

United States Bankruptcy Court
Southern District of Ohio, Eastern Division

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):
The Wellness Connection- A Home Healthcare Agency, Inc.

Name of Joint Debtor (Spouse) (Last, First, Middle):

All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):

All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):

Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all)
04-3688208

Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all)

Street Address of Debtor (No. & Street, City, and State):
6100 East Main Street
Suite 202
Columbus, OH
ZIP Code 43213-3399

Street Address of Joint Debtor (No. & Street, City, and State):
ZIP Code

County of Residence or of the Principal Place of Business:
Franklin

County of Residence or of the Principal Place of Business:

Mailing Address of Debtor (if different from street address):
ZIP Code

Mailing Address of Joint Debtor (if different from street address):
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)
[X] Corporation (includes LLC and LLP)
[ ] Partnership
[ ] Other (If debtor is not one of the above entities, check this box and provide the information requested below.)
State type of entity:

Nature of Business (Check all applicable boxes.)
[X] Health Care Business
[ ] Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
[ ] Railroad
[ ] Stockbroker
[ ] Commodity Broker
[ ] Clearing Bank
[ ] Nonprofit Organization qualified under 26 U.S.C. § 501(c)(3)

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
[ ] Chapter 7 [X] Chapter 11 [ ] Chapter 15 Petition for Recognition of a Foreign Main Proceeding
[ ] Chapter 9 [ ] Chapter 12 [ ] Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
[ ] Chapter 13

Nature of Debts (Check one box)
[ ] Consumer/Non-Business [X] Business

Filing Fee (Check one box)
[X] 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:
[X] 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:
[X] Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.

Statistical/Administrative Information
[X] 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

Table with 10 columns: Estimated Number of Creditors. Rows for ranges: 1-49, 50-99, 100-199, 200-999, 1000-5000, 5001-10000, 10001-25000, 25001-50000, 50001-100000, OVER 100000. Selection: 1-49.

Table with 9 columns: Estimated Assets. Rows for ranges: \$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, More than \$100 million. Selection: \$0 to \$50,000.

Table with 9 columns: Estimated Debts. Rows for ranges: \$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, More than \$100 million. Selection: \$100,001 to \$500,000.

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>The Wellness Connection- A Home Healthcare Agency, Inc.</b>
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**Prior Bankruptcy Case Filed Within Last 8 Years** (If more than one, attach additional sheet)

Location Where Filed: - <b>None</b> -	Case Number:	Date Filed:
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**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>Sheena D. Fennell</b>	Case Number: <b>04-64036</b>	Date Filed: <b>9/03/04</b>
District: <b>SD OH ED</b>	Relationship: <b>Sole Shareholder and Officer</b>	Judge: <b>Caldwell</b>

**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 §342(b) of the Bankruptcy Code.

**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

**Certification Concerning Debt Counseling by Individual/Joint Debtor(s)**

I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition.

I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)

**Information Regarding the Debtor (Check the Applicable Boxes)**

**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.

**Statement 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.

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

Name of Debtor(s):  
**The Wellness Connection- A Home Healthcare Agency, 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 §342(b) of the Bankruptcy Code.  
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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

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

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

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

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

(Check only one box.)

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

Pursuant to §1511 of title 11, United States Code, 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 19B is attached.

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

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

\_\_\_\_\_  
Address

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

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

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

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

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

**Signature of Attorney**

**X** /s/ Robert J. Morje  
Signature of Attorney for Debtor(s)

**Robert J. Morje 0020210**  
Printed Name of Attorney for Debtor(s)

**Decker, Vonau, Seguin, Lackey & Viets Co. LPA**  
Firm Name

**620 East Broad Street**  
**Columbus, OH 43215**

\_\_\_\_\_  
Address

**Email: rmorje@DVSLV.com**

**614 242-4242 Fax: 614 242-4243**  
Telephone Number

**August 3, 2006**  
Date

**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/ Sheena D. Fennell  
Signature of Authorized Individual

**Sheena D. Fennell**  
Printed Name of Authorized Individual

**President**  
Title of Authorized Individual

**August 3, 2006**  
Date

**United States Bankruptcy Court  
Southern District of Ohio, Eastern Division**

In re **The Wellness Connection- A Home Healthcare Agency, 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, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Columbus City Treasurer Inc. Tax- 50 West Broad 4th fl. Columbus, OH 43215</b>	<b>Columbus City Treasurer Inc. Tax- 50 West Broad 4th fl. Columbus, OH 43215</b>	<b>2005 withholding taxes</b>		<b>16,493.73</b>
<b>Edward Dudley, CPA 4200 Regent Street # 200 Columbus, OH 43219</b>	<b>Edward Dudley, CPA 4200 Regent Street # 200 Columbus, OH 43219</b>	<b>Accounting services and negotiation with IRS.</b>		<b>Unknown</b>
<b>Fifth Third Bank Mail Drop 109065-3110 Cincinnati, OH 45263-3110</b>	<b>Fifth Third Bank Mail Drop 109065-3110 Cincinnati, OH 45263-3110</b>	<b>2002 Dodge Intrepid</b>		<b>6,000.00 (500.00 secured)</b>
<b>Fifth Third Bank Mail Drop 109065-3110 Cincinnati, OH 45263-3110</b>	<b>Fifth Third Bank Mail Drop 109065-3110 Cincinnati, OH 45263-3110</b>	<b>2006 Dodge Durango</b>		<b>24,000.00 (22,000.00 secured)</b>
<b>Internal Revenue Service District Director, Spec. Proc. PO Box 1579 Cincinnati, OH 45201</b>	<b>Internal Revenue Service District Director, Spec. Proc. PO Box 1579 Cincinnati, OH 45201</b>	<b>All property of the debtor based on filed tax lien.</b>		<b>112,000.00 (0.00 secured)</b>
<b>Internal Revenue Service District Director, Spec. Proc. PO Box 1579 Cincinnati, OH 45201</b>	<b>Internal Revenue Service District Director, Spec. Proc. PO Box 1579 Cincinnati, OH 45201</b>	<b>Debt is secured by tax lien, but is largely unsecured as a practical matter. The entire debt is listed on Schedule D at face value, but is listed her</b>		<b>Unknown</b>
<b>Ohio Bureau of Workers Compensation 30 West Spring Street Columbus, OH 43215-2256</b>	<b>Ohio Bureau of Workers Compensation 30 West Spring Street Columbus, OH 43215-2256</b>	<b>Unpaid Workers Comp Premiums-- although liens are filed, it is the position of the debtor that said liens, being junior to the IRS liens, are complete</b>		<b>79,636.17</b>

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Ohio Dept of Job &amp; Family Services PO Box 923 145 South Front St Columbus, OH 43216-0923</b>	<b>Ohio Dept of Job &amp; Family Services PO Box 923 145 South Front St Columbus, OH 43216-0923</b>	<b>Unpaid insurance contributions formerly referred to as Unemployment compensation.</b>		<b>21,188.89</b>
<b>Porter Wright Morris &amp; Arthur Aaron Dryer, Attorney 41 South High Street Columbus, OH 43215</b>	<b>Porter Wright Morris &amp; Arthur Aaron Dryer, Attorney 41 South High Street Columbus, OH 43215</b>	<b>Legal services</b>		<b>3,000.00</b>

**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 **August 3, 2006**

Signature **/s/ Sheena D. Fennell**  
**Sheena D. Fennell**  
**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.

**United States Bankruptcy Court  
Southern District of Ohio, Eastern Division**

In re **The Wellness Connection- A Home Healthcare Agency, Inc.**  
Debtor(s)

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

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

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

For legal services, I have agreed to accept.....	\$	<u><b>3,961.00</b></u>
Prior to the filing of this statement I have received.....	\$	<u><b>3,961.00</b></u>
Balance Due.....	\$	<u><b>0.00</b></u>

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

Debtor       Other (specify):

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

Debtor       Other (specify):

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

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

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

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

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

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

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. Fees are established by a written fee agreement which establishes and hourly rate for all services provided. To the extent the time expended exceeds the written estimate services in excess of that estimate are billable at the applicable hourly rate for all time expended.**

**CERTIFICATION**

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

Dated: **August 3, 2006**

**/s/ Robert J. Morje**  
**Robert J. Morje 0020210**  
**Decker, Vonau, Seguin, Lackey & Viets Co. LPA**  
**620 East Broad Street**  
**Columbus, OH 43215**  
**614 242-4242 Fax: 614 242-4243**  
**rmorje@DVSLV.com**

In re The Wellness Connection- A Home Healthcare Agency, Inc.  
Debtor(s)

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

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

Fee agreement is an hourly rate of \$235.00 per hour for all time expended, with a rolling retainer of \$ 5000.00. Fees disclosed in form are initial payment/ retainer to commence case, against which pre-petition services will be drawn immediately and against which approved post-petition services will be drawn.

**United States Bankruptcy Court**  
**Southern District of Ohio, Eastern Division**

In re **The Wellness Connection- A Home Healthcare Agency, 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
<b>Sheena D. Fennell</b> <b>7109 Starkeys Court</b> <b>Dublin, OH 43017</b>	<b>Common no par</b>	<b>1</b>	<b>fee simple</b>

**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 **August 3, 2006**

Signature **/s/ Sheena D. Fennell**  
**Sheena D. Fennell**  
**President**

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18 U.S.C §§ 152 and 3571.



Attorney General-Rev Rec  
Attn: Bankruptcy Staff  
101 East Town St  
Columbus, OH 43215-5148

Columbus City Treasurer  
Inc. Tax- 50 West Broad 4th fl.  
Columbus, OH 43215

Davis Property Management  
615 Copeland Mill Rd. # 1A  
Westerville, OH 43081

Edward Dudley, CPA  
4200 Regent Street # 200  
Columbus, OH 43219

Fifth Third Bank  
Mail Drop 109065-3110  
Cincinnati, OH 45263-3110

Fifth Third Bank  
Mail Drop 109065-3110  
Cincinnati, OH 45263-3110

Fifth Third Bank  
Mail Drop 109065-3110  
Cincinnati, OH 45263-3110

Internal Revenue Service  
District Director, Spec. Proc.  
PO Box 1579  
Cincinnati, OH 45201

Internal Revenue Service  
District Director, Spec. Proc.  
PO Box 1579  
Cincinnati, OH 45201

Ohio Attorney General-Rev Rec  
Attn: Bankruptcy Staff  
101 East Town St.  
Columbus, OH 43215-5148

Ohio Bureau of Workers Compensation  
30 West Spring Street  
Columbus, OH 43215-2256

Ohio Dept of Job & Family Services  
PO Box 923  
145 South Front St  
Columbus, OH 43216-0923

Ohio Dept of Job & Family Services  
PO Box 182404  
145 South Front St  
Columbus, OH 43218-2404

Porter Wright Morris & Arthur  
Aaron Dryer, Attorney  
41 South High Street  
Columbus, OH 43215

US Attorney  
303 Marconi Blvd # 200  
Columbus, OH 43215

US Attorney  
303 Marconi Blvd # 200  
Columbus, OH 43215

US Attorney General  
Main Justice Bldg Rm 5111  
10 th & Constitution Ave NW  
Washington, DC 20530

**United States Bankruptcy Court**  
**Southern District of Ohio, Eastern Division**

In re **The Wellness Connection- A Home Healthcare Agency, 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 **The Wellness Connection- A Home Healthcare Agency, 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*]

**August 3, 2006**  
Date

**/s/ Robert J. Morje**  
**Robert J. Morje 0020210**  
Signature of Attorney or Litigant  
Counsel for **The Wellness Connection- A Home Healthcare Agency, Inc.**  
**Decker, Vonau, Seguin, Lackey & Viets Co. LPA**  
**620 East Broad Street**  
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