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**IN THE UNITED STATES BANKRUPTCY COURT**  
**FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

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<b>IN RE: Fort Washington</b> <b>Dental Lab, Inc.</b> <b>Debtor</b>	<b>:</b> <b>:</b> <b>:</b> <b>:</b> <b>:</b> <b>:</b>	<b>CHAPTER 11</b>  <b>NO.</b>
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**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

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

Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim (if secured also state value of security)
<b>Citibank</b> <b>P. O. Box 6062</b> <b>Sioux Falls, SD 57117</b>		<b>Corporate</b> <b>Credit card</b>		<b>21,198.88</b>
<b>Capital One</b> <b>P. O. Box 105474</b> <b>Atlanta, GA 30348-5474</b>		<b>Corporate</b> <b>Credit card</b>		<b>6,609.47</b>
<b>Nobel Biocare USA LLC</b> <b>22715 Savi Ranch Parkway</b> <b>Yorba Linda, CA 92887</b>		<b>Trade Debt</b> <b>To supplier</b> <b>Of dental implants</b>		<b>18,000.00</b>
<b>Ivoclar Vivadent Inc.</b> <b>P.O. Box 1004</b> <b>Buffalo, NY 14240</b>		<b>Trade Dent</b> <b>Supplier of</b> <b>Dental materials</b>		<b>7,000.00</b>

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

I, [the president *or* other officer *or* an authorized agent of the corporation][*or* a member *or* an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 11/30/2009

Signature: /s/Robert D. Winkelman

Robert D. Winkelman  
President  
Fort Washington Dental Lab, Inc.