**B1** (Official Form 1) (4/10)

United States Bankruptcy Court Southern District of New York				Vol	untary Petition			
Name of Debtor (if individual, enter Last, First, Middle): <b>LZJ, Inc.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 8 ye (include married, maiden, and trade names):  dba The Medical Source	ears					e Joint Debtor i nd trade names)		3 years
Last four digits of Soc. Sec. or Individual-Taxpayer EIN (if more than one, state all): <b>13-3967723</b>	I.D. (ITIN) No./	Complete	Last four d EIN (if mo				axpayer I.l	D. (ITIN) No./Complete
Street Address of Debtor (No. & Street, City, State 69 Route 59, Suite A Monsey, NY	& Zip Code):		Street Add	ress of Jo	oint Debt	tor (No. & Stree	et, City, Sta	ate & Zip Code):
Monsey, IVI	ZIPCODE 10	952						ZIPCODE
County of Residence or of the Principal Place of Bu Rockland	ısiness:		,			he Principal Pla		
Mailing Address of Debtor (if different from street	address)		Mailing Ad	ddress of	Joint De	ebtor (if differer	nt from stre	eet address):
	ZIPCODE							ZIPCODE
Location of Principal Assets of Business Debtor (if	different from st	reet address ab	ove):				•	
69 Route 59, Suite A, Monsey, NY								ZIPCODE 10952
Type of Debtor (Form of Organization) (Check one box.)  ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  ☑ Corporation (includes LLC and LLP)	Single A	Nature of B (Check one Care Business sset Real Estat 101(51B)	e box.)	n 11	☐ Ch ☐ Ch ☑ Ch		n is Filed ☐ Cha Rec Mai	Code Under Which (Check one box.) pter 15 Petition for ognition of a Foreign n Proceeding pter 15 Petition for
Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Stockbro	ker lity Broker				apter 13	Rec	ognition of a Foreign main Proceeding  Debts
	Debtor is Title 26	Tax-Exempt Check box, if a s a tax-exempt of the United S Revenue Code)	pplicable.) organization tates Code (the		deb § 10 ind per	bts are primaril bts, defined in 1 01(8) as "incurrividual primaril sonal, family, od purpose."	y consume 1 U.S.C. red by an y for a	
Filing Fee (Check one box)			<u> </u>			oter 11 Debtors	8	
✓ Full Filing Fee attached			box: s a small business debtor as defined in 11 U.S.C. § 101(51D). s not a small business debtor as defined in 11 U.S.C. § 101(51D).					
Filing Fee to be paid in installments (Applicable only). Must attach signed application for the cour consideration certifying that the debtor is unable except in installments. Rule 1006(b). See Officia	rt's to pay fee	Check if: Debtor's than \$2,3	aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less 343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).					
Filing Fee waiver requested (Applicable to chapte only). Must attach signed application for the cour consideration. See Official Form 3B.		Check all ap	pplicable box being filed w	vith this p on were so	etition olicited p			ore classes of creditors, in
Statistical/Administrative Information  ✓ Debtor estimates that funds will be available for Debtor estimates that, after any exempt property distribution to unsecured creditors.				id, there v	will be n	o funds availab	le for	THIS SPACE IS FOR COURT USE ONLY
	000- 5,00 000 10,0		,001- ,000	25,001- 50,000		50,001- 100,000	Over 100,000	
Estimated Assets  So to \$50,001 to \$100,001 to \$500,001 to \$1.000	,000,001 to \$10	,000,001 \$50	0,000,001 to 00 million	\$100,00		\$500,000,001 to \$1 billion		
Estimated Liabilities  So to \$50,001 to \$100,001 to \$500,001 to \$1	,000,001 to \$10		0,000,001 to	\$100,00	00,001	\$500,000,001 to \$1 billion		n

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(This page must be completed and filed in every case)	led in every case)  LZJ, Inc.			
Prior Bankruptcy Case Filed Within Last 8	<b>Years</b> (If more than tw	o, attach additional sheet)		
Location Where Filed: None	Case Number:	Date Filed:		
Location Where Filed:	Case Number:	Date Filed:		
Pending Bankruptcy Case Filed by any Spouse, Partner or	Affiliate of this Debte	or (If more than one, attach additional sheet	()	
Name of Debtor:	Case Number:	Date Filed:		
None District:	Relationship:	Judge:		
	•	ŭ		
Exhibit A  (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.)  Exhibit A is attached and made a part of this petition.	whose de I, the attorney for the pot that I have informed the chapter 7, 11, 12, or explained the relief avaithat I delivered to the Bankruptcy Code.	Exhibit B completed if debtor is an individual bts are primarily consumer debts.) etitioner named in the foregoing petition, dece petitioner that [he or she] may proceed us 13 of title 11, United States Code, and billable under each such chapter. I further cedebtor the notice required by § 342(b) of	nder have ertify	
	Signature of Attorney for	Dehtor(s)	Date	
▼ No  Exhi  (To be completed by every individual debtor. If a joint petition is filed, explicitly a property of the debtor is attached and management of the property of the debtor is attached and management of the property of the debtor is attached and management of the property of the debtor is attached and management of the property of the prope		e and attach a separate Exhibit D.)		
If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attach	ed a made a part of this p	etition.		
Information Regardin	ng the Debtor - Venue	·		
	pplicable box.) of business, or principal as	ssets in this District for 180 days immediately	7	
☐ There is a bankruptcy case concerning debtor's affiliate, general	partner, or partnership pe	nding in this District.		
☐ Debtor is a debtor in a foreign proceeding and has its principal pl or has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in reg	but is a defendant in an ac	tion or proceeding [in a federal or state court]		
Certification by a Debtor Who Reside (Check all app  Landlord has a judgment against the debtor for possession of deb	olicable boxes.)			
(Name of landlord or lesse	or that obtained judgment	)		
(Address of lan	idlord or lessor)			
☐ Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for pos				
☐ Debtor has included in this petition the deposit with the court of filing of the petition.	any rent that would becor	ne due during the 30-day period after the		
☐ Debtor certifies that he/she has served the Landlord with this cert	tification. (11 U.S.C. § 36	52(1)).		

81 (Official Form 1) (4/10) <b>Voluntary Petition</b>	Page Name of Debtor(s):
(This page must be completed and filed in every case)	LZJ, Inc.
Signa	ntures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
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 State 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  Telephone Number (If not represented by attorney)  Date	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*	Signature of Non-Attorney Petition Preparer
X /s/ Julian Alan Schulman Signature of Attorney for Debtor(s)	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)

Julian Alan Schulman Schulman, Kissel & Keene, P.C. One Executive Blvd. Suite 202 Suffern, NY 10901 (845) 368-0104

### September 28, 2010

\*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 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.

Χ	/s/ Madelyn J. Schiffer
	Signature of Authorized Individual
	Madelyn J. Schiffer
	Printed Name of Authorized Individual

### President

Title of Authorized Individual

### **September 28, 2010**

Date

110(h) and 342(b); 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

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

Date

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.

### **United States Bankruptcy Court Southern District of New York**

IN RE:	Case No
LZJ, Inc.	Chapter 11
	-

Debtor(s)

### 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 and Fed. R. Bankr. P. 1007(m).

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)
State Of New York Office Of The Medicaid Inspector General 800 North Pearl Street Albany, NY 12204	Office Of Attorney General Medicaid Fraud Control Unit 1 Blue Hill Plaza, P. O. Box 1557 Pearl River, NY 10965	Miscellaneo us - Other	Disputed	551,923.00
Good Quality Paper Goods 50 Reagan Road New Square, NY 10977	Attn: Chaim (845) 362-0252	Trade debt		30,268.00
Xpress Distribution 6907 69th Place Glendale, NY 11385	Attn: Yosi Soleimany (718) 416-2305	Trade debt		17,439.00
K2 Health Products, LLC 5359 Kings Highway Brooklyn, NY 11203	Attn: David (718) 451-4444	Trade debt		16,903.00
UPS PO Box 650580 Dallas, TX 75265-0580	Attn: Bankruptcy Dept. (800) 811-1648	Delivery Charges		15,765.00
Loketch & Partners 1560 Broadway, Suite 316 New York, NY 10036	Lou Loketch (212) 869-2316	Services - Professional		14,014.00
American Express P.O. Box 981535 El Paso, TX 79998-1535	Bankruptcy Department	Credit Card		12,000.00
Matrix Distributors, Inc. 110 Tice Lane, Bldg A, Unit 5B E. Brunswick, NJ 08816	Chris (732) 698-9991	Trade debt		11,930.00
Idearc P.O. Box 619009 DFW Airport, TX 75261-9009	(800) 555-4833	Advertising	Disputed	9,214.00
Gribetz & Loewenberg 155 North Main Street New City, NY 10956	Kenneth Gribetz, Esq. (845) 634-9500	Legal Fees		5,000.00
Coloplast Corp. 1601 W. River Road #303 Minneapolis, MN 55411	(800) 788-0293	Trade debt		3,418.00
Abrams, Fensterman 45 Exchange Blvd., Ste. 275 Rochester, NY 14614	Richard T. Yarmel, Esq. (585) 232-6002	Services - Professional		2,394.00
FLA Orthopedics PO Box 277810 Miramar, FL 33027-7810	Pam (800) 327-4110	Trade debt		2,000.00
McNeil & Company PO Box 5670 Cortland, NY 13045	(607) 756-4970	Miscellaneo us - Other		1,941.00

Complete Medical Supplies, Inc. 100 Route 59, Suite 103A Suffern, NY 10901	Attn: George (800) 242-2674	Trade debt	1,700.00
Verizon Bankruptcy Department 210 W. 18th Street, 15th Floor New York, NY 10011	(800) 837-4966	Utilities	1,600.00
Fabulous Paper, Inc. Attention Jacob Schwartz 143 Route 59 Hillburn, NY 10931	(845) 357-1000	Trade debt	116,793.00 Collateral: 115,266.00 Unsecured: 1,527.00
Wachovia P.O. Box 15026 Wilmington, DE 19850	Attn: Bankruptcy Dept.	Bank loan	1,500.00
Medical Specialties Distributors, LLC 800 Technology Center Drive Stoughton, MA 02072	Attn: Bankruptcy Dept. (800) 967-6400	Trade debt	1,000.00
Sammons Preston-Patterson Medical PO Box 93040 Chicago, IL 60673-3040	Attn: Bankruptcy Dept. (630) 378-6000	Trade debt	855.00
DECLARATION UNDER PEN	ALTY OF PERJURY ON BEHALF	OF A CORPORATION OR PAR	TNERSHIP

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] 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: September 28, 2010 Signature: /s/ Madelyn J. Schiffer

Madelyn J. Schiffer, President

(Print Name and Title)

### United States Bankruptcy Court Southern District of New York

IN RE:		Case	Case No		
LZJ, Inc. Chapter 11		er 11			
	Debtor(s)				
	LIST OF EQUITY SECU	RITY HOLDERS			
Registered name and last known a	address of security holder	Shares (or Percentage)	Security Class (or kind of interest)		
Madelyn J. Schiffer President & Treasurer 14 Olympia Lane Monsey, NY 10952		50	Common Stockholder		
Michael Schiffer Vice President & Secretary 14 Olympia Lane Monsey, NY 10952		50	Common Stockholder		

### **United States Bankruptcy Court Southern District of New York**

IN RE:		Case No.
LZJ, Inc.		Chapter 11
·	Debtor(s)	•

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 129,266.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 129,793.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 3,038.50	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$ 746,509.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$
	TOTAL	20	\$ 129,266.00	\$ 879,340.50	

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R6A	(Offici	al Form	6A)	(12/07)

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IN RE LZJ, Inc.		Case No	
	Debtor(s)		(If known)

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				

TOTAL

0.00

Case	No.

(If known)

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply 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 and Fed. R. Bankr. P. 1007(m).

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.		Cash on hand		50.00
2.	Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account #2000018378971 at Wachovia Bank		750.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.		Rent security		8,000.00
4.	Household goods and furnishings, include audio, video, and computer equipment.	X			
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Х			
6.	Wearing apparel.	X			
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.	Х			
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issue.	X			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13.	Stock and interests in incorporated and unincorporated businesses.  Itemize.	Х			
14.	Interests in partnerships or joint ventures. Itemize.	X			

$\sim$		-
Case		$\sim$
Case	1.	w.

(If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

				T,	
	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15.	Government and corporate bonds and other negotiable and non-negotiable instruments.	Х			
16.	Accounts receivable.		Affinity		300.00
			Fidelis		2,600.00
			New York State Department of Health (Medicaid)		47,000.00
17.	Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.		Medicaid reimbursement payments withheld by NYS Department of Health beginning August 3, 2010 through (as of) September 16, 2010		33,866.00
19.	Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		2009 Ford 150 Econoline used for deliveries		14,000.00
26.	Boats, motors, and accessories.	X			
	Aircraft and accessories.	X	Office continuent and formities		0.500.00
28.	Office equipment, furnishings, and supplies.		Office equipment and furniture		2,500.00
29.	Machinery, fixtures, equipment, and supplies used in business.		Miscellaneous supplies		200.00
30.	Inventory.		Inventory at liquidation value		20,000.00
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			

Case No.	

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

Debtor(s)

# HUSBAND, WIFE, JOINT, OR COMMUNITY CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION TYPE OF PROPERTY DESCRIPTION AND LOCATION OF PROPERTY X 33. Farming equipment and implements. X 34. Farm supplies, chemicals, and feed. X 35. Other personal property of any kind not already listed. Itemize.

TOTAL

(If known)

129,266.00

R6C	(Official	Form	6C)	(04/10

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N RE LZJ, Inc.		Case No.	
	Debtor(s)		(If known)

CHEDIII E C -	PROPERTY CI	AIMED AS	CEXEMPT

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT						
Debtor elects the exemptions to which debtor is entitled under: (Check one box)	Check if debtor claims a homestead exemption that exceeds \$146,450. *					
☐ 11 U.S.C. § 522(b)(2) ☐ 11 U.S.C. § 522(b)(3)						
	CURRENT VALU	JΕ				

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTIN EXEMPTIONS
ot Applicable			

<sup>\*</sup> Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

R6D	(Officia	l Form	<b>6D</b> )	(12/07)

IN RE LZJ, Inc.		Case No	
	Debtor(s)	(If k	(nown)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, 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 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 2121			Diaper supplier and holder of note, with				116,793.00	1,527.00
Fabulous Paper, Inc. Attention Jacob Schwartz 143 Route 59 Hillburn, NY 10931			security interest on all assets					
			VALUE \$ 115,266.00	_				
ACCOUNT NO. 0049			Delivery truck loan				13,000.00	
Ford Motor Credit Co. POB 152271 Irving, TX 75015								
			VALUE \$ 14,000.00					
ACCOUNT NO.								
			VALUE \$	1	Ī			
ACCOUNT NO.			VALUE \$					
continuation sheets attached	-		(Total of t	Sul his j			\$ 129,793.00	\$ 1,527.00
			(Use only on I		Tot pag		\$ 129,793.00	\$ 1,527.00

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(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

R6E	(Official	Form	<b>6E</b> )	(04/10)

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IN RE LZJ, Inc.		Case No	
·	Debtor(s)		(If known)

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations** Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). **Deposits by individuals** Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors

of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol.

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

2 continuation sheets attached

a drug, or another substance. 11 U.S.C. § 507(a)(10).

Claims for Death or Personal Injury While Debtor Was Intoxicated

(If known)

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

### Wages, salaries, and commissions

(Type of Priority for Claims Listed on This Sheet)

	_			_	_					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPLITED	Distoiled	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.			Gross salary for week ending							
Dina Samet 10 Elenor Place Monsey, NY 10952			September 24, 2010					005.00	005.00	
ACCOUNT NO.	_		Gross salary for week ending	H				335.00	335.00	
Eva R. Grunfeld 535 West Central Avenue Monsey, NY 10952	_		September 24, 2010					670.00	670.00	
ACCOUNT NO.			Gross salary for week ending	$\vdash$				070.00	070.00	
Gershon Wolf 53 MacNamara Road Spring Valley, NY 10977			September 24, 2010					427.50	427.50	
ACCOUNT NO.			Gross salary for week ending			İ				
Golan Nachmani 93 P Eddison Court Monsey, NY 10952			September 24, 2010					600.00	600.00	
ACCOUNT NO.			Gross salary for week ending							
Helaine Jagust 5 Jill Lane, Apt. E Monsey, NY 10952			September 24, 2010					209.00	202.00	
ACCOUNT NO.  Miriam Silbiger 2 Orchard Street Monsey, NY 10952			Gross salary for week ending September 24, 2010					208.00 342.00	208.00 342.00	
Sheet no. <u>1</u> of <u>2</u> continuation sheets Schedule of Creditors Holding Unsecured Priority			to (Totals of th	Sub			\$	2,582.50		\$
Senedure of Creditors riolding Unsecured Priority	Cla	anns	(1 otals of tr	_	oage Fot		Э	2,302.30	φ 2,302.30	φ
(Use only on last page of the comp	olete	ed Sch	nedule E. Report also on the Summary of Sch	iedu	lles	.)	\$			
(Us report also on the	e oi e St	nly on atistic	last page of the completed Schedule E. If ap al Summary of Certain Liabilities and Relate	plica	Fota able ata	e,			\$	\$

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(If known)

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

### Wages, salaries, and commissions

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.			Gross salary for week ending	T					
Walter Lopez 7 Southcole Avenue Spring Valley, NY 10977			September 24, 2010				456.00	456.00	
ACCOUNT NO.				t			430.00	430.00	
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.				t					
Sheet no. 2 of 2 continuation sheets	atta	ached	to (Tot-1f-d)	Sub			\$ 456.00	\$ <b>456.00</b>	¢
Schedule of Creditors Holding Unsecured Priority			(Totals of the	,	Tot	al			φ
(Use only on last page of the comp	lete	d Sch	nedule E. Report also on the Summary of Sch		ıles Tot		\$ 3,038.50		
(Use report also on the	e or	ıly on atistic	last page of the completed Schedule E. If ap	plic	abl	e,		\$ 3,038.50	\$

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### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, 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 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Legal fees		П		
Abrams, Fensterman 45 Exchange Blvd., Ste. 275 Rochester, NY 14614							2 204 00
ACCOUNT NO. <b>0563</b>			Supplier		$\dashv$	$\dashv$	2,394.00
Advanced Orthopaedics 326 Main Street Harleysville, PA 19438							463.00
ACCOUNT NO. <b>1009</b>	Х		Credit card charges to pay for inventory and		$\top$	1	
American Express P.O. Box 981535 El Paso, TX 79998-1535			supplies				12,000.00
ACCOUNT NO. <b>0012</b>			Internet services		$\top$	1	,
Cablevision PO Box 371378 Pittsburgh, PA 15250-7378							192.00
		1		Sub			
6 continuation sheets attached			(Total of th		age) Total		15,049.00
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the St Summary of Certain Liabilities and Relate	also atis	o on tical	1 1	

Case No.	

Debtor(s)

(If known)

		((	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0050</b>			Insurance premium (workers comp)	Н			
Castle Point Insurance Company PO Box 3154 Syracuse, NY 13220-3154							788.00
ACCOUNT NO. <b>8463</b>			Telephone service	Н			- 100.00
CDS 55 Union Road, Suite 204 Spring Valley, NY 10977							288.00
ACCOUNT NO. 3561			Supplier	Н			200.00
Coloplast Corp. 1601 W. River Road #303 Minneapolis, MN 55411							3,418.00
ACCOUNT NO. <b>2089</b>			Supplies	Н		1	3,410.00
Complete Medical Supplies, Inc. 100 Route 59, Suite 103A Suffern, NY 10901							4
ACCOUNT NO. <b>1028</b>			Advertising	Н			1,700.00
Consumer Advisor 4312 15th Avenue Brooklyn, NY 11219			, taronismig				202.00
ACCOUNT NO. <b>3050</b>	+		Supplier	Н		$\dashv$	300.00
Darden Dental 6065 S. Western Avenue Los Angeles, CA 90047							
				Ц		_	352.00
ACCOUNT NO.  Echo National Jewish Institute-Health 295 Route 59 Spring Valley, NY 10977			Advertising				40.7.2.
Sheet no. 1 of 6 continuation sheets attached to				C"r	tot		495.00
Sheet no. <u>1</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	T t also tatis	age Fota o o	e) al n al	\$ <b>7,341.00</b>

Case No.	
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# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Debtor(s)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Supplies	+			
Elite Medical Products, Inc. 2400 Main Street #2 Sayreville, NJ 08872-1474							109.00
ACCOUNT NO. 4914			Supplies	+			109.00
FLA Orthopedics PO Box 277810 Miramar, FL 33027-7810			Сиррисс				2 000 00
ACCOUNT NO.			Supplies	╁			2,000.00
Good Quality Paper Goods 50 Reagan Road New Square, NY 10977			Саррисс				
ACCOUNT NO.			Legal fees	$\perp$			30,268.00
Gribetz & Loewenberg 155 North Main Street New City, NY 10956							
ACCOUNT NO.			Advertising	+			5,000.00
Heimishe Bulletin 22 Stern Street New Square, NY 10977							
ACCOUNT NO.			Supplies	+			350.00
HerniaProducts.Com 400 Newport Center Drive, Suite 104 Newport Beach, CA 92660							
ACCOUNT NO. NY38			Supplies	+			57.00
Hygrade 30 Warsoff Place Brooklyn, NY 11205			••				
Sheet no. 2 of 6 continuation sheets attached to				Sub	tot.	 a1	395.00
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t (Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	his p T rt als Statis	age Fota so o	e) al on al	\$ 38,179.00

Case No.	

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Debtor(s)

		(	Continuation Sneet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6057</b>			Advertising	Н		х	
Idearc P.O. Box 619009 DFW Airport, TX 75261-9009			, tato tioning				9,214.00
ACCOUNT NO.			Supplies	H		H	
K2 Health Products, LLC 5359 Kings Highway Brooklyn, NY 11203							16,903.00
ACCOUNT NO.			Legal fees	Н			10,303.00
Katten Muchin Rosenman 575 Madison Avenue #21 New York, NY 10022							37,531.00
ACCOUNT NO.			Advertising	H		H	07,001.00
KJ Directory, Inc. 8 Satmar Drive #105 Monroe, NY 10950							
ACCOUNT NO.			Computer services	$\vdash$			230.00
Lawrence Schlessel 44 Brookfall Road Edision, NJ 08817			oompater services				500.00
ACCOUNT NO.			Accounting services	$\vdash$			300.00
Loketch & Partners 1560 Broadway, Suite 316 New York, NY 10036			<b>3</b>				14,014.00
ACCOUNT NO. <b>5747</b>			Supplies	H		H	14,014.00
MABIS DMI Healthcare C/O DMS Holdings 13329 Collection Center Drive Chicago, IL 60693							303.00
Sheet no. 3 of 6 continuation sheets attached to		<u> </u>	<u> </u>	Sub	tota		303.00
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the S	is p T t als	age Fota o o	e) al n	\$ 78,695.00
			Summary of Certain Liabilities and Relate	d D	ata.	.)	\$

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Debtor(s)

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Supplies	П		П	
Matrix Distributors, Inc. 110 Tice Lane, Bldg A, Unit 5B E. Brunswick, NJ 08816							11,930.00
ACCOUNT NO.			Insurance	H		Н	
McNeil & Company PO Box 5670 Cortland, NY 13045							
ACCOUNT NO. <b>0230</b>			Supplies	$\blacksquare$			1,941.00
Medi USA 6481 Franz Warner Parkway PO Box 3000 Whitsett, NC 27377							151.00
ACCOUNT NO. <b>9778</b>			Supplies	П			
Medical Specialties Distributors, LLC 800 Technology Center Drive Stoughton, MA 02072							4
ACCOUNT NO. <b>5861</b>			Postage expenses	Н			1,000.00
Pitney Bowes PO Box 856390 Louisville, KY 40285-6390							
ACCOUNTAGE	L		Coding books	$\vdash$		Н	183.00
ACCOUNT NO.  PMIC 4727 Wilshire Boulevard Los Angeles, CA 90010							
ACCOUNT NO. <b>5253</b>			Supplies	H			153.00
Posey Company 5635 Peck Road Arcadian, CA 91006							
						Ц	119.00
Sheet no4 of6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th	Т	age Fota	e) al	\$ 15,477.00
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Stammary of Certain Liabilities and Relate	tatis	tica	al	\$

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0235			Security System expenses	T			
Protection One PO Box 5714 Carol Stream, IL 60197-5714	-						162.00
ACCOUNT NO.			Insurance				
Rauch Milliken International PO Box 8390 Metairie, LA 70011-8390	-						799.00
ACCOUNT NO. 1001			Supplies	╁			788.00
Royal Disposable Import & Domestic, Inc. 5700 49th Street Flushing, NY 11378-2099	-		Supplies				42.00
ACCOUNT NO.			Supplies	t			72.00
Sammons Preston-Patterson Medical PO Box 93040 Chicago, IL 60673-3040							
ACCOUNTING 7262			Disputed claim for medicaid reimbursement	H		X	855.00
ACCOUNT NO. 7363  State Of New York Office Of The Medicaid Inspector General 800 North Pearl Street Albany, NY 12204			Disputed Claim for medicald reimbursement			^	551,923.00
ACCOUNT NO.			Assignee or other notification for:				331,323.00
Office Of Attorney General Medicaid Fraud Control Unit 1 Blue Hill Plaza, P. O. Box 1557 Pearl River, NY 10965	-		State Of New York				
ACCOUNT NO.			Supplies				
Triac PO Box 1241 Dapper, UT 84020							424.00
Sheet no. <b>5</b> of <b>6</b> continuation sheets attached to				L Sub	tota		121.00
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	is p T t als tatis	age Fota o o	e) al n al	\$ <b>553,891.00</b>

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			Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1530</b>			Supplies	H		H	
United Ostomy & Surgical Supplies 7 Boumar Place Elmwood Park, NJ 07407							650.00
ACCOUNT NO. <b>505</b> x			Office expense (postage and shipping)	H			030.00
UPS PO Box 650580 Dallas, TX 75265-0580			office expense (postage and simpping)				15,765.00
ACCOUNT NO.			Supplies	H		1	
Valentine & Kebartas, Inc. P.O. Box 325 Lawrence, MA 01842	-						563.00
ACCOUNT NO. <b>6695</b>			Telephone services	Н			
Verizon Bankruptcy Department 210 W. 18th Street, 15th Floor New York, NY 10011							1,600.00
ACCOUNT NO. <b>0001</b>			Telephone services	П			
Verizon Wireless Attn: Bankruptcy Dept. PO Box 408 Newark, NJ 07101							360.00
ACCOUNT NO. 8971			Overdraft line of credit connected to checking	Н		$\dashv$	300.00
Wachovia P.O. Box 15026 Wilmington, DE 19850			account				
				Н		$\sqcup$	1,500.00
ACCOUNT NO.	-		Supplies				
Xpress Distribution 6907 69th Place Glendale, NY 11385							17 420 00
Sheet no. <b>6</b> of <b>6</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th	Sub iis p			17,439.00 \$ 37,877.00
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als tatis	tica	n ıl	\$ 746,509.00

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### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, 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 and Fed. R. Bankr. P. 1007(m).

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Chrylsler Financial P. O. Box 9223 Farmington Hills, MI 48333-9223	Lease of Jeep Cherokee; monthly payments are \$370; arrear are \$154
59 Management Corp. 59 Route 59 Monsey, NY 10952	Month-to-month lease of business premises; monthly rent is \$3,298; arrears are \$12,232

B/H	(Official	Form	(H)	(12/07)
KNH	(CHICIAL	rorm	OHI	(12/07)

IN RE LZJ, Inc.		Case No	
	Debtor(s)	(If known)	

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, 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 and Fed. R. Bankr. P. 1007(m).

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
chael Schiffer Olympia Lane onsey, NY 10952	American Express P.O. Box 981535 El Paso, TX 79998-1535

IN	$\mathbf{DF}$	LZJ.	Inc
IIN	K P.	LZJ.	ınc

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Del	hton	(2)

	TA 1	
Case	IN	O.

(If known)

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that true and correct to the best of my know	have read the foregoing summary and schedules, consisting of sheets, and that they are reledge, information, and belief.
Date:	Signature:
	Debtor
Date:	Signature:(Joint Debtor, if any)  [If joint case, both spouses must sign.]
DECLARATION AND SIGNA	TURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
compensation and have provided the debto and 342 (b); and, (3) if rules or guidelines	1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for r with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting a section.
responsible person, or partner who signs t	an individual, state the name, title (if any), address, and social security number of the officer, principal, he document.
Address	
Signature of Bankruptcy Petition Preparer	Date
Names and Social Security numbers of all o is not an individual:	ther individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer
	ument, attach additional signed sheets conforming to the appropriate Official Form for each person.  comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or 8 U.S.C. § 156.
DECLARATION UNDER	PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP
I, the <b>President</b>	(the president or other officer or an authorized agent of the corporation or a
	partnership) of the <b>LZJ, Inc.</b> debtor in this case, declare under penalty of perjury that I have read the foregoing summary and ets ( <i>total shown on summary page plus 1</i> ), and that they are true and correct to the best of my
Date: <b>September 28, 2010</b>	Signature: /s/ Madelyn J. Schiffer
	Madelyn J. Schiffer  (Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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### United States Bankruptcy Court Southern District of New York

IN RE:		Case No
LZJ, Inc.		Chapter 11
•	Debtor(s)	-

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

900,000.00 2010 YTD approximate gross receipts

1,336,025.00 2009 YTD gross receipts

1,512,311.00 2008 YTD gross receipts

### 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

		AMOUNT PAID	
		OR VALUE OF	AMOUNT
NAME AND ADDRESS OF CREDITOR	DATE OF PAYMENTS/TRANSFERS	TRANSFERS	STILL OWING
Xpress Distribution 6907 69th Place Glendale, NY 11385	July 10 through September 7, 2010	24,197.00	17,439.00
Good Quality Paper Goods 50 Reagan Road New Square, NY 10977	July 14 through September 13, 2010	35,235.00	30,268.00
Complete Medical Supplies, Inc. 100 Route 59, Suite 103A Suffern, NY 10901	July 2 through September 17, 2010	6,274.00	1,700.00
K2 Health Products, LLC 5359 Kings Highway Brooklyn, NY 11203	July 1 through September 20, 2010	10,773.00	16,903.00
Independence Medical 1810 Summit Commerce Park Twinburg, OH 44087	June 29 through September 1, 2010	13,135.00	0.00

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER In the Matter of LZJ, Inc.; Project Audit and claim for

No. 10-4202

NATURE OF PROCEEDING

reimbursement for alleged overpayments

COURT OR AGENCY AND LOCATION

Attorney General of the State of New York: Medicaid Fraud **Control Unit** 

STATUS OR DISPOSITION

Pending: the New York State Departmen of Health is currently withholding 25% of Medicaid reimbursement payments

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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7. Gifts		
gifts to family members aggregating less that per recipient. (Married debtors filing under o	e within <b>one year</b> immediately preceding the comm \$200 in value per individual family member and ch chapter 12 or chapter 13 must include gifts or contri re separated and a joint petition is not filed.)	aritable contributions aggregating less than \$100
8. Losses		
<b>commencement of this case</b> . (Married debto	y or gambling within <b>one year</b> immediately preced ors filing under chapter 12 or chapter 13 must include re separated and a joint petition is not filed.)	
9. Payments related to debt counseling or bankr	ruptcy	
	ed by or on behalf of the debtor to any persons, include preparation of a petition in bankruptcy within <b>one</b>	
NAME AND ADDRESS OF PAYEE Schulman, Kissel & Keene, P.C. One Executive Boulevard, Suite 202 Suffern, NY 10901	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 9/21/2010	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY <b>13,961.00</b>
10. Other transfers		
absolutely or as security within <b>two years</b> i	transferred in the ordinary course of the business of mmediately preceding the commencement of this correction both spouses whether or not a joint petition is fit	ase. (Married debtors filing under chapter 12 or
NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR Fabulous Paper, Inc. 143 Route 59 Hillburn, NY 10931 Creditor	DATE <b>7/30/2010</b>	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED Security interest in all assets to secure obligations
None b. List all property transferred by the debtor v device of which the debtor is a beneficiary.	within <b>ten years</b> immediately preceding the commen	cement of this case to a self-settled trust or similar
11. Closed financial accounts		
transferred within <b>one year</b> immediately p certificates of deposit, or other instruments; brokerage houses and other financial institu	neld in the name of the debtor or for the benefit of receding the commencement of this case. Include shares and share accounts held in banks, credit untions. (Married debtors filing under chapter 12 or r or both spouses whether or not a joint petition is for the spouse of the comment.)	checking, savings, or other financial accounts, ions, pension funds, cooperatives, associations, chapter 13 must include information concerning

### 12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.



1	5	Prior	address	of de	htor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

### 18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 $\overline{\mathbf{V}}$ 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

None	a. List all bookkeepers and accountants who within the <b>two years</b> immediately preceding the filing of this bankruptcy case kept or supervised the	he
	keeping of books of account and records of the debtor.	

NAME AND ADDRESS Loketch & Partners

DATES SERVICES RENDERED 1999 to date

1560 Broadway, Suite 316 New York, NY 10036		
None b. List all firms or individuals who within the <b>two yo</b> and records, or prepared a financial statement of the		g of this bankruptcy case have audited the books of accoun
NAME AND ADDRESS Loketch & Partners 1560 Broadway, Suite 316 New York, NY 10036	DATES SERVICES RENDER 1999 to date	ED
None c. List all firms or individuals who at the time of the debtor. If any of the books of account and records		e in possession of the books of account and records of the
NAME AND ADDRESS Loketch & Partners 1560 Broadway, Suite 316 New York, NY 10036		
None d. List all financial institutions, creditors, and other within the <b>two years</b> immediately preceding the co		trade agencies, to whom a financial statement was issued btor.
NAME AND ADDRESS Office Of Attorney General Medicaid Fraud Control Unit 1 Blue Hill Plaza, P. O. Box 1557 Pearl River, NY 10965	DATE ISSUED September 2010	
20. Inventories		
None a. List the dates of the last two inventories taken of dollar amount and basis of each inventory.	f your property, the name of the per	son who supervised the taking of each inventory, and the
None b. List the name and address of the person having	possession of the records of each of	the two inventories reported in a., above.
21. Current Partners, Officers, Directors and Shareho	lders	
None a. If the debtor is a partnership, list the nature and $\checkmark$	percentage of partnership interest o	f each member of the partnership.
None b. If the debtor is a corporation, list all officers and or holds 5 percent or more of the voting or equity		ach stockholder who directly or indirectly owns, controls
NAME AND ADDRESS Miriam J. Schiffer President & Treasurer 14 Olympia Lane Monsey, NY 10952	TITLE President/Treasurer	NATURE AND PERCENTAGE OF STOCK OWNERSHIP common; 50%
Michael Schiffer Vice President & Secretary 14 Olympia Lane Monsey, NY 10952	Vice President/Secretary	common; 50%
22. Former partners, officers, directors and sharehold	ers	
None a. If the debtor is a partnership, list each member with of this case.	ho withdrew from the partnership w	ithin <b>one year</b> immediately preceding the commencemen
None b. If the debtor is a corporation, list all officers, o preceding the commencement of this case.	r directors whose relationship with	the corporation terminated within <b>one year</b> immediately
23. Withdrawals from a partnership or distributions b	y a corporation	

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this

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case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR Miriam J. Schiffer President & Treasurer 14 Olympia Lane Monsey, NY 10952 Principal DATE AND PURPOSE OF WITHDRAWAL various; salary AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY approximately \$50,000

Michael & Miriam Schiffer 14 Olympia Lane Monsey, NY 10956 Principals various; distributions approximately \$85,000

### 24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

### 25. Pension Funds.

Date: September:

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information, and belief.

28, 2010	Signature: /s/ Madelyn J. Schiffer
	Madelyn J. Schiffer, President  Print Name and Title
[An individual sig	gning on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: 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 Southern District of New York

IN RE:		Case	No
LZJ, Inc.		Chap	ter 11
	Debtor(s)	•	
	VERIFICATION	ON OF CREDITOR MATRIX	
The above named debtor(s) here	by verify(ies) that the a	attached matrix listing creditors is true	to the best of my(our) knowledge.
		-	
Date: September 28, 2010	Signature: /s/ M	ladelyn J. Schiffer	
	Made	elyn J. Schiffer, President	Debtor
Date:	Signature:		
			Joint Debtor, if any
Date: September 28, 2010		ulian Alan Schulman	
	Julia	n Alan Schulman	Attorney (if applicable)

59 Management Corp. 59 Route 59 Monsey, NY 10952

Abrams, Fensterman 45 Exchange Blvd., Ste. 275 Rochester, NY 14614

Advanced Orthopaedics 326 Main Street Harleysville, PA 19438

American Express
P.O. Box 981535
El Paso, TX 79998-1535

Cablevision
PO Box 371378
Pittsburgh, PA 15250-7378

Castle Point Insurance Company PO Box 3154
Syracuse, NY 13220-3154

CDS 55 Union Road, Suite 204 Spring Valley, NY 10977

Chrylsler Financial P. O. Box 9223 Farmington Hills, MI 48333-9223

Coloplast Corp. 1601 W. River Road #303 Minneapolis, MN 55411 Complete Medical Supplies, Inc. 100 Route 59, Suite 103A Suffern, NY 10901

Consumer Advisor 4312 15th Avenue Brooklyn, NY 11219

Darden Dental 6065 S. Western Avenue Los Angeles, CA 90047

Dina Samet 10 Elenor Place Monsey, NY 10952

Echo National Jewish Institute-Health 295 Route 59 Spring Valley, NY 10977

Elite Medical Products, Inc. 2400 Main Street #2 Sayreville, NJ 08872-1474

Eva R. Grunfeld 535 West Central Avenue Monsey, NY 10952

Fabulous Paper, Inc. Attention Jacob Schwartz 143 Route 59 Hillburn, NY 10931

FLA Orthopedics PO Box 277810 Miramar, FL 33027-7810 Ford Motor Credit Co. POB 152271 Irving, TX 75015

Gershon Wolf 53 MacNamara Road Spring Valley, NY 10977

Golan Nachmani 93 P Eddison Court Monsey, NY 10952

Good Quality Paper Goods 50 Reagan Road New Square, NY 10977

Gribetz & Loewenberg 155 North Main Street New City, NY 10956

Heimishe Bulletin 22 Stern Street New Square, NY 10977

Helaine Jagust 5 Jill Lane, Apt. E Monsey, NY 10952

HerniaProducts.Com 400 Newport Center Drive, Suite 104 Newport Beach, CA 92660

Hygrade 30 Warsoff Place Brooklyn, NY 11205 Idearc
P.O. Box 619009
DFW Airport, TX 75261-9009

K2 Health Products, LLC 5359 Kings Highway Brooklyn, NY 11203

Katten Muchin Rosenman 575 Madison Avenue #21 New York, NY 10022

KJ Directory, Inc. 8 Satmar Drive #105 Monroe, NY 10950

Lawrence Schlessel 44 Brookfall Road Edision, NJ 08817

Loketch & Partners 1560 Broadway, Suite 316 New York, NY 10036

MABIS DMI Healthcare C/O DMS Holdings 13329 Collection Center Drive Chicago, IL 60693

Madelyn J. Schiffer President & Treasurer 14 Olympia Lane Monsey, NY 10952 Matrix Distributors, Inc. 110 Tice Lane, Bldg A, Unit 5B E. Brunswick, NJ 08816

McNeil & Company PO Box 5670 Cortland, NY 13045

Medi USA 6481 Franz Warner Parkway PO Box 3000 Whitsett, NC 27377

Medical Specialties Distributors, LLC 800 Technology Center Drive Stoughton, MA 02072

Michael Schiffer Vice President & Secretary 14 Olympia Lane Monsey, NY 10952

Michael Schiffer 14 Olympia Lane Monsey, NY 10952

Miriam Silbiger 2 Orchard Street Monsey, NY 10952

Office Of Attorney General Medicaid Fraud Control Unit 1 Blue Hill Plaza, P. O. Box 1557 Pearl River, NY 10965 Pitney Bowes
PO Box 856390
Louisville, KY 40285-6390

PMIC 4727 Wilshire Boulevard Los Angeles, CA 90010

Posey Company 5635 Peck Road Arcadian, CA 91006

Protection One PO Box 5714 Carol Stream, IL 60197-5714

Rauch Milliken International PO Box 8390 Metairie, LA 70011-8390

Royal Disposable Import & Domestic, Inc. 5700 49th Street Flushing, NY 11378-2099

Sammons Preston-Patterson Medical PO Box 93040 Chicago, IL 60673-3040

State Of New York Office Of The Medicaid Inspector General 800 North Pearl Street Albany, NY 12204

Triac PO Box 1241 Dapper, UT 84020 United Ostomy & Surgical Supplies 7 Boumar Place Elmwood Park, NJ 07407

UPS PO Box 650580 Dallas, TX 75265-0580

Valentine & Kebartas, Inc. P.O. Box 325 Lawrence, MA 01842

Verizon Bankruptcy Department 210 W. 18th Street, 15th Floor New York, NY 10011

Verizon Wireless Attn: Bankruptcy Dept. PO Box 408 Newark, NJ 07101

Wachovia P.O. Box 15026 Wilmington, DE 19850

Walter Lopez 7 Southcole Avenue Spring Valley, NY 10977

Xpress Distribution 6907 69th Place Glendale, NY 11385

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### United States Bankruptcy Court Southern District of New York

IN RE:			Case No		
LZ	J, Inc.		Chapter 11		
		Debtor(s)			
			DMPENSATION OF ATTORNEY FOR DEBTOR		
1.	Pursuant to 11 U.S.C. § 329(a) and Bankrupto one year before the filing of the petition in bar of or in connection with the bankruptcy case is	kruptcy, or ag	(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within greed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation		
	For legal services, I have agreed to accept		\$\$ 300.00/hr		
	Prior to the filing of this statement I have received	ved	\$\$		
	Balance Due		\$		
2.	The source of the compensation paid to me wa	s: Debto	or Other (specify):		
3.	The source of compensation to be paid to me i	s: Debto	or Other (specify):		
4.	I have not agreed to share the above-discl	osed compens	sation with any other person unless they are members and associates of my law firm.		
	I have agreed to share the above-disclose together with a list of the names of the per		on with a person or persons who are not members or associates of my law firm. A copy of the agreement, in the compensation, is attached.		
5.	In return for the above-disclosed fee, I have ag	reed to render	r legal service for all aspects of the bankruptcy case, including:		
	b. Preparation and filing of any petition, sch	edules, statem ng of creditors	ng advice to the debtor in determining whether to file a petition in bankruptcy; ment of affairs and plan which may be required; s and confirmation hearing, and any adjourned hearings thereof; and other contested bankruptcy matters;		
6.	By agreement with the debtor(s), the above dis	sclosed fee doe	nes not include the following services:		
	proceeding.		CERTIFICATION  ement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy		
-	September 28, 2010  Date		/s/ Julian Alan Schulman Julian Alan Schulman		
		; (	Schulman, Kissel & Keene, P.C. One Executive Blvd, Suite 202 Suffern, NY 10901 (845) 368-0104		