429

Golden Technologies  
401 Bridge Street  
Old Forge, PA 18518

Healthline Trading LLC  
1685 McDonald Avenue  
Brooklyn, NY 11230



HSBC  
80 8th Avenue  
New York, NY 10011

Huntington Services Inc  
680 Broadway  
2nd Floor  
Massapequa, NY 11758

IFC Credit Corp  
8700 Waukegan Road  
# 100  
Morton Grove, IL 60053

Indenpendent Medical  
1810 Summit Commerce Park  
Twinsburg, OH 44087

Inogen  
326 Bollay Drive  
Goleta, CA 93117

InvaCare  
33416 Treasury Center  
Chicago, IL 60694-3400

IVIVI Technologies  
Marcus & Levy  
80 Broadway  
Elmwood Park, NJ 07407

Jovi Pak  
19625 62nd Avenue S.  
Suite B101  
Kent, WA 98032

Julius Zorn Inc  
3690 Zorn Drive  
Cuyahoga Falls, OH 44223

Leaf Funding Inc  
P O Box 605  
Moberly, MO 65270-0605

Lifegas  
P O Box 803285  
Chicago, IL 60680-3285

Liko Inc  
122 Grove Street  
Franklin, MA 02038

Mabis Healthcare  
13329 Collection Center Dr.  
Chicago, IL 60693

Mason Medical Products  
85 Denton Avenue  
New Hyde Park, NY 11040

Maxim Healthcare Services  
12558 Collections Center  
Chicago, IL 60693

Medi USA LP  
6481 Franz Warner Pkwy  
Whitsett, NC 27377-3000

Medical Industries America Inc  
2636 289th Place  
Adel, IA 50003

Medline  
One Midline Pl  
Mundelein, IL 60060

Mellen Air Manufacturing Inc  
2601 E. 28th Street  
Suite 307  
Signal Hill, CA 90755

Merrill Lynch  
222 North LaSalle Street  
17th Floor  
Chicago, IL 60601

MRK Leasing LTD  
2401 Superior Viaduct  
Cleveland, OH 44113

Nortech Laboratories Inc  
125 Sherwood Avenue  
Farmingdale, NY 11735

OFC Capital Corp  
576 Colonial Park Dr.  
Suite 200  
Roswell, GA 30075

Pelstar LLC  
24097 Network Place  
Chicago, IL 60673

Popular Equipment  
Lockbox # 771922  
1922 Solutions Center  
Chicago, IL 60677-1009

Resmed  
LockBox 534593  
Atlanta, GA 30353-4593

Respironics  
P O Box 640817  
Pittsburgh, PA 15264-0817

Salter Labs  
100 W Sycamore Road  
Arvin, CA 93203

Sleep Services of America Inc  
890 Airport Park Road  
Suite 1  
Glen Burnie, MD 21061

Smith & Nephew  
75 Remittance Drive  
Suite 6493  
Chicago, IL 60675-6493

Sovereign Bank  
3 Huntington Quad  
Suite 101N  
Melville, NY 11747

Sterling National Bank  
500 Seventh Avenue  
11th Floor  
New York, NY 10018-4502

Studebaker - Worthington  
100 Jericho Quadrangle  
Jericho, NY 11753

Teleflex Medical  
2917 Weck Dr  
Research Tria  
Durham, NC 27709

The Roho Group  
P O Box 658  
Belleville, IL 62220

Tiara  
14414 Detroit Avenue  
Suite 206  
Lakewood, OH 44107

Tiger Leasing  
157 Chambers Street  
10th Floor  
New York, NY 10007

TMPUR-PEDIC  
P O Box 634533  
Cincinnati, OH 45263

Townsend Design  
4615 Shepard Street  
Bakersfield, CA 93313

Universal Hospital Services  
25 Fairchild Avenue  
Suite 400  
Plainview, NY 11803

VGM Financial  
1111 West San Marnan Dr.  
Waterloo, IA 50701

Wells Fargo/Greater Bay  
300 Tri-State International  
Suite 400  
Lincolnshire, IL 60069-4417

Yooj Solutions Inc  
c/o Melinda M. Dus, Esq.  
317 Madison Ave  
21 Floor  
New York, NY 10017