

B1 (Official Form 1)(12/11)

**United States Bankruptcy Court
Southern District of Ohio**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Able Medical Transport of Southern Ohio, LLC	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 20-2995877	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 1281 River Road Chillicothe, OH <div style="text-align: right; margin-top: 5px;">ZIP Code 45601</div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Ross	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>

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

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information ***** Myron N. Terlecky 0018628 *****

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

Estimated Number of Creditors

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

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

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

<p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Able Medical Transport of Southern Ohio, LLC</p>
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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:

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

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

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

No.

Exhibit D

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

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

If this is a joint petition:

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

Information Regarding the Debtor - Venue

(Check any applicable box)

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

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

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

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

(Check all applicable boxes)

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

(Name of landlord that obtained judgment)

(Address of landlord)

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

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

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

Voluntary Petition

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

Name of Debtor(s):
Able Medical Transport of Southern Ohio, LLC

Signatures

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

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

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Myron N. Terlecky
Signature of Attorney for Debtor(s)

Myron N. Terlecky 0018628
Printed Name of Attorney for Debtor(s)

Strip Hoppers Leithart McGrath & Terlecky Co., LPA
Firm Name
575 S. Third St
Columbus, OH 43215

Address

614-228-6345 Fax: 614-228-6369
Telephone Number

January 7, 2013
Date

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

Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

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

Address

X _____
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

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

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

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

Signature of Debtor (Corporation/Partnership)

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

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

X /s/ Shad E. Wooten
Signature of Authorized Individual

Shad E. Wooten
Printed Name of Authorized Individual

Chief Financial Officer
Title of Authorized Individual

January 7, 2013
Date

ABC FIRE SERVICES LLC
P O BOX 1053
LAVALETTE, WV 25535

ADENA HEALTH SYSTEM
P O BOX 932035
CLEVELAND, OH 44193

AEP OHIO
P O BOX 24002
CANTON, OH 44701-4002

AFLAC
1932 WYNNNTON ROAD
COLUMBUS, GA 31999

AIRGAS USA, LLC
P O BOX 802576
CHICAGO, IL 60680-2576

ALL POINTS CAPITAL CORP.
275 BROAD HOLLOW ROAD
MELVILLE, NY 11747

ALLIED WASTE
P O BOX 9001099
LOUISVILLE, KY 40290-1099

ALLTECH SERVICES
63 ELKINS
P O BOX 317
GREENUP, KY 41144

AT&T
P O BOX 6416
CAROL STREAM, IL 60197

AUTOZONE, INC.
P O BOX 791409
BALTIMORE, MD 21279-1409

BIHL OFFICE SUPPLY, INC.
912 GALLIA STREET
PORTSMOUTH, OH 45662

BILL'S FLOWERS
8209 GREEN STREET
WHEELERSBURG, OH 45694

BOULEVARD BOUQUET
1716 COLES BLVD.
PORTSMOUTH, OH 45662

CHANNING BETE
P O BOX 3538
SOUTH DEERFIELD, MA 01373-3538

CINDY PENIX
3344A HENLEY DEEMER ROAD
MC DERMOTT, OH 45652

CITIZENS NATIONAL BANK
P O BOX 1488
PAINTSVILLE, KY 41240-5488

CITIZENS NATIONAL BANK
620 BROADWAY
P O BOX 1488
PAINTSVILLE, KY 41240-5488

CITY OF GALLIPOLIS UTILITIES
P O BOX 339
GALLIPOLIS, OH 45631-0339

CITY OF IRONTON UTILITIES
301 S. THIRD STREET
P O BOX 704
IRONTON, OH 45638

CITY OF JACKSON UTILITIES
199 PORTSOUTH STREET
JACKSON, OH 45640

CITY OF PORTSMOUTH UTILITIES
P O BOX 1567
PORTSMOUTH, OH 45662-1567

COLUMBIA GAS OF OHIO
P O BOX 742510
CINCINNATI, OH 45274-2510

DASH MEDICAL GLOVES
9635 S. FRANKLIN DRIVE
FRANKLIN, WI 53132

DIRECT TV
P O BOX 60036
LOS ANGELES, CA 90060-0036

FIFTH THIRD BANK
P O BOX 740789
CINCINNATI, OH 45274-0789

FIFTH THIRD BANK
999 4TH AVENUE
1MOC2A
HUNTINGTON, WV 25701

FLEETCOR
P O BOX 70995
CHARLOTTE, NC 28272

FRONTIER
P O BOX 20550
ROCHESTER, NY 14602-0550

GAMPS
2229 STATE ROUTE 140
PORTSMOUTH, OH 45662

HANN
1 CENTER DRIVE
MONROE TOWNSHIP, NJ 08831

HORIZON
68 E. MAIN STREET
P O BOX 480
CHILLICOTHE, OH 45601-0480

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATIONS
P O BOX 7346
PHILADELPHIA, PA 19101-7346

IPFS CORPORATION
P O BOX 100391
PASADENA, CA 91189-0391

JAMES MCGINNESS
2001 MT. TABOR ROAD
CREOLA, OH 45622

JAMES MCGINNIS
8046 OHIO RIVER ROAD
WHEELERSBURG, OH 45694

JEANNE MCGINNIS
2001 MT. TABOR ROAD
PORTSMOUTH, OH 45662

KELLICO, INC.
304 N. 2ND STREET
IRONTON, OH 45638

KEYSTONE PRINTING COMPANY
842 4TH STREET
P O BOX 174
PORTSMOUTH, OH 45662

LAB-TRONICS, INC.
511 - 34TH STREET
CATLETTSBURG, KY 41129

MONTGOMERY MACHINE & FABRICATIONS, INC.
206 WATTS BLEVINS STREET
P O BOX 247
JACKSON, OH 45640

NEXTRAQ
1200 LAKE HEARN DRIVE, STE. 500
ATLANTA, GA 30319

OHIO ATTORNEY GENERAL
COLLECTIONS ENFORCEMENT SECTION
150 E. GAY STREET, 21ST FLOOR
COLUMBUS, OH 43215

OHIO BUREAU OF WORKERS COMPENSATION
LAW SECTION BANKRUPTCY UNIT
P O BOX 15567
COLUMBUS, OH 43215-0567

OHIO DEPARTMENT OF TAXATION
ATTN: BANKRUPTCY DIVISION
P. O. BOX 530
COLUMBUS, OH 43266-0030

OHIO PERSONNEL ADVISOR
5555 N. LAMAR, STE. L-149
AUSTIN, TX 78751

OHIO VALLEY PHYSICIANS
500 BURLINGTON ROAD
JACKSON, OH 45640

PAUL CLINE
275 SUNSET DR.
GRAYSON, KY 41143

PEEBLES FLOWER SHOP
25905 STATE ROUTE 41
PEEBLES, OH 45660

PHYSIO-CONTROL, INC.
12100 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

PIKE COMMUNITY HOSPITAL
100 DAWN LANE
WAVERLY, OH 45690

PIKE SANITATION
123 SOUTH LOCK STREET
WAVERLY, OH 45690

PIONEER TELEPHONE
P O BOX 11018
LEWISTON, ME 04243-9469

PISTOLE'S AUTO & TRUCK EQUIPMENT
16127 US ROUE 52
WEST PORTSMOUTH, OH 45663

PITNEY BOWES
P O BOX 371874
PITTSBURGH, PA 15250-7874

PORTSMOUTH CHAMBER OF COMMERCE
342 SECOND STREET
P O BOX 509
PORTSMOUTH, OH 45662

PROGRESSIVE MEDICAL INTERNATONAL
2460 ASH STREET
VISTA, CA 92081

ROSS COUNTY WATER COMPANY
P O BOX 1690
CHILLICOTHE, OH 45601-5690

RUMPKE
P O BOX 538710
CINCINNATI, OH 45253

S&S TIRE
P O BOX 55046
LEXINGTON, KY 40555-5046

SCIOTO COU9NTY ENGINEERING DEPARTMENT
602 SEVENTH STREET, ROOM 104
PORTSMOUTH, OH 45662

SCIOTO COUNTY TREASURER
602 7TH STREET, STE. 102
PORTSMOUTH, OH 45662

SCIOTO VOICE NEWSPAPER
8366 DOWNTOWN HAYPORT ROAD
P O BOX 400
WHEELERSBURG, OH 45694

SNAP ON TOOLS
NATE A. BAKIES
47 QUEEN DRIVE
CHILLICOTHE, OH 45601

SOMC LIFE CENTER
1202 18TH STREET
PORTSMOUTH, OH 45662

SOUTH CENTRAL POWER CO.
P O BOX 2001
LANCASTER, OH 43130-6201

SOUTHERN OHIO COMMUNICATIONS SERVICES
P O BOX 488
WAVERLY, OH 45690

SOUTHERN OHIO MEDICAL CENTER
1248 KINNEYS LANE, BLDG. C, 2ND FLOOR
PORTSMOUTH, OH 45662

SPRINT CUSTOMER SERVICE
P O BOX 8077
LONDON, KY 40742

STAPLES
DEPT. 51-7861237179
P O BOX 689020
DES MOINES, IA 50368-9020

STERLING FINANCIAL
4200 SOMERSET DRIVE, STE. 132
PRAIRIE VILLAGE, KS 66208

STEVE'S LOCK AND KEY
1510 FINDLAY STREET
PORTSMOUTH, OH 45662

STRYKER MEDICAL
C/O RCC
P O BOX 9658
MINNEAPOLIS, MN 55440-9658

SUDDENLINK
P O BOX 660365
DALLAS, TX 75266-0365

TALENTWISE
P O BOX 3876
SEATTLE, WA 98124-3876

THOMAS GAS SERVICES, INC.
61 ENTERPRISE PLACE
CHILLICOTHE, OH 45601

TIME WARNER CABLE
P O BOX 0916
CAROL STREAM, IL 60132-0916

U. S. ATTORNEY
303 MARCONI BLVD. STE 200
COLUMBUS, OH 43215

U. S. ATTORNEY GENERAL
MAIN JUSTICE BUILDING, RM. 5111
10TH & CONSTITUTION AVE., N.W.
WASHINGTON, DC 20530

UNIFIRST
4100 TERRACE AVENUE
HUNTINGTON, WV 25705

UNIFIRST
211 REYNOLDSBURG-NEW ALBANY ROAD
BLACKLICK, OH 43004

US YELLOW PAGES
P O BOX 41308
JACKSONVILLE, FL 32203-1308

USA FINANCIAL SERVICES LLC
1983 MARCUS AVENUE, STE. C136
NEW HYDE PARK, NY 11042

WABLE-F, LLC
C/O JAMES MCGINNIS
8046 OHIO RIVER ROAD
WHEELERSBURG, OH 45694

WAGNER LAWN CARE
518 KITTLE ROAD
WHEELERSBURG, OH 45694

WAYNE L. THOMPSON, CPA
800 GALLIA STREET, STE. 505
PORTSMOUTH, OH 45662

WILLIS TIRE
14981 STATE ROUTE 93
JACKSON, OH 45640

WRIGHT EXPRESS
P O BOX 6293
CAROL STREAM, IL 60197-6293

**United States Bankruptcy Court
Southern District of Ohio**

In re **Able Medical Transport of Southern Ohio, LLC**

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 **Able Medical Transport of Southern Ohio, LLC** 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:

Cindy Penix
3344A Henley Deemer Road
Mc Dermott, OH 45652

James McGinness
2001 Mt. Tabor Road
Creola, OH 45622

Jeanne McGinnis
2001 Mt. Tabor Road
Portsmouth, OH 45662

Paul Cline
275 Sunset Dr.
Grayson, KY 41143

None [Check if applicable]

January 7, 2013

Date

/s/ Myron N. Terlecky

Myron N. Terlecky 0018628

Signature of Attorney or Litigant

Counsel for **Able Medical Transport of Southern Ohio, LLC**

Strip Hoppers Leithart McGrath & Terlecky Co., LPA

575 S. Third St

Columbus, OH 43215

614-228-6345 Fax:614-228-6369

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
Southern District of Ohio**

In re **Able Medical Transport of Southern Ohio, LLC**

Debtor(s)

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia, PA 19101-7346	940, 941, 1065 and 6721 Taxes		1,103,610.23 (0.00 secured)
Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia, PA 19101-7346	940 and 941 Taxes 2009-2010		506,976.75 (0.00 secured)
Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia, PA 19101-7346	941 Taxes - 2008		381,633.45 (0.00 secured)
Ohio Department of Taxation Attn: Bankruptcy Division P. O. Box 530 Columbus, OH 43266-0030	Ohio Department of Taxation Attn: Bankruptcy Division P. O. Box 530 Columbus, OH 43266-0030	Tax Lien		243,586.09 (0.00 secured)
Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service Centralized Insolvency Operations P O Box 7346 Philadelphia, PA 19101-7346	941 Taxes - 3rd Quarter 2008		196,706.94 (0.00 secured)
Ohio Department of Taxation Attn: Bankruptcy Division P. O. Box 530 Columbus, OH 43266-0030	Ohio Department of Taxation Attn: Bankruptcy Division P. O. Box 530 Columbus, OH 43266-0030	Tax Lien		155,680.79 (0.00 secured)
Ohio Bureau of Workers Compensation Law Section Bankruptcy Unit P O Box 15567 Columbus, OH 43215-0567	Ohio Bureau of Workers Compensation Law Section Bankruptcy Unit P O Box 15567 Columbus, OH 43215-0567	Business Debt		155,188.02

B4 (Official Form 4) (12/07) - Cont.

In re Able Medical Transport of Southern Ohio, LLC

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Ohio Department of Taxation Attn: Bankruptcy Division P. O. Box 530 Columbus, OH 43266-0030	Ohio Department of Taxation Attn: Bankruptcy Division P. O. Box 530 Columbus, OH 43266-0030	Tax Lien		150,363.64 (0.00 secured)
Fifth Third Bank 999 4th Avenue 1MOC2A Huntington, WV 25701	Fifth Third Bank 999 4th Avenue 1MOC2A Huntington, WV 25701	Note		137,542.83 (0.00 secured)
Fifth Third Bank 999 4th Avenue 1MOC2A Huntington, WV 25701	Fifth Third Bank 999 4th Avenue 1MOC2A Huntington, WV 25701	Note		137,095.92 (0.00 secured)
Ohio Bureau of Workers Compensation Law Section Bankruptcy Unit P O Box 15567 Columbus, OH 43215-0567	Ohio Bureau of Workers Compensation Law Section Bankruptcy Unit P O Box 15567 Columbus, OH 43215-0567	Workers' Compensation Lien		98,581.04 (0.00 secured)
Ohio Department of Taxation Attn: Bankruptcy Division P. O. Box 530 Columbus, OH 43266-0030	Ohio Department of Taxation Attn: Bankruptcy Division P. O. Box 530 Columbus, OH 43266-0030	Tax Lien		37,875.37 (0.00 secured)
Kellico, Inc. 304 N. 2nd Street Ironton, OH 45638	Kellico, Inc. 304 N. 2nd Street Ironton, OH 45638	2111 S. 7th Street Ironton, OH 45638		20,057.43 (0.00 secured)
IPFS Corporation P O Box 100391 Pasadena, CA 91189-0391	IPFS Corporation P O Box 100391 Pasadena, CA 91189-0391	Business Debt		18,340.99
Wright Express P O Box 6293 Carol Stream, IL 60197-6293	Wright Express P O Box 6293 Carol Stream, IL 60197-6293	Business Debt		17,807.28
UniFirst 4100 Terrace Avenue Huntington, WV 25705	UniFirst 4100 Terrace Avenue Huntington, WV 25705	Business Debt		14,451.15
Gamps 2229 State Route 140 Portsmouth, OH 45662	Gamps 2229 State Route 140 Portsmouth, OH 45662	Business Debt		8,476.45
Airgas USA, LLC P O Box 802576 Chicago, IL 60680-2576	Airgas USA, LLC P O Box 802576 Chicago, IL 60680-2576	Business Debt		8,271.40
Kellico, Inc. 304 N. 2nd Street Ironton, OH 45638	Kellico, Inc. 304 N. 2nd Street Ironton, OH 45638	2111 S. 7th Street Ironton, OH 45638		6,986.30 (0.00 secured)
Kellico, Inc. 304 N. 2nd Street Ironton, OH 45638	Kellico, Inc. 304 N. 2nd Street Ironton, OH 45638	2111 S. 7th Street Ironton, OH 45638		6,747.38 (0.00 secured)

B4 (Official Form 4) (12/07) - Cont.

In re Able Medical Transport of Southern Ohio, LLC
Debtor(s)

Case No. _____

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

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

I, the Chief Financial Officer 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 7, 2013

Signature /s/ Shad E. Wooten
Shad E. Wooten
Chief Financial Officer

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.