B1 (Official	Form 1)(1/0	08)										
			United S Easter			ruptcy Pennsylva					ary Petition	
	Name of Debtor (if individual, enter Last, First, Middle):  Ambler Senior Services, LLC						Name	of Joint De	ebtor (Spouse	) (Last, First,	, Middle):	
(include ma	Vames used barried, maide	en, and trade	or in the last 8 e names):	years					used by the J maiden, and		in the last 8 years):	
	one, state all)		ividual-Taxpa	yer I.D. (	ITIN) No./(	Complete El		our digits of		r Individual-1	Γaxpayer I.D. (IT	IN) No./Complete EIN
	th Bethleh		Street, City, a	nd State):	:	ZIP Code		Address of	Joint Debtor	(No. and Str	reet, City, and Sta	ate):  ZIP Code
County of R Montgo		of the Princ	cipal Place of	Business		19002	Count	y of Reside	ence or of the	Principal Pla	ace of Business:	
_	Railroad A		erent from stre	et addres	s):		Mailin	g Address	of Joint Debt	tor (if differen	nt from street add	ress):
	awr, PA				г	ZIP Code	_					ZIP Code
	f Principal As t from street a		siness Debtor ove):			19010						
Type of Debtor (Form of Organization) (Check one box)  ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)			ors)  form.  LLP)  bove entities,	Sing in 11 Railing Stoce Com Clea	alth Care Bugle Asset Ref 1 U.S.C. § 1 Iroad ekbroker nmodity Broaring Bank er Tax-Exe (Check box otor is a tax- er Title 26 c	eal Estate as 101 (51B)	e) anization d States	defined	ter 7 ter 9 ter 11 ter 12	Checkonsumer debts, \$ 101(8) as idual primarily	for	for Recognition Proceeding for Recognition
Filing Fee (Check one box)  ■ Full Filing Fee attached  □ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  □ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Check	Debtor is a cif: Debtor's a to insiders all applica A plan is b	a small busin not a small b aggregate nor s or affiliates) tble boxes: being filed w ces of the pla	ncontingent li ncontingent li ncontingent li ncontingent ncontingent ncontingent ncontingent ncontingent ncontingent ncontingent li ncontingent li ncontingent li ncontinge	s defined in 11 U. or as defined in 11 iquidated debts (en \$2,190,000.	1 U.S.C. § 101(51D). excluding debts owed  om one or more			
Statistical/Administrative Information  ■ Debtor estimates that funds will be available for distribution to unsecured credite  □ Debtor estimates that, after any exempt property is excluded and administrative there will be no funds available for distribution to unsecured creditors.						es paid,		THIS	SPACE IS FOR CO	OURT USE ONLY		
1- 49	Number of Cr	Creditors  100- 199	200-	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000			
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 S to \$1 t	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				
Estimated L  \$0 to \$50,000	Liabilities	\$100,001 to \$500,000	to \$1 t	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				

B1 (Official Form 1)(1/08) Page 2 Name of Debtor(s): Voluntary Petition **Ambler Senior Services, LLC** (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: Chateau Senior Services, LLC 08-15318 8/20/08 District: Relationship: Judge: **EDPA Affiliate** unknown Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission 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 pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) ☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(1/08)

**Signatures** 

# **Voluntary Petition**

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

# Name of Debtor(s):

#### Ambler Senior Services, LLC

#### 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

 $\mathbf{X}$ 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

#### Signature of Attorney\*

# X /s/ David Smith

Signature of Attorney for Debtor(s)

#### David Smith

Printed Name of Attorney for Debtor(s)

#### Smith Giacometti, LLC

Firm Name

100 South Broad St. Suite 1200 Philadelphia, PA 19110

Address

### (215) 496-1910 Fax: (215) 496-1915

Telephone Number

## August 20, 2008

Date

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

#### Signature of Debtor (Corporation/Partnership)

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

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

### ▼ /s/ James F. O'Connor

Signature of Authorized Individual

#### James F. O'Connor

Printed Name of Authorized Individual

#### President

Title of Authorized Individual

#### August 20, 2008

Date

#### Signature of a Foreign Representative

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

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

٠,	

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

## Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

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

₹	~	

Date

Address

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.

# AMBLER SENIOR SERVICES, LLC, d/b/a BRIGHTEN AT AMBLER (A Pennsylvania Limited Liability Company)

# UNANIMOUS WRITTEN CONSENT OF MEMBERS AND MANAGERS

The undersigned, being all the Members and all of the Managers of Ambler Senior Services, LLC, a Pennsylvania limited liability company, d/b/a Brighten at Ambler (the "Company"), hereby adopt the following resolutions with the same force and effect as if adopted at a duly held meeting of the Members and Managers of the Company held pursuant to the Company's Operating Agreement, direct the Secretary of the Company to file this written consent with the records of the Company and consent to the taking of all prior actions referred to in such resolutions:

RESOLVED, that, in the judgment of the Members and Managers, it is desirable and in the best interests of the Company that the Company commence a bankruptcy case by filing a voluntary petition under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code"); and

FURTHER RESOLVED, that the appropriate officers of the Company be, and each hereby is, authorized and empowered on behalf of, and in the name of, the Company to execute and verify or certify a petition under Chapter 11 of the Bankruptcy Code and to cause the same to be filed in the United States Bankruptcy Court for the Eastern District of Pennsylvania (the "Bankruptcy Court") at such time as said authorized officer executing the same shall determine; and

FURTHER RESOLVED, that the appropriate officers of the Company be, and they hereby are, authorized and empowered on behalf of, and in the name of, the Company to execute and file all petitions, schedules, lists, and other papers and to take any and all actions that any of the authorized officers may deem necessary, proper or desirable in connection with the Chapter 11 case, with a view to the successful prosecution of the case; and

FURTHER RESOLVED, that the law firm of Smith Giacometti, LLC be, and it hereby is, employed as bankruptcy counsel for the Company under a general retainer; and

FURTHER RESOLVED, that all appropriate officers of the Company are hereby authorized to instruct the Company's bankruptcy counsel to take all necessary steps in connection with the Company's Chapter 11 case; and

FURTHER RESOLVED, that this Unanimous Written Consent of Members of the Members and Managers in lieu of a regularly scheduled meeting shall be filed with the limited liability company records of the Company.

FURTHER RESOLVED, that any and all acts by or on behalf of the Company taken by one or more of the officers of the Company in connection with or furtherance of the foregoing resolutions prior to the adoption of these resolutions be and the same hereby are in all respects ratified, approved and confirmed.

This Unanimous Written Consent shall be effective as of the \_\_\_\_\_ day of July, 2008, upon the signing of a copy hereof by all the Members and Managers of the Company.

WITNESS our hands as of the date written above.

**MEMBERS:** 

BRIGHTEN HEALTH GROUP, LLC, a Pennsylvania limited liability company

James F. O'Connor, President

BRIGHTEN MANAGEMENT GROUP, LLC, a Pennsylvania limited liability company

 $\bigcirc$ 

James F. O'Connor, President

MANAGERS:

WHEE O'CONNOR

JAMBS A. COOK

# United States Bankruptcy Court Eastern District of Pennsylvania

In re	Ambler Senior Services, LLC		Case No.	
		Debtor(s)	Chapter	11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Abington Memorial Hospital ATTN: Business Office P.O. Box 95000-1133 Philadelphia, PA 19195-1133	Abington Memorial Hospital ATTN: Business Office P.O. Box 95000-1133 Philadelphia, PA 19195-1133 (215) 481-2356	Trade Debt.		20,524.58
Advantage Ambulance Group, Inc. 4710 North 6th Street Philadelphia, PA 19120	Advantage Ambulance Group, Inc. 4710 North 6th Street Philadelphia, PA 19120 (215) 455-4110	Trade Debt.		15,900.19
Aequor Healthcare Services, LLC 33 Wood Ave S, 5th Floor Iselin, NJ 08830	Aequor Healthcare Services, LLC 33 Wood Ave s, 5th Floor Iselin, NJ 08830 (732) 494-4999	Trade Debt.		24,944.00
All Staffing, Inc. 100 West Ridge Street Lansford, PA 18232-0219	All Staffing, Inc. 100 West Ridge Street Lansford, PA 18232-0219 (570) 645-5000	Trade Debt.		89,990.24
Banes Roofing 80 S. 3rd Street Telford, PA 18969	Banes Roofing 80 S. 3rd Street Telford, PA 18969 (215) 646-4115□□	Trade Debt.		25,390.55
Borough of Ambler Water Department 122 E. Butler Avenue Ambler, PA 19002	Borough of Ambler Water Department 122 E. Butler Avenue Ambler, PA 19002 (215) 646-1000	Municipal Debt.		16,834.40
Ceres Purchasing Solutions PO Box 1386 Fort Smith, AR 72902	Ceres Purchasing Solutions PO Box 1386 Fort Smith, AR 72902 (479) 201-5812	Trade Debt.		76,416.32

Case No.
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Debtor(s)

# LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Dept. of Public Welfare, Office of MA Programs- Attn: James Willaimson Bureau of Long Term Care Programs 1107 N. 7th Street Harrisburg, PA 17102	Dept. of Public Welfare, Office of MA Programs- Attn: James Willaimson Bureau of Long Term Care Programs Harrisburg, PA 17102 1-866-286-3636	Goverment Contract		816,873.63
District 1199 P Health & Welfare Plan MCA Administrators 6345 Flank Drive, Suite 400 Harrisburg, PA 17112	District 1199 P Health & Welfare Plan MCA Administrators 6345 Flank Drive, Suite 400 Harrisburg, PA 17112 (717) 652-8040	Trade Debt.		15,201.36
Gottlieb & Associates, Ltd. 10 Martins Rd. Newtown Square, PA 19073	Gottlieb & Associates, Ltd. 10 Martins Rd. Newtown Square, PA 19073 (610) 356-5232	Trade Debt.		12,010.00
Healthcare Services Group, Inc. 3220 Tillman Drive Glenview Corp. Center, Suite 300 Bensalem, PA 19020	Healthcare Services Group, Inc. 3220 Tillman Drive Glenview Corp. Center, Suite 300 Bensalem, PA 19020 1-800-363-4274	Trade Debt.		129,808.62
Klehr Harrison Harvey Branzburg & Ellers 260 South Broad Street Philadelphia, PA 19102-5003 Philadelphia, PA 19102	Klehr Harrison Harvey Branzburg & Ellers 260 South Broad Street Philadelphia, PA 19102-5003 Philadelphia, PA 19102 (215) 568-6060	Trade Debt.		31,000.00
Medline Industries, Inc. P.O. Box 92301 Chicago, IL 60675-2301	Medline Industries, INC. P.O. Box 92301 Chicago, IL 60675-2301 (800) 633-5463	Trade Debt.		70,601.66
Pennsylvania Maufacturers' Assoc. Insurance Co. 380 Sentry Parkway Blue Bell, PA 19422	Pennsylvania Maufacturers' Assoc. Insurance Co. 380 Sentry Parkway Blue Bell, PA 19422	Trade Debt.		21,467.11
Pharmerica PO Box 409251 Atlanta, GA 30384-9251	Pharmerica PO Box 409251 Atlanta, GA 30384-9251 (800) 966-3000	Trade Debt.		49,385.84
Rehab Care Contract Therapy Division P.O. Box 503534 Saint Louis, MO 63150-3534	Rehab Care Contract Therapy Division P.O. Box 503534 Saint Louis, MO 63150-3534	trade debt		34,752.60

B4 (Offic	ial Form 4) (12/07) - Cont.	
In re	Ambler Senior Services.	110

Case No.	

Debtor(s)

# LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
RN Plus, Inc. 715 Twining Road Dresher, PA 19025	RN Plus, Inc. 715 Twining Road Dresher, PA 19025	trade debt		31,904.91
Select Rehabilitation, Inc. 35338 Eagle Way Chicago, IL 60678-1353	Select Rehabilitation, Inc. 35338 Eagle Way Chicago, IL 60678-1353 877-78-REHAB	Trade Debt.		52,293.89
Superior Nursing Care 6425 Market St., Suite C Upper Darby, PA 19082	Superior Nursing Care 6425 Market St., Suite C Upper Darby, PA 19082 (610) 352-6064	Trade Debt.		149,574.50
William C. Cox, Inc. 655 Louise Drive Warminster, PA 18974	William C. Cox, Inc. 655 Louise Drive Warminster, PA 18974 (215) 672-9880	Trade Debt.		27,000.00

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

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

Date	August 20, 2008	Signature	/s/ James F. O'Connor
			James F. O'Connor
			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.