

**B1 (Official Form 1) (12/11)**

<b>United States Bankruptcy Court Western District of Oklahoma</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>M.G. Miller-Management &amp; Holding Ltd. Co</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>dba Golden Oaks Nursing Center</b>		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) /Complete EIN (if more than one, state all): <b>27-1328251</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>2801 Redbird Enid, OK</b>		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE <b>73703</b>		ZIPCODE
County of Residence or of the Principal Place of Business: <b>Garfield</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address)		Mailing Address of Joint Debtor (if different from street address):
ZIPCODE		ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): <b>5801 N. Oakwood Road, Enid, OK</b>		
ZIPCODE <b>73703</b>		
<p style="text-align: center;"><b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p> <hr/> <p style="text-align: center;"><b>Chapter 15 Debtor</b></p> <p>Country of debtor's center of main interests:</p> <hr/> <p>Each country in which a foreign proceeding by, regarding, or against debtor is pending:</p> <hr/>	<p style="text-align: center;"><b>Nature of Business</b> (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input checked="" type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>Tax-Exempt Entity</b> (Check box, if applicable.)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p style="text-align: center;"><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Chapter 7                      <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input checked="" type="checkbox"/> Chapter 11                    <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <p><input type="checkbox"/> Chapter 12                    <input type="checkbox"/> Chapter 13</p> <hr/> <p style="text-align: center;"><b>Nature of Debts</b> (Check one box.)</p> <p><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."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
<p style="text-align: center;"><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><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.</p> <p><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.</p>		<p style="text-align: center;"><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>).</p> <p>-----</p> <p><b>Check all applicable boxes:</b></p> <p><input type="checkbox"/> A plan is being filed with this petition</p> <p><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).</p>
<p><b>Statistical/Administrative Information</b></p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>		<b>THIS SPACE IS FOR COURT USE ONLY</b>
<p>Estimated Number of Creditors</p> <p><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</p>		
<p>Estimated Assets</p> <p><input type="checkbox"/> \$0 to \$50,000    <input type="checkbox"/> \$50,001 to \$100,000    <input type="checkbox"/> \$100,001 to \$500,000    <input checked="" type="checkbox"/> \$500,001 to \$1 million    <input type="checkbox"/> \$1 million to \$5 million    <input type="checkbox"/> \$5 million to \$10 million    <input type="checkbox"/> \$10 million to \$50 million    <input type="checkbox"/> \$50 million to \$100 million    <input type="checkbox"/> \$100 million to \$500 million    <input type="checkbox"/> \$500 million to \$1 billion    <input type="checkbox"/> More than \$1 billion</p>		
<p>Estimated Liabilities</p> <p><input type="checkbox"/> \$0 to \$50,000    <input type="checkbox"/> \$50,001 to \$100,000    <input type="checkbox"/> \$100,001 to \$500,000    <input checked="" type="checkbox"/> \$500,001 to \$1 million    <input type="checkbox"/> \$1 million to \$5 million    <input type="checkbox"/> \$5 million to \$10 million    <input type="checkbox"/> \$10 million to \$50 million    <input type="checkbox"/> \$50 million to \$100 million    <input type="checkbox"/> \$100 million to \$500 million    <input type="checkbox"/> \$500 million to \$1 billion    <input type="checkbox"/> More than \$1 billion</p>		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>M.G. Miller-Management &amp; Holding Ltd. Co</b>
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**All Prior Bankruptcy Case Filed Within Last 8 Years** (If more than two, attach additional sheet)

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

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

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

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

**M.G. Miller-Management & Holding Ltd. Co**

**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/ Craig Riffel

Signature of Attorney for Debtor(s)

**Craig Riffel 16373  
Mitchel, Gaston, Riffel & Riffel, PLLC  
3517 W. Owen K. Garriott, Suite One  
Enid, OK 73703-0000  
(580) 234-8447 Fax: (580) 234-5547  
criffel@westoklaw.com**

**June 25, 2012**  
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 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

**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/ Michael G. Miller

Signature of Authorized Individual

**Michael G. Miller**  
Printed Name of Authorized Individual

**Member/Manager**  
Title of Authorized Individual

**June 25, 2012**  
Date

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
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.*

**United States Bankruptcy Court  
Western District of Oklahoma**

IN RE:

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

**M.G. Miller-Management & Holding Ltd. Co**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)
<b>Michael G. Miller 2801 Redbird Lane Enid, OK 73703</b>		<b>Trade debt</b>		<b>266,666.00</b>
<b>Odyssey Health Care 2 W. Main, Suite 200 Ardmore, OK 73401</b>		<b>Trade debt</b>		<b>172,886.00</b>
<b>Golden Oaks Senior Living Community, LLC 2801 Redbird Enid, OK 73703</b>		<b>Trade debt</b>		<b>89,460.00</b>
<b>First Call Of OKC Lock Box 1 P.O. Box 1857 Owasso, OK 74055</b>		<b>Trade debt</b>		<b>74,491.00</b>
<b>Sequoia Health Services Omnicare Pharmacy Service P.O. Box 715276 Columbus, OH 43271-5276</b>		<b>Trade debt</b>		<b>59,124.00</b>
<b>Wesley Kroeker Wesley Kroeker Revocable Trust 6822 N. Oakwood Rd. Enid, OK 73703</b>	<b>David M. Collins Gungoll Jackson Collins Box &amp; Devoll PC P.O. Box 1549 Enid, OK 73702</b>	<b>Trade debt</b>	<b>Disputed</b>	<b>26,789.00</b>
<b>Oklahoma Health Care Authority P.O. Box 18476 Oklahoma City, OK 73154</b>		<b>Trade debt</b>		<b>17,075.00</b>
<b>Medline Industries Dept. 1080 P.O. Box 121080 Dallas, TX 75312-1080</b>		<b>Trade debt</b>		<b>16,610.00</b>
<b>Oklahoma Health Care Authority Quality Of Care Fee P.O. Box 18476 Oklahoma City, OK 73154</b>		<b>Trade debt</b>		<b>15,303.00</b>
<b>Life Emergency Medical Service 302 W. Maple P.O. Box 365 Enid, OK 73702</b>		<b>Trade debt</b>		<b>13,272.00</b>
<b>Baron Healthcare 311 N. 7th, Suite D Perry, OK 73077</b>		<b>Trade debt</b>		<b>10,006.00</b>
<b>St. Mary's Regional Medical Center 305 S. 5th Enid, OK 73701</b>		<b>Trade debt</b>		<b>9,565.00</b>

McKesson Medical-Surgical Minnesota Supply Inc. P.O. Box 630693 Cincinnati, OH 45263-0693	Trade debt	8,971.00
Luckinbill Inc. P.O. Box 186 Enid, OK 73702-0186	Trade debt	3,816.00
Western Medical Equipment P.O. Box 236 Taloga, OK 73667-0236	Trade debt	3,400.00
T.D.S. Supply P.O. Box 6052 Enid, OK 73702	Trade debt	3,222.00
Dr. Jeffrey Jones 3407 N. Oakwood Enid, OK 73703	Trade debt	2,800.00
Oklahoma Natural Gas Company P.O. Box 219296 Kansas City, MO 64121-9296	Trade debt	2,291.00
City Of Enid-Woodring Airport 401 W. Owen K. Garriott Enid, OK 73701	Trade debt	2,173.00
Health Link Mobile X-Ray P.O. Box 6051 Enid, OK 73702	Trade debt	2,141.00

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

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: June 25, 2012 Signature: /s/ Michael G. Miller

Michael G. Miller, Member/Manager

(Print Name and Title)

United States Bankruptcy Court  
Western District of Oklahoma

IN RE:

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

M.G. Miller-Management & Holding Ltd. Co

Chapter **11** \_\_\_\_\_

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: June 25, 2012

Signature: /s/ Michael G. Miller

**Michael G. Miller, Member/Manager**

Debtor

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Joint Debtor, if any

AADVANTAGE LAUNDRY SYSTEM  
3836 DIVIDEND DR  
GARLAND TX 54042

ABBEY HEALTHCARE STAFFING  
AGR FUNDING INC  
PO BOX 52235  
NEWARK NJ 07101

ABLE SALES & RENTS  
301 NW 13TH  
OKLAHOMA CITY OK 73103

ACTIVE SALES  
301 NW 13TH  
OKLAHOMA CITY OK 73103

AUTOMATION & CONTROL TECH  
PO BOX 5303  
ENID OK 73702-5303

AUTRY TECHNOLOGY CENTER  
1201 W WILLOW  
ENID OK 73703

BARON HEALTHCARE  
311 N 7TH SUITE D  
PERRY OK 73077

BEA HERRIN  
5801 N OAKWOOD RD UNIT E-112  
ENID OK 73703

BLACK & WHITE PEST MANAGEMENT  
PO BOX 6086  
ENID OK 73702

BRIGGS CORPORATION  
PO BOX 1355  
DES MOINES IA 50305

BRUMMIT & ASSOCIATES INC  
4418 MONTECELLO PLACE  
ENID OK 73703-1353

CAROL MURRELL  
1022 E PARK  
ENID OK 73701

CITY OF ENID-WOODRING AIRPORT  
401 W OWEN K GARRIOTT  
ENID OK 73701

CLEARWATER ENTERPRISES LLC  
ANGELA ALLEN  
PO BOX 26706 SECTION 109  
OKLAHOMA CITY OK 73126-0706

CREATIVE FORECASTING INC  
PO BOX 7789  
COLORADO SPRINGS CO 80933-7789

DALE SHARKEY  
13824 COUNTY RD 840  
POND CREEK OK 73766

DAVID M COLLINS  
GUNGOLL JACKSON COLLINS BOX & DEVOLL PC  
PO BOX 1549  
ENID OK 73702



DIAGNOSTIC LABORATORY OF OK  
PO BOX 676324  
DALLAS TX 75267-6324

DIRECT SUPPLY INC  
PO BOX 88201  
MILWAUKEE WI 53288-0201

DONAIR LLC  
DONALD L GERBRANDT  
3201 N LINCOLN  
ENID OK 73703

DR JEFFREY JONES  
3407 N OAKWOOD  
ENID OK 73703

ECHELON MEDICAL LLC  
401 E CALIFORNIA AVE SUITE C  
OKLAHOMA CITY OK 73104

ECOLAB  
PO BOX 70343  
CHICAGO IL 60673-0343

ENID HEART CENTER PC  
310 E OWEN K GARRIOTT RD  
ENID OK 73701

ENID LUNG & KIDNEY  
312 E OWEN K GARRIOTT RD  
ENID OK 73701

ENID NEWS & EAGLE  
227 W BROADWAY  
PO BOX 1192  
ENID OK 73702

ENID RADIOLOGY  
PO BOX 1847  
ENID OK 73702

ENID UROLOGY ASSOCIATES INC  
615 E OKLAHOMA SUITE 202  
ENID OK 73701

ENID WINNELSON COMPANY  
501 N INDEPENDENCE  
PO BOX 1702  
ENID OK 73702-1702

EVANS PHARMACY  
1106 W WILLOW  
ENID OK 73703

FIRST CALL OF OKC  
LOCK BOX 1  
PO BOX 1857  
OWASSO OK 74055

FLAMING AUTO SUPPLY  
414 W WILLOW  
ENID OK 73701

FRANCISO H DEXEUS MD INC  
825 E OWEN K GARRIOTT  
ENID OK 73701-5928

GARY GRIMM & ASSOCIATES  
11071 BUNKERHILL DR  
LOS ALAMITOS CA 90720

GOLDEN OAKS SENIOR LIVING COMMUNITY LLC  
2801 REDBIRD  
ENID OK 73703

HEALTH LINK MOBILE X-RAY  
PO BOX 6051  
ENID OK 73702

HILL-ROM COMPANY INC  
PO BOX 643592  
PITTSBURGH PA 15264-3592

INDUSTRIAL MATERIALS CORP  
2914 N 4TH  
PO BOX 5007  
ENID OK 73702

INTEGRIS BASS BAPTIST  
PO BOX 960239  
OKLAHOMA CITY OK 73196

INTEGRIS BASS OCCUPATIONAL  
401 S 3RD  
ENID OK 73701

INTERNAL REVENUE SERVICE  
CENTRAL INSOLVENCY OPERATION  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

JUMBO FOODS  
610 S CLEVELAND  
SUITE 110A PMB 416  
ENID OK 73703

KUYKENDALL HEARING AID CENTER  
3201 N VAN BUREN SUITE 200  
ENID OK 73703

LARRYS HOME OXYGEN INC  
115 S GRAND  
ENID OK 73703

LIFE EMERGENCY MEDICAL SERVICE  
302 W MAPLE  
PO BOX 365  
ENID OK 73702

LOCKE SUPPLY  
1725 N VAN BUREN ST  
ENID OK 73703

LUCKINBILL INC  
PO BOX 186  
ENID OK 73702-0186

MANN'S RENTAL & JANITORIAL SUPPLY  
5006 W OWEN K GARRIOTT RD  
ENID OK 73703

MARIE HEINRICHS  
PO BOX 1500  
EL RENO OK 73036

MARY BETH BUFORD  
2126 S IMO ROAD  
ENID OK 73703

MCKESSON MEDICAL-SURGICAL  
MINNESOTA SUPPLY INC  
PO BOX 630693  
CINCINNATI OH 45263-0693

MEDLINE INDUSTRIES  
DEPT 1080  
PO BOX 121080  
DALLAS TX 75312-1080

MICHAEL G MILLER  
2801 REDBIRD  
ENID OK 73703

MICHAEL G MILLER  
2801 REDBIRD LANE  
ENID OK 73703

NORTHWEST OKLAHOMA FIRE  
PO BOX 5303  
ENID OK 73702

NORTHWEST PLUMBING  
2400 LEONA MITCHELL BLVD  
ENID OK 73701

ODYSSEY HEALTH CARE  
2 W MAIN SUITE 200  
ARDMORE OK 73401

OK OFFICE SYSTEMS LLC  
PO BOX 270538  
OKLAHOMA CITY OK 73137-0538

OKALA  
8101 NW 10TH STREET SUITE B9  
OKLAHOMA CITY OK 73127

OKLAHOMA HEALTH CARE AUTHORITY  
PO BOX 18476  
OKLAHOMA CITY OK 73154

OKLAHOMA HEALTH CARE AUTHORITY  
QUALITY OF CARE FEE  
PO BOX 18476  
OKLAHOMA CITY OK 73154

OKLAHOMA NATURAL GAS COMPANY  
PO BOX 219296  
KANSAS CITY MO 64121-9296

OKLAHOMA TAX COMMISSION  
120 N ROBINSON SUITE 2000W  
OKLAHOMA CITY OK 73102-7801

ORTHOPAEDIC ASSOCIATES OF  
INTEGRIS BASS PHYS PRACTICE  
PO BOX 5038  
ENID OK 73702

PATTERSON MEDICAL-SAMMONS  
1000 REMINGTON BLVD SUITE 210  
BOLINGBROOK IL 60440

REGIONAL MEDICAL LAB  
DEPT 2803  
TULSA OK 74182

REITZ NEUROLOGY  
1204 W WILLOW RD SUITE C  
ENID OK 73703

ROGERS SUPPLY CO  
424 N INDEPENDENCE  
ENID OK 73701

SAMMON PRESTON  
1000 REMINGTON BLVD SUITE 21  
BOLINGBROOK IL 60440-5117

SCHEFFE PRESCRIPTION SHOP  
PO BOX 29  
ENID OK 73702

SELECET FORCE  
200 NW 66TH NO 972  
OKLAHOMA CITY OK 73116

SEQUOIA HEALTH SERVICES  
OMNICARE PHARMACY SERVICE  
PO BOX 715276  
COLUMBUS OH 43271-5276

SHERWIN WILLIAMS  
1731 N VAN BUREN  
ENID OK 73703

SHOPPERS EDGE  
PO BOX 3511  
ENID OK 73702

SILVERCHAIR LEARNING SYSTEM  
310 E MAIN STREET SUITE 110  
CHARLOTTESVILLE VA 22902

SKY-RENT LP  
1002 WASHINGTON DR  
LUCAS TX 75002

ST MARY'S REGIONAL MEDICAL CENTER  
305 S 5TH  
ENID OK 73701

STAPLES ADVANTAGE  
PO BOX 71217  
CHICAGO IL 60694-1217

STERICYCLE  
PO BOX 6575  
CAROL STREAM IL 60197-6575

SUDDENLINK  
PO BOX 660365  
DALLAS TX 75266-0365

TDS SUPPLY  
PO BOX 6052  
ENID OK 73702

UMA M GUNIGANTI MD  
PO BOX 3248  
ENID OK 73702

VICTOR CORNELIUS INC  
400 W MAIN  
PO BOX 71  
EASTLAND TX 76448



WALLER GLASS COMPANY INC  
805 W MAINE  
ENID OK 73701

WESLEY KROEKER  
WESLEY KROEKER REVOCABLE TRUST  
6822 N OAKWOOD RD  
ENID OK 73703

WESTERN MEDICAL EQUIPMENT  
PO BOX 236  
TALOGA OK 73667-0236

WILMA REEG  
SKILLED UNIT  
5801 N OAKWOOD RD  
ENID OK 73703