

B1 (Official Form 1)(4/10)

United States Bankruptcy Court District of Oregon		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Pacific Coast Medical Supply, 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. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 93-1242037		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): 1210 Marine Drive Astoria, OR <div style="text-align: right;">ZIP Code 97103</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Clatsop		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): PO Box 634 Astoria, OR <div style="text-align: right;">ZIP Code 97103</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">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 <hr/> 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).	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 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).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <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.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" 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		
Estimated Assets <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"/> \$1,000,001 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		
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		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Pacific Coast Medical Supply, Inc.
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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):
Pacific Coast Medical Supply, 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 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/ Tara J. Schleicher
Signature of Attorney for Debtor(s)

Tara J. Schleicher 954021
Printed Name of Attorney for Debtor(s)

Farleigh Wada Witt
Firm Name

121 SW Morrison, #600
Portland, OR 97204-3136

Address

503-228-6044 Fax: 503-228-1741
Telephone Number

October 7, 2010
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/ Norman D. Stutznegger, Jr.
Signature of Authorized Individual

Norman D. Stutznegger, Jr.
Printed Name of Authorized Individual

President
Title of Authorized Individual

October 7, 2010
Date

Date

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re) Case No. _____
Pacific Coast Medical Supply, Inc.)

EXHIBIT "C-1"

Debtor(s)) [NOTE: Must be FULLY completed by ALL debtors
) and attached to ALL copies of the Petition.]

(NOTE: You must answer ALL questions. Attach additional sheets if necessary. Use of "UNKNOWN" is NOT acceptable!)

1. DESCRIBE ASSETS REQUIRING TRUSTEE'S IMMEDIATE ATTENTION:
NONE

2. Street address and description of principal assets (note property):
1210 Marine Drive
Astoria OR 97103-0000

3. The BANKRUPTCY DOCUMENT PREPARER DECLARATION below has been completed for any person who helped, for compensation, prepare any of the bankruptcy papers if the debtor does not have an attorney.

I declare under penalty of perjury that the above information provided in this Exhibit "C-1" is true and correct.

DATE: October 7, 2010 /s/ Norman D. Stutznegger, Jr.
Debtor's Signature Phone # Joint Debtor's Signature

BANKRUPTCY DOCUMENT PREPARER DECLARATION

I, the undersigned, declare under penalty of perjury that (1) neither I, nor anyone else listed herein, collected or received any payment from or on behalf of the debtor for court fees in connection with filing the petition; (2) I have received \$_____ from or on behalf of the debtor within the previous 12 month period; (3) \$_____ is the unpaid fee charged to the debtor; and (4) the following is true and accurate about myself and any other assistants:

Individual Name and Firm (Type or Print): _____

Address (Type or Print): _____

Last 4 digits of Social Security Number of all OTHER individuals who prepared or assisted in the preparation of these bankruptcy documents: _____

Signature: _____ Last 4 digits of Social Security #: _____ Phone #: _____

[NOTE: Penalties up to \$500 per item may be assessed for omission of any required information (11 USC §110; 18 USC §156) and Fed. Bankruptcy Rule 1006 prohibits further payment to any person for services until the court filing fees are paid in full.]

EXHIBIT C-1 (8/8/08)

United States Bankruptcy Court
District of Oregon

In re Pacific Coast Medical Supply, 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:

Table with 3 rows: For legal services, I have agreed to accept \$ 50,000.00; Prior to the filing of this statement I have received \$ 50,000.00; Balance Due \$ 0.00

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

Debtor [checked] Other (specify): [unchecked]

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

Debtor [checked] Other (specify): [unchecked]

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]

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

The \$50,000 is a retainer amount. Farleigh Wada Witt will seek payment of fees incurred above that amount as an administrative expense.

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: October 7, 2010

/s/ Tara J. Schleicher

Tara J. Schleicher
Farleigh Wada Witt
121 SW Morrison, #600
Portland, OR 97204-3136
503-228-6044 Fax: 503-228-1741

**United States Bankruptcy Court
District of Oregon**

In re Pacific Coast Medical Supply, Inc.,
Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

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

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	769,787.59		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	3		556,830.16	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		394,806.88	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	22		1,679,996.46	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	4			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		37			
		Total Assets	769,787.59		
		Total Liabilities		2,631,633.50	

**United States Bankruptcy Court
District of Oregon**

In re Pacific Coast Medical Supply, Inc.,
Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

SCHEDULE A - REAL PROPERTY

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

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

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)
 Total > **0.00**
 (Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

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

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

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		cash drawer 1210 Marine Dr. Astoria, OR 97103	-	3,500.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Clatsop Community Bank 988 Commercial St. Astoria, OR 97103 Sterling Savings Bank 303 11th St. Astoria, OR 97103	-	16.04 12,881.49
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		HME Technician Uniform Shirts/Jackets 1210 Marine Dr., Astoria, OR 97103 and with Employees	-	100.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
			Sub-Total >	16,497.53
			(Total of this page)	

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		September Ending Balance	-	101,118.87
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **101,118.87**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		Medicare Supplier Number Accreditation #JCAHO (non-transferrable)	-	Unknown
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.		Customer lists	-	Unknown
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Chrysler Van 1210 Marine Dr., Astoria, OR 97103	-	6,350.00
		2004 GMC Savana Van 1210 Marine Dr., Astoria, OR 97103	-	4,375.00
		2006 Chevrolet Express Van 1210 Marine Dr., Astoria, OR 97103	-	9,800.00
		2007 Chevrolet Aveo 1210 Marine Dr., Astoria, OR 97103	-	5,075.00
		2008 GMC Yukon 1210 Marine Dr., Astoria, OR 97103	-	29,250.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Desk, chairs, file cabinets, computers, book cases, paper, printers 1210 Marine Dr., Astoria, OR 97103	-	5,000.00
29. Machinery, fixtures, equipment, and supplies used in business.		Shelves, tools, tool bench, small hardware, H racks 1210 Marine Dr., Astoria, OR 97103	-	250.00

Sub-Total > **60,100.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
30. Inventory.		Sales inventory - HME and Supplies 1210 Marine Dr., Astoria, OR 97103	-	87,305.35
		Rental equipment inventory Location: 1210 Marine Drive, Astoria OR 97103	-	504,765.84
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Lease/contract rights	-	Unknown

Sub-Total >	592,071.19
(Total of this page)	
Total >	769,787.59

(Report also on Summary of Schedules)

Sheet 3 of 3 continuation sheets attached
to the Schedule of Personal Property

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

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

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

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

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

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN						
Account No. xxx-xxxxxx9-005 Canon Financial Service, Inc. 14904 Collections Ctr Dr. Chicago, IL 60693-0149	-						4,567.82	Unknown
		12/20/07 Copier						
		Value \$	Unknown					
Account No. xxx-xxxxxx9-003 Canon Financial Service, Inc. 14904 Collection Ctr. Dr. Chicago, IL 60693-0149	-						11,582.08	Unknown
		9/31/07 2 Copiers						
		Value \$	Unknown					
Account No. xxxxxx0690 Chrysler Financial PO Box 9001921 Louisville, KY 40290-1951	X						6,093.57	0.00
		5/19/06 2006 Chrysler Van 1210 Marine Dr., Astoria, OR 97103						
		Value \$	6,350.00					
Account No. xxx-xxxxxx5-000 CIT Technology Financing Serv. 21146 Network Place Chicago, IL 60673-1221	-						544.90	Unknown
		Printer						
		Value \$	Unknown					
Subtotal							22,788.37	0.00
(Total of this page)								

2 continuation sheets attached

In re Pacific Coast Medical Supply, Inc.
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. xxx-xxxxx5-000	-						
CIT Technology Financing Serv. 21146 Network Pl Chicago, IL 60673-1221							
		11/23/09					
		2 Printers					
		Value \$	Unknown			836.40	Unknown
Account No. xxxxxx4824	X -						
Columbia State Bank 5210 74th St. W, Ste B Lakewood, WA 98499							
		11/16/05					
		Value \$	Unknown			298,062.72	Unknown
Account No. xxxxx2049	X -						
Columbia State Bank 5210 74th St W, Ste B Lakewood, WA 98499							
		5/29/09					
		Value \$	Unknown			169,158.09	Unknown
Account No. xxx-xxxx-x9259	X -						
GMAC PO Box 9001952 Louisville, KY 40290-1952							
		2004					
		2004 GMC Savana Van 1210 Marine Dr., Astoria, OR 97103					
		Value \$	4,375.00			5,180.37	805.37
Account No. xxx-xxxx-x3001	X -						
GMAC PO Box 9001952 Louisville, KY 40290-1952							
		6/30/2006					
		2006 Chevrolet Express Van 1210 Marine Dr., Astoria, OR 97103					
		Value \$	9,800.00			10,467.90	667.90
Subtotal						483,705.48	1,473.27
(Total of this page)							

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re Pacific Coast Medical Supply, Inc.
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No. x6430 Sunrise Medical PO Box 933056 Atlanta, GA 31193-3056	X -	2/1/09			X	X	X	3,155.38	3,155.38
		Value \$	Unknown						
Account No. xxxxxxx0-144 TLC Federal Credit Union PO Box 160 Tillamook, OR 97141	X -	11/7/07						3,764.76	0.00
		2007 Chevrolet Aveo 1210 Marine Dr., Astoria, OR 97103							
		Value \$	5,075.00						
Account No. xxx-xxx4555 Toyota Financial Services PO Box 60114 City of Industry, CA 91716-0114	-	11/7/07						43,416.17	14,166.17
		2008 GMC Yukon 1210 Marine Dr., Astoria, OR 97103							
		Value \$	29,250.00						
Account No.									
		Value \$							
Account No.									
		Value \$							
Subtotal (Total of this page)								50,336.31	17,321.55
Total (Report on Summary of Schedules)								556,830.16	18,794.82

Sheet **2** of **2** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Total
(Report on Summary of Schedules)

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

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

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

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

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

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

 Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

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

In re Pacific Coast Medical Supply, Inc.
Debtor

Case No. _____

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

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. xx-xxx2037 IRS POB 21126 Philadelphia, PA 19114			9/30/07 - 3/31/09					85,394.64
							392,206.88	306,812.24
Account No. xxxxx013-4 ODR Bkcy 955 Center St NE #353 Salem, OR 97301-2555			12/2008					0.00
							2,600.00	2,600.00
Account No.								
Account No.								
Account No.								

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page) **394,806.88** **85,394.64**
309,412.24

Total
(Report on Summary of Schedules) **394,806.88** **85,394.64**
309,412.24

In re Pacific Coast Medical Supply, Inc.
Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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

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

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx6900 Academy Collection Services 10965 Decatur Rd. Philadelphia, PA 19154	-		2008 Assigned debt/Citibank Mastercard			8,353.80
Account No. xx2074 Action Products, Inc. 954 Sweeney Dr. Hagerstown, MD 21740	-		1/30/08			173.11
Account No. AEIO Med. 1313 5th St. SE, Suite 205 Minneapolis, MN 55414	-		8/21/09			44.00
Account No. AGE Investment Inc. 1101 Ave D, #D-201 Snohomish, WA 98290	-		Lease for 1165 15th Ave, Longview, WA			Unknown
Subtotal (Total of this page)						8,570.91

21 continuation sheets attached

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxxxx-xxxxx-xAJIM Airgas Nor Pac - Gayle Cook 11900 NE 95th St., Ste. 400 Vancouver, WA 98682		-	6/25/09				58,541.16	
Account No. xxx1556 Alimed, Inc. PO Box 9138 Dedham, MA 02027-9135		-	1/25/09 Debt assigned to Johnson Morgan & White				0.00	
Account No. 1376 Alpha Impressions PO Box 14015 Portland, OR 97293		-	12/5/07				745.23	
Account No. xx2403 Altimate Medical PO Box 180 Morton, MN 56270		-	11/30/07				2,050.20	
Account No. xxxx4801 American Recovery Service Inc 555 St. Charles Dr #100 Thousand Oaks, CA 91360		-	Debt assigned from Dell Financial Svcs				12,562.91	
Sheet no. <u>1</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	73,899.50

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Astoria Business Equipment 1332 Commercial St. Astoria, OR 97103	-		5/31/10			850.11	
Account No. 1579 Astoria Janitor & Paper Supply 421 Gateway Astoria, OR 97103	-		12/9/09			368.27	
Account No. xx-xxx0349 Augusta Medical Systems PO Box 1447 Augusta, GA 30903	-		5/29/08			1,506.70	
Account No. x9549 Bullivant Houser Bailey 888 SW Fifth Ave., Suite 300 Portland, OR 97205	-		8/29/08			16,986.40	
Account No. xx5730 Cascade Designs PO Box 94547 Seattle, WA 98124-6847	-		5/11/07			443.88	
Sheet no. <u>2</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	20,155.36

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Citibank Mastercard PO Box 790015 Saint Louis, MO 63179	-		2008 Assigned debt to Academy Collection Services			0.00
Account No. xxxxx8-001 Coactive Capital 655 Business Center Dr., #250 Horsham, PA 19044	X -		9/15/06 Medical Equipment			9,637.49
Account No. xxxxx8-002 Coactive Capital 655 Business Center Dr., #250 Horsham, PA 19044	X -		9/11/06 Medical Equipment			21,714.20
Account No. xxxx8852 Cohn & Dussi LLC 300 Trade Center #3700 Woburn, MA 01801	-		Debt assigned from Key Equipment Finance			22,700.56
Account No. xx/11/08 Columbia Fire & Safety Co. 92228 Youngs River Rd. Astoria, OR 97103	-					182.50
Sheet no. <u>3</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	54,234.75

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxx499-6 Cowlitz County PUD 499-6 PO Box 3007 Longview, WA 98632			11/20/08				42.58	
Account No. xxx500-1 Cowlitz County PUD 500-1 PO Box 3007 Longview, WA 98632			11/20/08				217.40	
Account No. xxxxxx1-001 Creekrige Capital 7808 Creekrige Cir., #250 Minneapolis, MN 55439	X	-	12/20/06 Medical Equipment				Unknown	
Account No. xxxxxxxxxx3690 Crystal & Sierra Springs PO Box 660579 Dallas, TX 75266-0579			2/5/08				146.75	
Account No. xxx-xxxxxx1-001 Dell Financial Services PO Box 5292 Carol Stream, IL 60197-5292			12/3/07 Debt assigned to ARSI				0.00	
Sheet no. 4 of 21 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	406.73

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Dependable Telecommunications 1530 S.W. Pine Ct. Warrenton, OR 97146			5/20/09				1,579.25	
Account No. xx3087 DJ Orthopedics, LLC PO Box 650777 Dallas, TX 75265-0777			1/29/07				1,404.55	
Account No. xx0397 DMI/MABIS Healthcare 13329 Collection Center Dr. Chicago, IL 60693			6/17/08				1,766.78	
Account No. xxx-xxxxxx6-002 Dolphin Capital PO Box 644006 Cincinnati, OH 45264-4006	X	-	12/26/06 Medical Equipment				14,358.24	
Account No. xxx-xxxxxx6-001 Dolphin Capital PO Box 644006 Cincinnati, OH 45264-4006	X	-	5/30/06 Medical Equipment				6,154.50	
Sheet no. <u>5</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	25,263.32

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. ECS Billing & Consulting, Inc. 252 W. Market St. Tiffin, OH 44883	-		10/24/08				44,960.97	
Account No. Falcon Rehabilitation 4965 Kingston St. Denver, CO 80239	-		4/30/07				205.20	
Account No. xxxx-x370-2 FedEx PO Box 94515 Palatine, IL 60094-4515	-		9/19/08				208.72	
Account No. xxx-xxxxxxx-901-2 Financial Pacific PO Box 4568 Federal Way, WA 98063-4568	X -		1/12/07 Medical Equipment				26,224.57	
Account No. xxxxxxxxxxxx6510 First Bankcard Visa PO Box 2818 Omaha, NE 68103-2818	-						363.42	
Sheet no. <u>6</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	71,962.88

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxxxxxxxx3730						
First Bankcard Visa PO Box 2818 Omaha, NE 68103-2818	-					1,419.43
Account No. xxxxxxxxxxxx5930						
First Bankcard Visa PO Box 2818 Omaha, NE 68103-2818	-					545.49
Account No. xxxxxxxxxxxx3530						
First Bankcard Visa PO Box 2818 Omaha, NE 68103-2818	-					1,267.00
Account No. xxxxxxxxxxxx0720						
First Bankcard Visa PO Box 2818 Omaha, NE 68103-2818	-					1,368.70
Account No. xxxx-xxxx-xxxx-9030						
First Bankcard Visa PO Box 2818 Omaha, NE 68103-2818	-					7,485.12
Subtotal (Total of this page)						12,085.74

Sheet no. 7 of 21 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxxxxxxxx5410 First Bankcard Visa PO Box 2818 Omaha, NE 68103-2818	-					927.30
Account No. xxxxxxxxxxxx6530 First Bankcard Visa PO Box 2818 Omaha, NE 68103-2818	-					1,363.12
Account No. xxxx-xxxx-xxxx-4720 First Bankcard Visa PO Box 2818 Omaha, NE 68103-2818	-					1,343.99
Account No. 3393 First Biomedical, Inc. 878 N. Jan-Mar Ct. Olathe, KS 66061	-	8/19/08				3,969.48
Account No. x0185 First Lease, Inc. PO Box 57309 Philadelphia, PA 19111-7309	X -	1/25/07 Medical Equipment				1,777.00
Subtotal (Total of this page)						9,380.89
Sheet no. <u>8</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxxx9011 First Niagara Bank PO Box 514 Lockport, NY 14095	X	-	9/26/07 Medical Equipment				31,973.26	
Account No. Frank Mobility Systems, Inc. 1003 International Dr. Oakdale, PA 15071		-	10/29/08				735.74	
Account No. Freedom Designs PO Box 534219 Atlanta, GA 30353-4219		-	12/31/07				172.20	
Account No. x7232 Garvey Schubert Barer 121 SW Morrison St., Suite 110 Portland, OR 97204		-	9/24/08 Attorney fees				2,584.66	
Account No. xxx3917 Hayward's Ocean Crest 855 Alternate Hwy. 101 Warrenton, OR 97146		-	11/15/07				998.87	
Sheet no. <u>9</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	36,464.73

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxxx0701 IFC Credit Corp. 8700 Waukegan Rd., #100 Morton Grove, IL 60053	X	-	4/25/06 Medical Equipment				23,498.94	
Account No. iFocus Consulting 100 39th St. Astoria, OR 97103		-	1/7/08				13,727.60	
Account No. IMC-Heartway, LLC 13050 Metro Parkway, Bay 5 Fort Myers, FL 33966		-	8/13/09				5,323.00	
Account No. xxxxx0278 Integra Telecom PO Box 34802 Seattle, WA 98124-1802		-	6/20/09				3,725.96	
Account No. Invacare PO Box 824056 Philadelphia, PA 19182-0456	X	-	10/12/09 Medical Equipment				735,464.13	
Sheet no. <u>10</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	781,739.63

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xS352 Iron Mountain PO Box 27128 New York, NY 10087-7128	-		11/30/08				910.04	
Account No. x1616 Johnson Morgan & White 6800 Broken Sound Pkwy Boca Raton, FL 33487-2788	-		Debt assigned from Alimed Inc.				54.74	
Account No. xxx0263 Key Leasing Central 11030 Circle Point Rd., 2nd Fl Broomfield, CO 80020	X -		5/13/08 Medical Equipment				14,188.11	
Account No. xxx3250 Key Leasing Central 11030 Circle Point Rd., 2nd Fl Broomfield, CO 80020	X -		8/11/08 Medical Equipment				25,364.52	
Account No. xxx7684 Key Leasing Central 11030 Circle Point Rd., 2nd Fl Louisville, CO 80028	X -		5/17/07 Medical Equipment Debt assigned to Cohn & Dussi				0.00	
Sheet no. <u>11</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	40,517.41

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. King Health Care, Inc. 431 West 13th, Unit 4 Eugene, OR 97401	-		11/17/09			159.00	
Account No. x8667 KLOG/KUKN PO Box 90 Kelso, WA 98626	-		2/29/08			1,302.00	
Account No. Light Therapy Products 5623 Memorial Ave. N Stillwater, MN 55082	-		10/21/08			334.00	
Account No. xxxx-xxx8-130 Madison Capital 9D Gwynns Mill Court Owings Mills, MD 21117	X -		12/18/06 Medical Equipment			27,118.12	
Account No. xx-xxx1005 Marken International 851 Bridger Dr., Suite 1 Bozeman, MT 59715	-		4/28/08			5,610.42	
Sheet no. <u>12</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	34,523.54

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. xxxxxxx6901 McNeil & Co., Inc c/o Sullivan & Terranova 3518 SW Corbett Ave. Portland, OR 97239		-	6/4/09				1,736.28
Account No. xx3006 Med-Lift & Mobility, Inc. PO Box 1249 Calhoun City, MS 38916		-	8/10/09				7,100.00
Account No. xxxx9300 Medela 38789 Eagle Way Chicago, IL 60678-1387		-	1/8/09				169.47
Account No. xxx8857 Medline Industries, Inc. PO Box 121080 Dept 1080 Dallas, TX 75312-1080	X	-	6/18/09				49,466.03
Account No. xx1030 North Coast Medical, Inc. 18305 Sutter Blvd. Morgan Hill, CA 95037-2845		-	1/8/09				1,354.91
Sheet no. <u>13</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	59,826.69

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxx0349 Nova Orthomed, Inc. PO Box 3039 Gardena, CA 90247-1239		-	8/3/09				3,369.78	
Account No. NW Occupation Med. Ctr. 4421 NE St. Johns Vancouver, WA 98661		-	11/14/07				203.00	
Account No. xx3784 OFC Capital 576 Colonial Park Dr., #200 Roswell, GA 30075	X	-	4/20/06 Medical Equipment				17,060.86	
Account No. xxxxx5824 One Beacon Insurance PO Box 1760 Philadelphia, PA 19105-1760		-	12/18/09				1,806.00	
Account No. 5663 Opus Interactive 2337 NW York, Ste. 202 Portland, OR 97210		-	8/15/09				150.00	
Sheet no. <u>14</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	22,589.64

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Oregon Trail Mtn. Spring Water 51471 Oregon Trail Rd. North Powder, OR 97867						777.10	
Account No. xxxx8810 Otto Bock Healthcare PO Box 86 - SDS 12-2167 Minneapolis, MN 55486-2167						526.30	
Account No. Oxyview, Inc. 109 Inverness Dr. East Ste. C Englewood, CO 80112						1,219.19	
Account No. xx1891 Pawnee Leasing 700 Centre Ave. Fort Collins, CO 80526	X	-				17,043.68	
Account No. xx3151 Pawnee Leasing 700 Centre Ave. Fort Collins, CO 80526	X	-				18,966.68	
Sheet no. <u>15</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	38,532.95

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xx4587 Pedifix 310 Guinea Rd. Brewster, NY 10509	-					1,226.85
Account No. xx7528 Physician Engineered Products PO Box 634 Astoria, OR 97103	-					842.21
Account No. 6945 Powell, Seller & Company, P.S. PO Box 435 South Bend, WA 98586	-					58,882.97
Account No. Prenatal Cradle Inc. PO Box 443 Hamburg, MI 48139-0443	-					178.95
Account No. x7397 Resmed PO Box 51054 Los Angeles, CA 90051-5354	-					37,670.78
Sheet no. <u>16</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 98,801.76

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. x2933 Respiratory Home Care PO Box 29099 Honolulu, HI 96820	-		1/26/08			232.08
Account No. xxxx0551 Respironics 175 Chastain Meadows Ct. Kennesaw, GA 30144	-		2/2/09			7,290.85
Account No. 1430 Saebo, Inc. PO Box 1070 Charlotte, NC 28201	-		10/11/07			3,235.20
Account No. xxxx6201 Sammons Preston Rolyan PO Box 93040 Chicago, IL 60673-3040	-		1/18/08			4,918.34
Account No. x4336 Seasurf Internet 1800 NW 167th Pl., Ste. 160 Beaverton, OR 97006-8132	-		12/3/07			151.31
Sheet no. <u>17</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Subtotal (Total of this page)	15,827.78

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. x3961 Smith's Medical PO Box 8500 - Lockbox 5155 Philadelphia, PA 19178-5155	-		11/1/07				552.21	
Account No. x9514 Snow & Snow Atty at law 801 Commercial St. Astoria, OR 97103	-		12/13/07 Attorney fees				3,201.40	
Account No. xx9509 Softmart PO Box 8500-52288 Philadelphia, PA 19178-2288	-		11/5/08				388.40	
Account No. xxx-xxxxxx-x0001 Standard Insurance PO Box 82588 Lincoln, NE 68501-2588	-		5/15/09				1,496.28	
Account No. x7979 Stealth Products, Inc. PO Box 458 Burnet, TX 78611	-		1/9/08				370.20	
Sheet no. <u>18</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	6,008.49

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. Stutznegger, Norman D., Jr. 36323 Riverpoint Dr. Astoria, OR 97103	-		7/1/10 Loan				50,000.00	
Account No. xx3900 Susquehanna 1566 Medical Drive, Suite 201 Pottstown, PA 19464	X -		5/18/06 Medical Equipment				3,631.24	
Account No. xxxx1100 The Roho Group PO Box 956999 Saint Louis, MO 63195-6999	-		4/22/08				1,581.75	
Account No. xx5259 US Bank - Lyon Financial Serv. 1450 Channel Parkway Marshall, MN 56258	X -		10/17/06 Medical Equipment				32,375.04	
Account No. xx6786 VGM & Associates PO Box 2817 Waterloo, IA 50704-2817	-		5/31/07				1,654.84	
Sheet no. <u>19</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	89,242.87

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. VGM Financial Services PO Box 1620 Waterloo, IA 50704	X	-	9/15/06 Medical Equipment				158,626.97	
Account No. xx6786 VGM Group PO Box 2817 Waterloo, IA 50704		-	5/31/07				7,817.32	
Account No. xx6786 VGM Technologies PO Box 1328 Waterloo, IA 50704		-	12/2/07				239.92	
Account No. xx6786 VGM Wholesale PO Box 1381 Waterloo, IA 50704-1381		-	10/23/08				1,945.67	
Account No. VI Max Publishing 29870 Telegraph Rd. Southfield, MI 48034		-	4/3/08				2,840.00	
Sheet no. <u>20</u> of <u>21</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	171,469.88

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxx-xx4199 Waste Connections PO Box 60248 Los Angeles, CA 90060-0248						1,521.90
Account No. xxxxx2966 Wells Fargo 300 Tri-state Int'l, Ste. 400 Lincolnshire, IL 60069-4417	X					4,360.54
Account No. xxxx-xxxx-xxxx-8850 Wells Fargo Business Card Visa PO Box 348750 Sacramento, CA 95834						1,260.41
Account No. xxxx-xxxx-xxxx-8840 Wells Fargo Business Card Visa PO Box 348750 Sacramento, CA 95834						1,348.16
Account No.						

Sheet no. 21 of 21 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) **8,491.01**

Total
 (Report on Summary of Schedules) **1,679,996.46**

In re Pacific Coast Medical Supply, Inc. Case No. _____
 Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Canon Financial Service, Inc. 14904 Collections Ctr Dr. Chicago, IL 60693-0149	Copier purchase
Canon Financial Service, Inc. 14904 Collection Ctr. Dr. Chicago, IL 60693-0149	2 copiers
CIT Technology Financing Serv. 21146 Network Place Chicago, IL 60673-1221	Printer
CIT Technology Financing Serv. 21146 Network PI Chicago, IL 60673-1221	2 printers
RYJE, LLC POB 634 Astoria, OR 97103	Lease for business premises at 1210 Marine Drive, Astoria, OR

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

 Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Coactive Capital 655 Business Center Dr., #250 Horsham, PA 19044
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Coactive Capital 655 Business Center Dr., #250 Horsham, PA 19044
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Columbia State Bank 5210 74th St. W, Ste B Lakewood, WA 98499
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Columbia State Bank 5210 74th St W, Ste B Lakewood, WA 98499
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Dolphin Capital PO Box 644006 Cincinnati, OH 45264-4006
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Dolphin Capital PO Box 644006 Cincinnati, OH 45264-4006
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Financial Pacific PO Box 4568 Federal Way, WA 98063-4568
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	First Lease, Inc. PO Box 57309 Philadelphia, PA 19111-7309
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	First Niagara Bank PO Box 514 Lockport, NY 14095
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	IFC Credit Corp. 8700 Waukegan Rd., #100 Morton Grove, IL 60053
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Madison Capital 9D Gwynns Mill Court Owings Mills, MD 21117
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	OFC Capital 576 Colonial Park Dr., #200 Roswell, GA 30075

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Pawnee Leasing 700 Centre Ave. Fort Collins, CO 80526
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Susquehanna 1566 Medical Drive, Suite 201 Pottstown, PA 19464
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	US Bank - Lyon Financial Serv. 1450 Channel Parkway Marshall, MN 56258
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	VGM Financial Services PO Box 1620 Waterloo, IA 50704
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	AGE Investment Inc. 1101 Ave D, #D-201 Snohomish, WA 98290
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Key Leasing Central 11030 Circle Point Rd., 2nd Fl Louisville, CO 80028
Holly Jeffrey fka Stutznegger 410 Madison Astoria, OR 97103	Invacare PO Box 824056 Philadelphia, PA 19182-0456
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Chrysler Financial PO Box 9001921 Louisville, KY 40290-1951
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Coactive Capital 655 Business Center Dr., #250 Horsham, PA 19044
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Coactive Capital 655 Business Center Dr., #250 Horsham, PA 19044
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Columbia State Bank 5210 74th St. W, Ste B Lakewood, WA 98499
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Columbia State Bank 5210 74th St W, Ste B Lakewood, WA 98499
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Creekridge Capital 7808 Creekridge Cir., #250 Minneapolis, MN 55439

Sheet 1 of 3 continuation sheets attached to the Schedule of Codebtors

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Dolphin Capital PO Box 644006 Cincinnati, OH 45264-4006
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Dolphin Capital PO Box 644006 Cincinnati, OH 45264-4006
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Financial Pacific PO Box 4568 Federal Way, WA 98063-4568
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	First Lease, Inc. PO Box 57309 Philadelphia, PA 19111-7309
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	First Niagara Bank PO Box 514 Lockport, NY 14095
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	GMAC PO Box 9001952 Louisville, KY 40290-1952
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	GMAC PO Box 9001952 Louisville, KY 40290-1952
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	IFC Credit Corp. 8700 Waukegan Rd., #100 Morton Grove, IL 60053
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Key Leasing Central 11030 Circle Point Rd., 2nd Fl Broomfield, CO 80020
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Key Leasing Central 11030 Circle Point Rd., 2nd Fl Broomfield, CO 80020
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Key Leasing Central 11030 Circle Point Rd., 2nd Fl Louisville, CO 80028
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Madison Capital 9D Gwynns Mill Court Owings Mills, MD 21117
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	OFC Capital 576 Colonial Park Dr., #200 Roswell, GA 30075

Sheet 2 of 3 continuation sheets attached to the Schedule of Codebtors

In re Pacific Coast Medical Supply, Inc.

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Pawnee Leasing 700 Centre Ave. Fort Collins, CO 80526
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Pawnee Leasing 700 Centre Ave. Fort Collins, CO 80526
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Susquehanna 1566 Medical Drive, Suite 201 Pottstown, PA 19464
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	TLC Federal Credit Union PO Box 160 Tillamook, OR 97141
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	US Bank - Lyon Financial Serv. 1450 Channel Parkway Marshall, MN 56258
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	VGM Financial Services PO Box 1620 Waterloo, IA 50704
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Wells Fargo 300 Tri-state Int'l, Ste. 400 Lincolnshire, IL 60069-4417
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	AGE Investment Inc. 1101 Ave D, #D-201 Snohomish, WA 98290
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Medline Industries, Inc. PO Box 121080 Dept 1080 Dallas, TX 75312-1080
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Sunrise Medical PO Box 933056 Atlanta, GA 31193-3056
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	Invacare PO Box 824056 Philadelphia, PA 19182-0456

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
District of Oregon**

In re **Pacific Coast Medical Supply, Inc.**

Debtor(s)

Case No. _____

Chapter **11**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 39 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **October 7, 2010**

Signature **/s/ Norman D. Stutznegger, Jr.**

Norman D. Stutznegger, Jr.
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
District of Oregon**

In re Pacific Coast Medical Supply, Inc.

Debtor(s)

Case No.

Chapter 11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

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

DEFINITIONS

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

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

1. Income from employment or operation of business

None

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

AMOUNT	SOURCE
\$862,416.74	2010 YTD: Business Income
\$1,149,108.16	2009: Business Income
\$2,764,016.48	2008: Business Income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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3. Payments to creditors

None **Complete a. or b., as appropriate, and c.**

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

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

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Coactiv Capital Partners, Inc., Assignee of Partners Equity Capital Co. v. Pacific Coast Medical Supply, Inc., Norman Stutznegger and Holly Stutznegger	Civil	Montgomery County, Pennsylvania	Judgment
ESC Billing & Consulting, Inc. v. Pacific Coast Medical Supply, Inc. - Case No. 08 CV 0593	Civil	Seneca County, Ohio	Judgment
First Niagara Bank v. Pacific Coast Medical Supply, Inc., Norman Stutznegger, Holly Stutznegger	Civil	Rensselaer County, New York - Supreme Court	Pending
Invacare Corporation, et al. v. Pacific Coast Medical Supply, Inc., et al., Case No. 08-2438	Civil	Clatsop County Circuit Court, Oregon	Judgment entered
Lyon Financial Services, Inc. dba US Bancorp Manifest Funding v. Pacific Coast Medical Supply, Inc. and Norman Stutznegger - Case No. 09-2588	Civil	Clatsop County, Oregon	Judgment
Medline Industries, Inc. v. Pacific Coast Medical Supply, Inc., Norman Stutznegger, Jr., and Holly Stutznegger - Case No. 09L-013084	Civil	Cook County, Illinois	Judgment

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

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
NACM - Oregon Service Company (Astoria Janior & Paper Supply) v. Pacific Coast Medical Supply, Inc. - Case No. 09-9862	Civil	Clatsop County, Oregon	Judgment
Pawnee Leasing Corp. v. Pacific Coast Medical Supply, Inc., Norman Stutznegger and Holly Stutznegger - Case No. 10-2198	Civil	Clatsop County, Oregon	Pending
Phillips Respironics, Inc. v. Pacific Coast Medical Supply, Inc. and Norman Stutznegger, Case No. 10-2466	Civil	Clatsop County Circuit Court, Oregon	Pending
Sunrise Medical HHG Inc. v. Pacific Coast Medical Supply, Inc., Case No. 102301	Civil	Clatsop County, Oregon	Judgment

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

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
NACM - Astoria Janitor & Paper Co. 421 Gateway Astoria, OR 97103	12/16/09	Garnishment \$2,255.68
Invacare PO Box 824056 Philadelphia, PA 19182-0456	8/30/10; 9/16/10; 9/30/10; 10/5/10	Garnishments - \$544.60; \$597.97; \$108.95; \$16.04
Columbia Safe & Security Commercial Adjustment Co. PO Box 2192 Seaside, OR 97138	6/10/10	Garnishment \$497.25

5. Repossessions, foreclosures and returns

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

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Farleigh Wada Witt 121 SW Morrison, #600 Portland, OR 97204-3136	7/1/2010	\$50,000.00

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Bank of Astoria 1122 Duane St. Astoria, OR 97103	Business Checking Acct. Nos.: xxxx7275 \$40.00 xxxx2558 \$10.00	\$0 - 1/31/10 \$0 - 10/31/09

12. Safe deposit boxes

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

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

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

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

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

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

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

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

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

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

- None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

- None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

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

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

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

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

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

19. Books, records and financial statements

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

NAME AND ADDRESS	DATES SERVICES RENDERED
Powell, Seiler & Company P.S. 912 West Robert Bush Ave. South Bend, WA 98586	2006 to present

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
Powell, Seiler & Company P.S.	912 West Robert Bush Ave. South Bend, WA 98586	2006 to present

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
Powell, Seiler & Company P.S. 2006 to present	912 West Robert Bush Ave. South Bend, WA 98586

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
February 2008	Robert McLellon	\$469,367 (cost)
May 2010	Catherine Wood	

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
February 2008	Academy Collection Services 10965 Decatur Rd. Astoria, OR 97103
May 2010	Francine Downey 1210 Marine Dr. Astoria, OR 97103

21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Norman D. Stutznegger, Jr. 36323 Riverpoint Dr. Astoria, OR 97103	President/CEO	100% owner

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

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

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

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

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

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

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date October 7, 2010

Signature /s/ Norman D. Stutznegger, Jr.
Norman D. Stutznegger, Jr.
President

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

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
District of Oregon**

In re Pacific Coast Medical Supply, Inc.

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>
Invacare PO Box 824056 Philadelphia, PA 19182-0456	Invacare PO Box 824056 Philadelphia, PA 19182-0456	Medical Equipment		735,464.13
VGM Financial Services PO Box 1620 Waterloo, IA 50704	VGM Financial Services PO Box 1620 Waterloo, IA 50704	Medical Equipment		158,626.97
Powell, Seller & Company, P.S. PO Box 435 South Bend, WA 98586	Martin Seiler Powell, Seller & Company, P.S. PO Box 435 South Bend, WA 98586 360-875-6565			58,882.97
Airgas Nor Pac - Gayle Cook 11900 NE 95th St., Ste. 400 Vancouver, WA 98682	Gayle Cook Airgas Nor Pac 11900 NE 95th St., Ste. 400 Vancouver, WA 98682 360-944-4046			58,541.16
Medline Industries, Inc. PO Box 121080 Dept 1080 Dallas, TX 75312-1080	Becky Maynard Medline Industries, Inc. PO Box 121080 Dept 1080 Dallas, TX 75312-1080 847-643-3030			49,466.03
ECS Billing & Consulting, Inc. 252 W. Market St. Tiffin, OH 44883	Attn: Sara ECS Billing & Consulting, Inc. 252 W. Market St. Tiffin, OH 44883 419-448-5332			44,960.97
Resmed PO Box 51054 Los Angeles, CA 90051-5354	Steve Wilson Resmed PO Box 51054 Los Angeles, CA 90051-5354 818-710-7276			37,670.78
US Bank - Lyon Financial Serv. 1450 Channel Parkway Marshall, MN 56258	Bobbi Ruesch US Bank - Lyon Financial Serv. 1450 Channel Parkway Marshall, MN 56258 507-532-7163	Medical Equipment		32,375.04

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

In re **Pacific Coast Medical Supply, Inc.**

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>
First Niagara Bank PO Box 514 Lockport, NY 14095	Patrick Wahl First Niagara Bank PO Box 514 Lockport, NY 14095 716-819-5835	Medical Equipment		31,973.26
Madison Capital 9D Gwynns Mill Court Owings Mills, MD 21117	Donald Blody Madison Capital 9D Gwynns Mill Court Owings Mills, MD 21117 443-796-7341	Medical Equipment		27,118.12
Financial Pacific PO Box 4568 Federal Way, WA 98063-4568	Samantha Nettles Financial Pacific PO Box 4568 Federal Way, WA 98063-4568 800-447-7107	Medical Equipment		26,224.57
Key Leasing Central 11030 Circle Point Rd., 2nd Fl Broomfield, CO 80020	Matt McClure Key Leasing Central 11030 Circle Point Rd., 2nd Fl Broomfield, CO 80020 866-533-3408 x.1559	Medical Equipment		25,364.52
IFC Credit Corp. 8700 Waukegan Rd., #100 Morton Grove, IL 60053	Nick Schroeder IFC Credit Corp. 8700 Waukegan Rd., #100 Morton Grove, IL 60053 847-324-1728	Medical Equipment		23,498.94
Cohn & Dussi LLC 300 Trade Center #3700 Woburn, MA 01801	Cohn & Dussi LLC 300 Trade Center #3700 Woburn, MA 01801	Debt assigned from Key Equipment Finance		22,700.56
Coactive Capital 655 Business Center Dr., #250 Horsham, PA 19044	Greg Kalescky Coactive Capital 655 Business Center Dr., #250 Horsham, PA 19044 267-960-2638	Medical Equipment		21,714.20
Pawnee Leasing 700 Centre Ave. Fort Collins, CO 80526	Ken Fitzgerald Pawnee Leasing 700 Centre Ave. Fort Collins, CO 80526 800-864-4266 x. 216	Medical Equipment		18,966.68
OFC Capital 576 Colonial Park Dr., #200 Roswell, GA 30075	OFC Capital 576 Colonial Park Dr., #200 Roswell, GA 30075	Medical Equipment		17,060.86
Pawnee Leasing 700 Centre Ave. Fort Collins, CO 80526	Pawnee Leasing 700 Centre Ave. Fort Collins, CO 80526	Medical Equipment		17,043.68
Bullivant Houser Bailey 888 SW Fifth Ave., Suite 300 Portland, OR 97205	Bullivant Houser Bailey 888 SW Fifth Ave., Suite 300 Portland, OR 97205 503-228-6351			16,986.40

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

In re **Pacific Coast Medical Supply, Inc.**

Case No. _____

Debtor(s)

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>
Dolphin Capital PO Box 644006 Cincinnati, OH 45264-4006	Dolphin Capital PO Box 644006 Cincinnati, OH 45264-4006	Medical Equipment		14,358.24

**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 **October 7, 2010**Signature **/s/ Norman D. Stutznegger, Jr.**

**Norman D. Stutznegger, Jr.
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.

1 Tara J. Schleicher, OSB #954021
TSchleicher@fwwlaw.com
2 Jason M. Ayres, OSB #001966
JAyres@fwwlaw.com
3 Farleigh Wada Witt
121 SW Morrison Street, Suite 600
4 Portland, Oregon 97204-3136
Telephone: (503) 228-6044

5 Attorneys for Debtor
6
7

8 IN THE UNITED STATES BANKRUPTCY COURT
9 FOR THE DISTRICT OF OREGON

10 In re 11 Pacific Coast Medical Supply, Inc., 12 Debtor.	Case No. CERTIFICATE OF SERVICE
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14
15 I hereby certify that on October 8, 2010, I served the List of 20 Largest Unsecured
16 Creditors and the necessary address labels on the United States Trustee by hand delivering
17 originals to the United States Trustee as follows:

18 United States Trustee
620 SW Main St., # 213
19 Portland, OR 97205

20 Dated: October 8, 2010.

21 FARLEIGH WADA WITT

22
23 By: /s/ Tara J. Schleicher
Tara J. Schleicher, OSB #954021
24 Phone: 503-228-6044; Fax: 503-228-1741
25 tschleicher@fwwlaw.com
Of Attorneys for Debtor
26

**United States Bankruptcy Court
District of Oregon**

In re Pacific Coast Medical Supply, 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
Stutznegger, Norman D., Jr. 36323 Riverpoint Dr. Astoria, OR 97103	N/A	100	Common stock

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 October 7, 2010

Signature /s/ Norman D. Stutznegger, Jr.
Norman D. Stutznegger, Jr.
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
District of Oregon**

In re **Pacific Coast Medical Supply, Inc.**

Debtor(s)

Case No.
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VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **October 7, 2010**

/s/ Norman D. Stutznegger, Jr.

Norman D. Stutznegger, Jr./President

Signer/Title

**United States Bankruptcy Court
District of Oregon**

In re **Pacific Coast Medical Supply, Inc.**

Debtor(s)

Case No. _____
Chapter

11

CERTIFICATION PURSUANT TO LBR 1001-1.G

I certify that the foregoing documents have been prepared by a computer and conform to versions of the Official Bankruptcy Forms available and applicable at this time.

The software utilized is Best Case Bankruptcy, developed by Best Case Solutions, Inc.

Dated: **October 7, 2010**

/s/ Tara J. Schleicher

**Tara J. Schleicher
Farleigh Wada Witt
121 SW Morrison, #600
Portland, OR 97204-3136
503-228-6044**