B1 (Official Form 1)(1/08)

United States Bankruptcy Court
Western District of New York

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):	Name of Joint Debtor (Spouse) (Last, First, Middle):
Steuben Health Care Equipment Supply and Service, Inc.	
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):
DBA Steuben Health Care, Inc.	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
16-1249166	
Street Address of Debtor (No. and Street, City, and State):	Street Address of Joint Debtor (No. and Street, City, and State):
7464 Route 54 **Bath, NY**	
ZIP Code **14810**	ZIP Code
County of Residence or of the Principal Place of Business:	County of Residence or of the Principal Place of Business:
Steuben	
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):	

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)
- ☐ Partnership
- ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)

Nature of Business (Check one box)

- ■ Health Care Business
- ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
- ☐ Railroad
- ☐ Stockbroker
- ☐ Commodity Broker
- ☐ Clearing Bank
- ☐ Other

Tax-Exempt Entity (Check box, if applicable)

- ☐ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)

- ☐ Chapter 7
- ☐ Chapter 9
- ■ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- ☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding
- ☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding

Nature of Debts (Check one box)

- ☐ 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."
- ■ Debts are primarily business debts.

Filing Fee (Check one box)

- ■ Full Filing Fee attached
- ☐ 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.
- ☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Chapter 11 Debtors

Check one box:

- ■ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
- ☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

- ■ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than $2,190,000.

Check all applicable boxes:

- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

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.

THIS SPACE IS FOR COURT USE ONLY

Estimated Number of Creditors

■ 1-49	☐ 50-99	☐ 100-199	☐ 200-999	☐ 1,000-5,000	☐ 5,001-10,000	☐ 10,001-25,000	☐ 25,001-50,000	☐ 50,001-100,000	☐ OVER 100,000

Estimated Assets

■ $0 to $50,000	☐ $50,001 to $100,000	☐ $100,001 to $500,000	☐ $500,001 to $1 million	☐ $1,000,001 to $10 million	☐ $10,000,001 to $50 million	☐ $50,000,001 to $100 million	☐ $100,000,001 to $500 million	☐ $500,000,001 to $1 billion	☐ More than $1 billion

Estimated Liabilities

☐ $0 to $50,000	☐ $50,001 to $100,000	■ $100,001 to $500,000	☐ $500,001 to $1 million	☐ $1,000,001 to $10 million	☐ $10,000,001 to $50 million	☐ $50,000,001 to $100 million	☐ $100,000,001 to $500 million	☐ $500,000,001 to $1 billion	☐ More than $1 billion

Voluntary Petition *(This page must be completed and filed in every case)*	Name of Debtor(s): **Steuben Health Care Equipment Supply and Service, Inc.**	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, 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 Debtor (If more than one, attach additional sheet)		
Name of Debtor: **- None -**	Case Number:	Date Filed:
District:	Relationship:	Judge:

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.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

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).

X _____

Signature of Attorney for Debtor(s) (Date)

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):
Steuben Health Care Equipment Supply and Service, Inc.

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 Attorney*

X **/s/ David H. Ealy, Esq.**
Signature of Attorney for Debtor(s)

David H. Ealy, Esq.
Printed Name of Attorney for Debtor(s)

TREVETT CRISTO SALZER & ANDOLINA P.C.
Firm Name

Two State Street, Suite 1000
Rochester, NY 14614

Address

Email: dealy@trevettlaw.com
(585) 454-2181 Fax: (585) 454-4026
Telephone Number

January 10, 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 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/ James C. Mitchell**
Signature of Authorized Individual

James C. Mitchell
Printed Name of Authorized Individual

President
Title of Authorized Individual

January 10, 2008
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 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 bankrutpcy 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.

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Western District of New York

In re **Steuben Health Care Equipment Supply and Service, Inc.** Case No.
Debtor(s) 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) *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]*
ADVANTA BANK CORP. P. O. Box 8088 Philadelphia, PA 19101-8088	**ADVANTA BANK CORP. P. O. Box 8088 Philadelphia, PA 19101-8088**	**Business debt**		**24,986.00**
HEALTHCARE MANAGEMENT SOLUTIONS, LLC P.O. Box 56 Vails Gate, NY 12584	**HEALTHCARE MANAGEMENT SOLUTIONS, LLC P.O. Box 56 Vails Gate, NY 12584**	**Billing service. Judgment entered 7/23/07 ($18,257.38)**		**17,579.00**
JP MORGAN CHASE BANK Attn: Legal Department 1985 Marcus Avenue, NW2-M352 New Hyde Park, NY 11042	**JP MORGAN CHASE BANK Attn: Legal Department 1985 Marcus Avenue, NW2-M352 New Hyde Park, NY 11042**	**Credit card purchases**		**10,449.00**
WORKERS COMPENSATION BOARD Judgment Unit 20 Park Street Albany, NY 12207	**WORKERS COMPENSATION BOARD Judgment Unit 20 Park Street Albany, NY 12207**	**Workers Compensation insurance. Judgment 12/7/07 ($7,450.00)**		**7,450.00**
MEDLINE INDUSTRIES One Medline Place Mundelein, IL 60060-4486	**MEDLINE INDUSTRIES One Medline Place Mundelein, IL 60060-4486**	**Hospital beds**		**7,357.00**
PRAXAIR, INC. 39 Old Ridgebury Road Danbury, CT 06810	**PRAXAIR, INC. 39 Old Ridgebury Road Danbury, CT 06810**	**Trade debt**		**5,000.00**
EXCELLUS/BLUE CROSS BLUE SHIELD GROUP 344 S. Warren St. P.O. Box 4804 Syracuse, NY 13202-4809	**EXCELLUS/BLUE CROSS BLUE SHIELD GROUP 344 S. Warren St. P.O. Box 4804 Syracuse, NY 13202-4809**	**Health insurance premiums**		**3,989.00**
DELL COMMERCIAL CREDIT P.O. Box 689020 Des Moines, IA 50368-9020	**DELL COMMERCIAL CREDIT P.O. Box 689020 Des Moines, IA 50368-9020**	**Computers, printers**		**2,933.00**
AMOENA USA CORP. 1701 Barrett Lakes Blvd. Suite 410 Kennesaw, GA 30144	**AMOENA USA CORP. 1701 Barrett Lakes Blvd. Suite 410 Kennesaw, GA 30144**	**Breast forms**		**2,247.00**

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In re **Steuben Health Care Equipment Supply and Service, Inc.** Case No. _____
Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(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]*
BANK OF AMERICA 4060 Ogletown/Stanton Road DES019 03 07 Newark, DE 19713	**BANK OF AMERICA 4060 Ogletown/Stanton Road DES019 03 07 Newark, DE 19713**	**Business debt**		**2,083.00**
GE HEALTHCARE P.O. Box 641936 Pittsburgh, PA 15264-1936	**GE HEALTHCARE P.O. Box 641936 Pittsburgh, PA 15264-1936**	**Medical equipment**	**Disputed**	**1,678.00**
NEW YORK STATE INSURANCE FUND c/o Windham Professionals, Inc. 382 Main St. Salem, NH 03079	**NEW YORK STATE INSURANCE FUND c/o Windham Professionals, Inc. 382 Main St. Salem, NH 03079**	**Disability insurance premiums**		**973.00**
N.Y.S. WORKERS COMPENSATION BOARD 20 Park Street Albany, NY 12207	**N.Y.S. WORKERS COMPENSATION BOARD 20 Park Street Albany, NY 12207**	**Workers compensation**		**921.00**
GEMCO MEDICAL P.O. Box 429 Hudson, OH 44236-0429	**GEMCO MEDICAL P.O. Box 429 Hudson, OH 44236-0429**	**Patient lifts**		**900.00**
EASTON SECURITY SERVICES, INC. 400 West Division Street Syracuse, NY 13204	**EASTON SECURITY SERVICES, INC. 400 West Division Street Syracuse, NY 13204**	**Security services**		**272.00**
BSN-JOBST P.O. Box 751766 Charlotte, NC 28275-1766	**BSN-JOBST P.O. Box 751766 Charlotte, NC 28275-1766**	**Stockings**		**263.00**
EXCELLUS/BLUE CROSS BLUE SHIELD GROUP 344 S. Warren St. P.O. Box 4804 Syracuse, NY 13202-4809	**EXCELLUS/BLUE CROSS BLUE SHIELD GROUP 344 S. Warren St. P.O. Box 4804 Syracuse, NY 13202-4809**	**Health insurance premiums**		**181.00**

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In re **Steuben Health Care Equipment Supply and Service, Inc.** Case No. _____
Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

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

I, the President 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 **January 10, 2008** Signature **/s/ James C. Mitchell**
James C. Mitchell
President

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.

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United States Bankruptcy Court
Western District of New York

In re **Steuben Health Care Equipment Supply and Service, Inc.**, Debtor

Case No. _____

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
FAIRBANKS, CATHY **11 South Fowler Street** **Bath, NY 14810**	**Common**	**100**	**Shareholder**
MITCHELL, JAMES C. **7464 Route 54** **Bath, NY 14810**	**Common**	**100**	**Shareholder**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date **January 10, 2008**

Signature **/s/ James C. Mitchell**
James C. Mitchell
President

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.

0 continuation sheets attached to List of Equity Security Holders

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ADVANTA BANK CORP.
P. O. Box 8088
Philadelphia, PA 19101-8088

AMOENA USA CORP.
1701 Barrett Lakes Blvd.
Suite 410
Kennesaw, GA 30144

BANK OF AMERICA
4060 Ogletown/Stanton Road
DES019 03 07
Newark, DE 19713

BSN-JOBST
P.O. Box 751766
Charlotte, NC 28275-1766

DELL COMMERCIAL CREDIT
P.O. Box 689020
Des Moines, IA 50368-9020

EASTON SECURITY SERVICES, INC.
400 West Division Street
Syracuse, NY 13204

EXCELLUS/BLUE CROSS BLUE SHIELD GROUP
344 S. Warren St.
P.O. Box 4804
Syracuse, NY 13202-4809

FAIRBANKS, CATHY
11 South Fowler Street
Bath, NY 14810

GE HEALTHCARE
P.O. Box 641936
Pittsburgh, PA 15264-1936

GEMCO MEDICAL
P.O. Box 429
Hudson, OH 44236-0429

HEALTHCARE MANAGEMENT SOLUTIONS, LLC
P.O. Box 56
Vails Gate, NY 12584

INTERNAL REVENUE SERVICE
Insolvency Section
P.O. Box 21126
Philadelphia, PA 19114

JP MORGAN CHASE BANK
Attn: Legal Department
1985 Marcus Avenue, NW2-M352
New Hyde Park, NY 11042

MEDLINE INDUSTRIES
One Medline Place
Mundelein, IL 60060-4486

MITCHELL, JAMES C.
7464 Route 54
Bath, NY 14810

N.Y.S. WORKERS COMPENSATION BOARD
20 Park Street
Albany, NY 12207

NEW YORK STATE INSURANCE FUND
c/o Windham Professionals, Inc.
382 Main St.
Salem, NH 03079

PRAXAIR, INC.
39 Old Ridgebury Road
Danbury, CT 06810

RECOVERY MANAGEMENT SERVICES
One Exchange Plaza
55 Broadway, Suite 201
New York, NY 10006

RELIN, GOLDSTEIN & CRANE, LLP
28 East Main Street
Suite 1800
Rochester, NY 14614

ROE WALLACE
31 Oak Street, Suite 20
Patchogue, NY 11772-0352

WELCH & ZINK
Attn: George J. Welch, Sr.
19 E. Market S.
Corning, NY 14830

WORKERS COMPENSATION BOARD
Judgment Unit
20 Park Street
Albany, NY 12207

United States Bankruptcy Court
Western District of New York

In re **Steuben Health Care Equipment Supply and Service, Inc.** Debtor(s)

Case No.

Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

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

■ None [*Check if applicable*]

January 10, 2008
Date

/s/ David H. Ealy, Esq.
David H. Ealy, Esq.
Signature of Attorney or Litigant
Counsel for **Steuben Health Care Equipment Supply and Service, Inc.**

TREVETT CRISTO SALZER & ANDOLINA P.C.
Two State Street, Suite 1000
Rochester, NY 14614
(585) 454-2181 Fax:(585) 454-4026
dealy@trevettlaw.com

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FORM G
United States Bankruptcy Court
Western District of New York

In re **Steuben Health Care Equipment Supply and Service, Inc.** Case No. _____
Debtor(s) Chapter **11**

DECLARATION RE: ELECTRONIC FILING OF PETITION, SCHEDULES & STATEMENTS

PART I - DECLARATION OF PETITIONER

I (WE) **James C. Mitchell** and _____, the undersigned debtor(s), ***hereby declare under penalty of perjury*** that the information provided in the electronically filed petition, statements, and schedules is true and correct and that I signed these documents prior to electronic filing. I consent to my attorney sending my petition, statements and schedules to the United States Bankruptcy Court. I understand that this DECLARATION RE: ELECTRONIC FILING is to be executed at the First Meeting of Creditors and filed with the Trustee. I understand that failure to file the signed original of this DECLARATION may cause my case to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further notice. I (we) further declare under penalty of perjury that I (we) signed the original Statement of Social Security Number(s), (Official Form B21) prior to the electronic filing of the petition and have verified the 9-digit social security number displayed on the Notice of Meeting of Creditors to be accurate.

☐ If petitioner is an individual whose debts are primarily consumer debts and who has chosen to file under a chapter: 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 chapter, and choose to proceed under this chapter. I request relief in accordance with the chapter specified in this petition. I (WE) ____ and ____, the undersigned debtor(s), ***hereby declare under penalty of perjury*** that the information provided in the electronically filed petition, statements, and schedules is true and correct.

☒ If petitioner is a corporation or partnership: I declare under penalty of perjury that the information provided in the electronically filed 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 specified in this petition.

☐ If petitioner files an application to pay filing fees in installments: I certify that I completed an application to pay the filing fee in installments. I am aware that if the fee is not paid within 120 days of the filing date of filing the petition, the bankruptcy case may be dismissed and, if dismissed, I may not receive a discharge of my debts.

Dated: **January 10, 2008**

Signed: /s/ James C. Mitchell
James C. Mitchell
(Applicant)

_____
(Joint Applicant)

PART II - DECLARATION OF ATTORNEY

I ***declare under penalty of perjury*** that the debtor(s) signed the petition, schedules, statements, etc., including the Statement of Social Security Number(s), Official Form B21, before I electronically transmitted the petition, schedules, and statements to the United States Bankruptcy Court, and have followed all other requirements in Administrative Orders and Administrative Procedures, including submission of the electronic entry of the debtor(s) Social Security number into the Court's electronic records. If an individual, I further declare that I have informed the petitioner (if an individual) that [he or she] may qualify to proceed under chapter 7, 11, 12 or 13 of Title 11, United States Code, and have explained the relief available under each chapter. This declaration is based on the information of which I have knowledge.

Dated: **January 10, 2008**

/s/ David H. Ealy
David H. Ealy, Esq.
Attorney for Debtor(s)

Address of Attorney
Two State Street, Suite 1000
Rochester, NY 14614
(585) 454-2181 Fax:(585) 454-4026
dealy@trevettlaw.com

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United States Bankruptcy Court
Western District of New York

In re **Steuben Health Care Equipment Supply and Service, Inc.** Debtor(s)

Case No.

Chapter **11**

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **James C. Mitchell**, declare under penalty of perjury that I am the **President** of **Steuben Health Care Equipment Supply and Service, Inc.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 10th day of January, 2008.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **James C. Mitchell**, **President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter **11** voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **James C. Mitchell**, **President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **James C. Mitchell**, **President** of this Corporation is authorized and directed to employ **David H. Ealy, Esq.**, attorney and the law firm of **TREVETT CRISTO SALZER & ANDOLINA P.C.** to represent the corporation in such bankruptcy case."

Date **January 10, 2008**

Signed /s/ James C. Mitchell
James C. Mitchell

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Resolution of Board of Directors
of
Steuben Health Care Equipment Supply and Service, Inc.

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter **11** of Title 11 of the United States Code;

Be It Therefore Resolved, that **James C. Mitchell**, **President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter **11** voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **James C. Mitchell, President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **James C. Mitchell, President** of this Corporation is authorized and directed to employ **David H. Ealy, Esq.**, attorney and the law firm of **TREVETT CRISTO SALZER & ANDOLINA P.C.** to represent the corporation in such bankruptcy case.

Date **January 10, 2008** Signed **/s/ James C. Mitchell**

Date **January 10, 2008** Signed **/s/ Cathy Fairbanks**

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