Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:06:34 Desc Main Document Page 1 of 101

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE:	:	
PATELKA DENTAL MANAGEMENT, LLC,		CASE NO: 16-14743 (MDC) SMALL BUSINESS CASE UNDER
	:	SMALL BUSINESS CASE UNDER
DEBTOR.	:	CHAPTER 11
	•	
DISCLOSURE STATEMENT OF IGO DENTAL MANAGEMENT, LLC, D		

TABLE OF CONTENTS

			PAGE
I.	INTI	RODUCTION	1
	A.	Purpose of This Document	1
	В.	Deadlines for Voting and Objecting; Date of Plan Confirmation Hearing	1
		1. Time and Place of the Hearing to Confirm The Plan	2
		2. Deadline For Voting to Accept or Reject the Plan	2
		3. Deadline For Objecting to Confirmation of the Plan	2
		4. Identity of Person to Contact for More Information	2
	C.	Disclaimer	2
II.	BAC	CKGROUND	2
	A.	The Debtor is a limited liability company.	2
	В.	Insiders of the Debtor	3
	C.	Management and Employees of the Debtor Before and During the Bankruptcy	3
	D.	Events Leading to Chapter 11 Filing	4
	E.	Significant Events During the Bankruptcy Case	4
	F.	Projected Recovery of Avoidable Transfers	5
	G.	Claims Objections	5
	Н.	Current and Historical Financial Conditions	5
III.		MMARY OF THE PLAN OF REORGANIZATION AND EATMENT OF CLAIMS AND EQUITY INTERESTS	6
	A.	What is the Purpose of the Plan of Reorganization	6
	B.	Unclassified Claims	6
		1. Administrative Expenses	6

		2.	Priority Tax Claims	7
	C.	Classe	es of Claims and Equity Interests	7
		1.	Classes of Secured Claims	7
		2.	Classes of Priority Unsecured Claims	8
		3.	Classes of General Unsecured Claims	9
		4.	Class of Equity Interest Holders	11
	D.	Mean	s of Implementing the Plan	11
		1.	Source of Payments	11
		2.	Post-confirmation Management	11
	E.	Risk l	Factors	11
	F.	Execu	ntory Contracts and Unexpired Leases	12
	G.	Tax C	Consequences of Plan	13
IV.	CONI	FIRMA	TION REQUIREMENTS AND PROCEDURES	14
	A.	Who	May Vote or Object	15
		1.	What Is an Allowed Claim or an Allowed Equity Interest	15
		2.	What Is an Impaired Claim or Impaired Equity Interest	15
		3.	Who is Not Entitled to Vote	15
		4.	Who Can Vote in More Than One Class	16
	B.	Votes	Necessary to Confirm the Plan	16
		1.	Votes Necessary for a Class to Accept the Plan	16
		2.	Treatment of Nonaccepting Classes	16
	C.	Liqui	dation Analysis	17
	D.	Feasil	bility	17
		1.	Ability to Initially Fund Plan	17
		2.	Ability to Make Future Plan Payments And Operate Without Further Reorganization	17

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:06:34 Desc Main Document Page 4 of 101

	E.	Best Interests of Creditors	19
V.	EFFI	ECT OF CONFIRMATION OF PLAN	20
	A.	Discharge of Debtor	20
	B.	Modification of Plan	20
	C.	Final Decree	20
VI.	OTH	IER PLAN PROVISIONS	21
	A.	Continued Existence	21
	B.	Vesting of Assets	21
	C.	Discharged Claims	21
	D.	Exculpation and Limitation of Liability	21
	E.	Releases by Holders of Claims	22
	F.	Injunction	22
RECO	OMME	ENDATION AND CONCLUSION	23

I. <u>INTRODUCTION</u>

This is the disclosure statement (the "Disclosure Statement") presented by Igor Kutovoy (the "Plan Proponent"), a general unsecured creditor, in the small business chapter 11 case of Patelka Dental Management, LLC (the "Debtor"). This Disclosure Statement contains information about the Debtor and describes the Chapter 11 Plan of Reorganization, dated September 29, 2017 (the "Plan") filed by the Plan Proponent. A full copy of the Plan is attached to this Disclosure Statement as Exhibit A. Your rights may be affected. You should read the Plan and this Disclosure Statement carefully and discuss them with your attorney. If you do not have an attorney, you may wish to consult one.

The proposed distributions under the Plan are discussed at pages 10-16 of this Disclosure Statement. General unsecured creditors are classified in Class 7. It is anticipated that allowed claims in Class 7 will receive a distribution on account of their allowed claims, based on the Debtor's financial projections and anticipated future revenue stream, to be distributed as follows: for each of calendar years 2018 and 2019, to the extent that the Debtor's gross annual revenues exceed \$2,200,000, after payment of operating expenses and claims in Classes 1 through 6 and the unclassified claims, Class 7 creditors will receive a pro rata share of 50% of the net annual revenues.

A. Purpose of This Document

This Disclosure Statement describes:

- The Debtor and significant events during the bankruptcy case,
- How the Plan proposes to treat claims or equity interests of the type you hold (i.e., what you will receive on your claim or equity interest if the plan is confirmed),
- Who can vote on or object to the Plan,
- What factors the Bankruptcy Court (the "Court") will consider when deciding whether to confirm the Plan,
- Why The Plan Proponent believes the Plan is feasible, and how the treatment of your claim or equity interest under the Plan compares to what you would receive on your claim or equity interest in liquidation, and
- The effect of confirmation of the Plan.

Be sure to read the Plan as well as the Disclosure Statement. This Disclosure Statement describes the Plan, but it is the Plan itself that will, if confirmed, establish your rights.

B. Deadlines for Voting and Objecting; Date of Plan Confirmation Hearing

The Court has not yet confirmed the Plan described in this Disclosure Statement. This section describes the procedures pursuant to which the Plan will or will not be confirmed.

1. <u>Time and Place of the Hearing to Confirm The Plan</u>

The hearing at which the Court will determine whether to confirm the Plan will take place on November 8, 2017, at 11:00 a.m., in Courtroom #2, before the Honorable Magdeline D. Coleman, at the United States Bankruptcy Court, 900 Market St., Philadelphia, PA 19107.

2. Deadline For Voting to Accept or Reject the Plan

If you are entitled to vote to accept or reject the Plan, vote on the enclosed ballot and return the ballot in the enclosed envelope to Joseph Vaccaro, Esq., 5918 Torresdale Ave., Philadelphia, PA 19135. See section IV.A. below for a discussion of voting eligibility requirements.

Your ballot must be received by October 27, 2017 or it will not be counted.

3. <u>Deadline For Objecting to Confirmation of the Plan</u>

Objections to confirmation of the Plan must be filed with the Court and served upon Joseph Vaccaro, Esq., 5918 Torresdale Ave., Philadelphia, PA 19135, Anne M. Aaronson, Esq., Dilworth Paxson LLP, 1500 Market St., Suite 3500E, Philadelphia, PA 19102 and the Office of the United States Trustee, 833 Chestnut St., Suite 500, Philadelphia, PA 19107 Attn: Kevin Callahan by **October 27, 2017**.

4. <u>Identity of Person to Contact for More Information</u>

If you want additional information about the Plan, you should contact counsel to The Plan Proponent, Joseph Vaccaro at 215-527-0887.

C. Disclaimer

The Court has approved this Disclosure Statement as containing adequate information to enable parties affected by the Plan to make an informed judgment about its terms. The Court has not yet determined whether the Plan meets the legal requirements for confirmation, and the fact that the Court has approved this Disclosure Statement does not constitute an endorsement of the Plan by the Court, or a recommendation that it be accepted.

II. <u>BACKGROUND</u>

Description and History of the Debtor's Business

A. The Debtor is a limited liability company.

Since 2005, the Debtor has been in the business of managing and operating a facility through which dental services are provided to patients in Northeast Philadelphia and the surrounding Bucks County, Pennsylvania suburbs. The Debtor's practice employs and/or contracts with approximately twenty-seven (27) employees and health care professionals who provide numerous dental services, such as restoration, extractions, implants, cleanings, x-rays, braces, general endodontic surgery and prosthodontics.

The Debtor's facility services approximately 6,000 individuals and families through nearly 50,000 office visits and 15,600 dental procedures annually.

Due to a decline in revenues that resulted from significant changes to the health care laws in 2014, the Debtor's revenues were insufficient to meet its debt service obligations and on July 1, 2016, the Debtor initiated this Chapter 11 case.

B. <u>Insiders of the Debtor</u>

Svetlana Kutovoy is the current owner and operator of the Debtor. She is also employed full-time by the Debtor to manage the Debtor's operations. Ms. Kutovoy has been charged restoring the financial stability of the Debtor and effecting the Debtor's reorganization through Chapter 11. Through her efforts, the Debtor investigated various potential refinancing transactions, investments and other means by which the Debtor could resolve the financial issues that arose since the Affordable Care Act was enacted in 2014, including significant travel to various countries and meeting with various delegates to ensure the successful application to obtain investments from the United States Customs and Immigration EB-5 Investor Program (the "EB-5 Program"). Her employment and responsibilities with the Debtor following the effective date of the Plan will remain the same as existed prior to the Petition Date. It is anticipated that her ownership interests in the Debtor will be reduced upon final approval of the EB-5 Program and the capital infusion received therefrom (the "Investment Fund").

For each of the two years prior to the Petition Date, Ms. Kutovoy was paid as follows. From July 1, 2014 through June 30, 2015, Ms. Kutovoy drew a total of \$101,641.33 from the Debtor's operations and invested \$27,200 in the form of loans to the Debtor, for a net draw of \$74,441.33. From July 1, 2015 through June 30, 2016, Ms. Kutovoy drew a total of \$103,084.05 from the Debtor's operations and invested \$10,000 in the form of loans to the Debtor, for a net draw of \$93,084.05. During the pendency of this chapter 11 case, Ms. Kutovoy has been paid \$106,640.88 by the Debtor, as of July 31, 2017.

C. <u>Management and Employees of the Debtor Before and During the Bankruptcy</u>

During the two years prior to the date on which the bankruptcy petition was filed and during the Debtor's chapter 11 case, the officers, directors, managers and persons in control of the Debtor (the "Managers") were Svetlana Kutovoy and Dr. Rasikbhai Patel. Mr. Patel was semi-retired during this period and formally transferred his interests in the Debtor to Svetlana Kutovoy in late 2015. Since late 2015 and during the Debtor's chapter 11 case, Svetlana Kutovoy has been the Debtor's sole Manager.

After the effective date of the order confirming the Plan, the director and officer of the Reorganized Debtor, will be Svetlana Kutovoy until the Investment Fund set forth above is received. The responsibilities and compensation of Ms. Kutovoy are described in section II.B. of this Disclosure Statement.

As of the Petition Date, the Debtor employed twenty-seven dentists, hygienists and other employees (the "Employees"). Mr. Kutovoy, Plan Proponent, is an employee of the Debtor. The Plan Proponent, among other things, prepares the Debtor's financial reports, is responsible for

ensuring the Debtor's payment of its obligations from its revenues, and assists the Debtor's accountants with the preparation of the Debtor's tax returns. The Plan Proponent is not an officer of the Debtor. Mr. and Ms. Kutovoy are separated and have resided in separate residences since prior to the Petition Date, though they remain married to each other. The employment of each of the Employees who have remained with the Debtor since the Petition Date will be retained following the Effective Date of the Plan.

D. Events Leading to Chapter 11 Filing

As set forth above, in recent years, the Debtor has experienced a series of challenges stemming from the changes in the health care laws that affected Medicaid coverage. Given that the Debtor services an area of Pennsylvania that has a high rate of poverty and a large number of persons who rely on Medicaid for their medical and dental needs, the removal of many dental services from coverage under Medicaid significantly reduced the Debtor's revenues.

As of the Petition Date, the Debtor faced significant rental and debt service obligations owed to secured and unsecured creditors.

Prior to the Petition Date, the Debtor's current management had reduced expenses and staff and had discontinued its mobile dental facility in order to continue the Debtor's core operations. The Debtor's current management was able to reduce expenses so that it is able to meet the needs of its on-going operations; however, Chapter 11 became the only avenue by which the Debtor could develop a plan to service its historical debt.

E. Significant Events During the Bankruptcy Case

On July 1, 2016, the Debtor filed a petition for relief under chapter 11 of the Bankruptcy Code.

Since the Petition Date, the Debtor has continued to operate as debtor in possession subject to the supervision of the Bankruptcy Court and in accordance with the Bankruptcy Code. The Debtor is authorized to operate its business and manage its property in the ordinary course, with transactions outside of the ordinary course of business requiring Bankruptcy Court approval.

On the first day of the Chapter 11 Case, the Debtor filed several applications and motions seeking certain relief by virtue of so-called "first day orders." Such motions sought, among other things, the following relief:

- (a) payment of certain of the Debtor's employees' prepetition compensation, benefits and expense reimbursement amounts;
- (b) authority to utilize its cash collateral; and
- (c) approval of deposits to utility companies in exchange for prohibiting the utility companies from altering, refusing or discontinuing services postpetition on account of prepetition debt.

The Debtor is represented in the Chapter 11 Case by Dilworth Paxson LLP ("Dilworth") as counsel and Calzaretto & Company as its accountants.

Over the course of its Chapter 11 Case, the Debtor has sought to replace its existing credit facility with Bank of America through a variety of means, including refinancing through traditional and non-traditional lenders. Because, ideally, the Debtor seeks a long-term resolution of its financial needs and because the Debtor is a small business entity owned by immigrants, the Debtor has been working with the EB-5 Program toward a financial partnership (the "EB-5 Process"). The significant documentations and approvals required by EB-5 Process has delayed the Debtor's ability to resolve the Chapter 11 Case as quickly as the Debtor initially intended; however, The Plan Proponent believes that the Debtor's existing revenues will sustain its business and be sufficient to fund the Plan until the revenues are supplemented by the Investment Indeed, the Debtor is heading into its highest revenue season based on The Plan Proponent's review of the Debtor's historical financial data. It is The Plan Proponent's understanding, based on discussions with the Debtor's accountants that the Debtor is seeking a capital investment of \$500,000 and anticipates the initial receipt of a portion of that Investment Fund to assist it with funding its Plan and servicing its ongoing operational expenses within six (6) months of the date of confirmation of this Plan.

F. Projected Recovery of Avoidable Transfers

Pursuant to The Plan Proponent's Plan, the Debtor will not pursue preference, fraudulent conveyance, or other avoidance actions.

G. Claims Objections

Except to the extent that a claim is already allowed pursuant to a final non-appealable order, The Plan Proponent is reserving the Debtor's right to object to claims. Therefore, even if your claim is allowed for voting purposes, you may not be entitled to a distribution if an objection to your claim is later upheld. The procedures for resolving disputed claims are set forth in Article V of the Plan.

H. Current and Historical Financial Conditions

The identity and fair market value of the estate's assets are listed in Exhibit B. Additionally, the Debtor filed bankruptcy schedules in this case that detail the Debtor's assets. Such assets include cash on hand, bank accounts and investments, deposits, insurance policies, accounts receivable, real property and other items of personal property used by the Debtor in its operations. The assets are valued on a net book basis, which are not reflective of actual values. With respect to the Debtor's personal property, values are given without consideration of any security or other interests held by creditors and parties in interest.

The Debtor's most recent financial statements issued before bankruptcy, which was filed with the Court, is set forth in Exhibit C.

The most recent post-petition operating report filed since the commencement of the Debtor's bankruptcy case is set forth in Exhibit D.

III. SUMMARY OF THE PLAN OF REORGANIZATION AND TREATMENT OF CLAIMS AND EQUITY INTERESTS

A. What is the Purpose of the Plan of Reorganization?

As required by the Code, the Plan places claims and equity interests in various classes and describes the treatment each class will receive. The Plan also states whether each class of claims or equity interests is impaired or unimpaired. If the Plan is confirmed, your recovery will be limited to the amount provided by the Plan.

B. Unclassified Claims

Certain types of claims are automatically entitled to specific treatment under the Code. They are not considered impaired, and holders of such claims do not vote on the Plan. They may, however, object if, in their view, their treatment under the Plan does not comply with that required by the Code. As such, the Plan Proponent has not placed the following claims in any class:

1. Administrative Expenses

Administrative expenses are costs or expenses of administering the Debtor's chapter 11 case, which are allowed under § 507(a)(2) of the Code. Administrative expenses also include the value of any goods sold to the Debtor in the ordinary course of business and received within 20 days before the date of the bankruptcy petition. The Code requires that all administrative expenses be paid on the effective date of the Plan, unless a particular claimant agrees to a different treatment.

The following chart lists the estimated administrative expenses owed by the Debtor, and their proposed treatment under the Plan:

ТҮРЕ	ESTIMATED AMOUNT OWED	PROPOSED TREATMENT
	Amount Owed	
Expenses Arising in the Ordinary Course of Business After the Petition Date	\$0.00. The Debtor will be current with its postpetition obligations on the effective date of the Plan.	Paid in full on the effective date of the Plan, or according to terms of obligation if later.
The Value of Goods Received in the Ordinary Course of Business Within 20 Days Before the Petition Date	\$0.00	Paid in full on the effective date of the Plan, or according to terms of obligation if later.
Professional Fees, as approved by the Court	Professionals are in the process of filing fee applications. Estimated aggregate professional fees will be approximately \$180,000.	Paid in full according to separate agreement of each professional with the Debtor.

	\$4,875, plus \$325 pursuant to Proof of Claim No. 5	Paid in full on the effective date of the Plan.
TOTAL	\$185,200	

2. **Priority Tax Claims**

Priority tax claims are unsecured income, employment, and other taxes described by § 507(a)(8) of the Code. Unless the holder of such a § 507(a)(8) priority tax claim agrees otherwise, it must receive the present value of such claim, in regular installments paid over a period not exceeding 5 years from the order of relief.

The following chart lists the estimated § 507(a)(8) priority tax claims owed by the Debtor and their proposed treatment under the Plan:

DESCRIPTION	ESTIMATED	DATE OF	TREATMENT
(NAME OF	AMOUNT OWED	ASSESSMENT	
TYPE OF TAX)			
City of	\$19,418.03 ¹	See Proof of Claim 1	Paid in full on the effective
Philadelphia			date of the Plan.
Business Receipts			
and Net Profits			
Taxes			
Pennsylvania	\$342.14	See Proof of Claim 6	Paid in full on the effective
Department of			date of the Plan.
Revenue			

C. Classes of Claims and Equity Interests

The following are the classes set forth in the Plan, and the proposed treatment that they will receive under the Plan:

1. Classes of Secured Claims

Allowed Secured Claims are claims secured by property of the Debtor's bankruptcy estate (or that are subject to setoff) to the extent allowed as secured claims under § 506 of the Code. If the value of the collateral or setoffs securing the creditor's claim is less than the amount of the creditor's allowed claim, the deficiency will be classified as a general unsecured claim.

The following chart lists all classes containing Debtor's secured prepetition claims and their proposed treatment under the Plan:

CLASS#	DESCRIPTION	INSIDE	IMPAIRMENT	TREATMENT
		(YES/NO)		

¹ I have been advised that the Debtor is working with the City of Philadelphia to determine the actual amount owed and to be paid upon the effective date of the Plan.

2	Secured claim of:			Monthly Pmt = \$5,000,
	Bank of America, N.A.	No	Impaired	payable via weekly
				ACH withdrawals in
	Collateral description =			the amount of \$1,250
	All Assets of Debtor			each Friday.
	Total Amount Claimed =			Pmts Begin =
	\$642,097.80			November 3, 2017
	Amount to be Paid Under			Balloon pmt of
	the Plan to Satisfy Debt =			remaining balance
	\$400,000, plus interest at			upon receipt of
	the Federal Judgment Rate			Investment Fund
	Priority of lien = First			Interest rate % =
				Federal Judgment Rate
				Treatment of Lien =
				Retain first priority lien
				on assets of
				Reorganized Debtor
				until paid \$400,000,
				plus interest at the
				Federal Judgment Rate.

2. Classes of Priority Unsecured Claims

Certain priority claims that are referred to in §§ 507(a)(1), (4), (5), (6), and (7) of the Code are required to be placed in classes. The Code requires that each holder of such a claim receive cash on the effective date of the Plan equal to the allowed amount of such claim. However, a class of holders of such claims may vote to accept different treatment.

The following chart lists all classes containing claims under §§ 507(a)(1), (4), (5), (6), and (7) of the Code and their proposed treatment under the Plan:

CLASS#	DESCRIPTION	IMPAIRMENT	TREATMENT
1	Priority unsecured claims	Unimpaired	Employed wage and
	pursuant to Sections 507(a)(4)		benefits claims approved
	and (5)		by prior order of the
			Bankruptcy Court have
	Total amt of claims =		been paid in full post-
	\$0 remaining unpaid		petition pursuant to prior
			order of the Bankruptcy
			Court.
1	Priority unsecured claim	Unimpaired	Patient Deposits for
	pursuant to Section 507(a)(7)		dental services to be
			provided. Reorganized

Patients have paid	Debtor will provide
approximately \$120,000 for	services in full
dental services yet to be	satisfaction of priority
rendered.	claims.

3. <u>Classes of Settled Claims and General Unsecured Claims</u>

General unsecured claims are not secured by property of the estate and are not entitled to priority under § 507(a) of the Code.

The following chart identifies the Plan's proposed treatment of Classes 3 through 7, which contain claims settled by the Debtor as well as general unsecured claims against the Debtor:

CLASS #	DESCRIPTION	IMPAIRMENT	TREATMENT
3	Claim of Bell's Corner Hidden Forrest, LLC, Bells Corner 447 Fort Washington LLC and Bell's Corner West 22 LLC, as tenants-in-common	Impaired	In exchange for the Debtor's assumption of the Lease of 8332 Bustleton Avenue, Unit B and C, Philadelphia, PA 19152, the Holder shall receive, in full satisfaction, settlement, release, extinguishment and discharge of its Claim, payment in the aggregate amount of \$50,000, payable in the amount of \$25,000 on or before October 31, 2017 and \$25,000 on or before December 31, 2017 to cure Debtor's prepetition defaults pursuant to Article 6.01(a) of the Plan.
4	Claim of Everest Business Funding f/k/a Yellowstone Capital	Impaired	The Claimant shall receive, in full satisfaction, settlement, release, extinguishment and discharge of its Claim and all Liens and guarantees associated therewith, \$6,000, payable as set forth in the Stipulation Resolving

	T		D (11 D (1
			Patelka Dental
			Management, LLC's
			Obligations to EBF
			Partners, LLC, filed on
			September 13, 2017.
5	Claim of CAN Capital Asset	Impaired	The Claimant shall
	Servicing, Inc.		receive, in full
			satisfaction, settlement,
			release, extinguishment
			and discharge of its
			Claim and all Liens and
			guarantees associated
			therewith, \$6,000,
			payable as set forth in the
			Stipulation Resolving
			Patelka Dental
			Management, LLC's
			Obligations to CAN
			Capital Asset Servicing,
			Inc., filed on September
			13, 2017.
6	Claim of High Speed Capital	Impaired	The Claimant shall
O	LLC	Impanea	receive, in full
			satisfaction, settlement,
			release, extinguishment
			and discharge of its
			Claim and all Liens and
			guarantees associated
			therewith, \$1,500,
			payable on the Effective
			Date of the Plan.
7	General Unsecured Class	Impaired	For each of calendar
'	General Offsecured Class	Impaired	years 2018 and 2019, to
			the extent that the
			Debtor's gross annual
			revenues exceed
			\$2,200,000, after
			payment of operating
			expenses, claims in
			Classes 1 through 6 and
			the unclassified claims,
			Class 7 creditors will
			receive a pro rata share of
			50% of the net annual
			revenues.
			Estimated percent of

	Claim paid is presently
	unknown.

4. <u>Class of Equity Interest Holders</u>

Equity interest holders are parties who hold an ownership interest (i.e., equity interest) in the Debtor. In a limited liability company ("LLC"), the equity interest holders are the members.

The following chart sets forth the Plan's proposed treatment of the class of equity interest holders.

CLASS#	DESCRIPTION	IMPAIRMENT	TREATMENT
8	Equity interest of Svetlana Kutovoy	Impaired	Ms. Kutovoy will receive no distribution under the Plan. She will retain her equity interests.

D. Means of Implementing the Plan

1. Source of Payments

Payments and distributions under the Plan will be funded by the following:

- (a) ongoing operating revenues and accounts receivable;
- (b) Investment Fund of \$500,000, upon approval of the EB-5 Program.

Distributions will be made to the holders of allowed Claims in accordance with Article III of the Plan by the Debtor at the address listed on the holder's proof of claim or last known address of each holder, if a proof of claim was not filed. Distribution checks that are not negotiated within sixty (60) days after issuance shall be null and void. Amounts represented by a voided check will be held for one month, thereafter being deemed unclaimed.

2. <u>Post-confirmation Management</u>

Until the Investment Fund is received, the Post-Confirmation Manager of the Debtor, and her compensation, shall be as follows:

NAME	AFFILIATIONS	INSIDER	POSITION	ANNUAL
		(YES OR NO)		COMPENSATION
Svetlana Kutovoy	Owner	Yes	Member	\$105,000, as
			and	manager.
			Manager	

E. Risk Factors

The proposed Plan has the following risks, which should not be regarded as constituting the only risks associated with the Plan and its implementation:

Even if all voting impaired Classes vote in favor of the Plan, and if with respect to any impaired Class rejecting the Plan the requirements for "cramdown" are met, the Bankruptcy Court may choose not to confirm the Plan. Section 1129 of the Bankruptcy Code requires, among other things, a showing that confirmation of the Plan will not be followed by liquidation or the need for further financial reorganization of the Debtor, and that the value of distributions to dissenting holders of Claims will not be less than the value such holders would receive if the Debtor liquidated. Although The Plan Proponent believes that the Plan will meet these tests, there can be no assurance that the Bankruptcy Court will reach the same conclusion.

There can be no assurance that any estimated Claim amounts set forth in this Disclosure Statement are correct. The actual allowed amount of Claims likely will differ in some respect from the estimates. The estimated amounts are subject to certain risks, uncertainties, and assumptions. Should one or more of these risks or uncertainties materialize, or should any underlying assumptions prove incorrect, the actual allowed amount of Claims may vary from those estimated herein.

The Projections set forth in Exhibit G hereto will have been prepared by management of the Debtor in consultation with its financial advisors and cover the projected operations of the Debtor through fiscal year 2017. These Projections are based on numerous assumptions that are an integral part of the Projections, including confirmation and consummation of the Plan in accordance with its terms, realization of the operating strategy of the Debtor, general business and economic conditions, and other matters.

Although the Projections will be presented with numerical specificity and will be based on assumptions considered reasonable by the Plan Proponent, the assumptions and estimates underlying the Projections will be subject to business, economic and competitive uncertainties and contingencies. Accordingly, the Projections will be only an educated, good faith estimate and are necessarily contingent in nature. It can be expected that some or all of the assumptions in the Projections will not be realized and that actual results will vary from the Projections, which variations may be material and may increase over time. The projected financial information contained herein should not be regarded as a guaranty by the Plan Proponent, the Debtor's advisors or any other Person that the Projections can or will be achieved. However, the Plan Proponent will have reviewed the Projections and will believe that the Projections are credible and that there will be a reasonable likelihood that the results set forth in the Projections can be achieved.

F. Executory Contracts and Unexpired Leases

The Plan lists all executory contracts and unexpired leases that the Debtor will assume under the Plan. Assumption means that the Plan Proponent has proposed that the Debtor elect to continue to perform the obligations under such contracts and unexpired leases, and to cure defaults of the type that must be cured under the Code, if any. The Plan also lists how the Debtor will cure and compensate the other party to such contract or lease for any such defaults.

If you object to the assumption of your unexpired lease or executory contract, the proposed cure of any defaults, or the adequacy of assurance of performance, you must file and serve your objection to the Plan within the deadline for objecting to the confirmation of the Plan, unless the Court has set an earlier time.

All executory contracts and unexpired leases that are not listed in Article 6.01 of the Plan will be rejected under the Plan. Consult your adviser or attorney for more specific information about particular contracts or leases.

If you object to the rejection of your contract or lease, you must file and serve your objection to the Plan within the deadline for objecting to the confirmation of the Plan.

The Deadline for Filing a Proof of Claim Based on a Claim Arising from the Rejection of a Lease or Contract Is Thirty (30) Days from the Bankruptcy Court's entry of an order confirming the Plan. Any claim based on the rejection of a contract or lease will be barred if the proof of claim is not timely filed, unless the Court orders otherwise.

G. <u>Tax Consequences of Plan</u>

There are a number of income tax considerations, risks and uncertainties associated with consummation of the Plan. This information is provided for information purposes only and is based on the Internal Revenue Code of 1986, as amended, Treasury Regulations promulgated thereunder, Judicial Authorities and current administrative rulings and practices, all of which are subject to change or differing interpretation, possibly with retroactive effects that could affect the tax consequences of the Plan. This summary does not address all aspects of U.S. Federal income taxation that may be relevant to a particular holder of a Claim or to certain types of holders of Claims that may be subject to special treatment under the Internal Revenue Code. Additionally, this summary does not address any aspects of state, local or other taxation. Because the tax rules are complex and their application is uncertain in some respects, each holder of a claim is strongly encouraged to consult with its own tax advisor regarding the tax consequences of the Plan. To ensure compliance with United States Internal Revenue Service Circular 230, (a) any discussion of U.S. federal tax issues in this Disclosure Statement is not intended or written to be relied upon, and cannot be relied upon by holders of Claims, for purposes of avoiding penalties that may be imposed on such holders under the Internal Revenue Code; (b) such discussion is written to support the promotion of the Plan; and (c) each holder of a Claim should seek advice based on such Holder's particular circumstances from an independent tax advisor.

Among other things, the U.S. federal income tax consequences of a payment to a holder may depend initially on the nature of the original transaction pursuant to which the Claim arose. For example, a payment in repayment of the principal amount of a loan is generally not included in the gross income of an original lender.

The U.S. federal income tax consequences of a transfer to a holder may also depend on whether the item to which the payment relates has previously been included in the holder's gross income or has previously been subject to a loss or bad debt deduction. For example, if a payment is made in satisfaction of a receivable acquired in the ordinary course of a holder's trade or business, the holder had previously included the amount of such receivable payment in its

gross income under its method of accounting, and had not previously claimed a loss or bad debt deduction for that amount, the receipt of the payment should not result in additional income to the holder but may result in a loss. Conversely, if the holder had previously claimed a loss or bad debt deduction with respect to the item previously included in income, the holder generally would be required to include the amount of the payment in income.

A holder receiving a payment under the Plan in satisfaction of its Claim generally may recognize taxable income or loss measured by the difference between (i) the amount of cash and the fair market value (if any) of any property received and (ii) its adjusted tax basis in the Claim. For this purpose, the adjusted tax basis may include amounts previously included in income (less any bad debt or loss deduction) with respect to that item. The character of any income or loss that is recognized will depend upon a number of factors, including the status of the creditor, the nature of the Claim in its hands, whether the Claim was purchased at a discount, whether and to what extent the creditor has previously claimed a bad debt deduction with respect to the Claim, and the creditor's holding period of the Claim. This income or loss may be ordinary income or loss if the distribution is in satisfaction of accounts or notes receivable acquired in the ordinary course of the holder's trade or business for the performance of services or for the sale of goods or merchandise. Generally, the income or loss will be capital gain or loss if the Claim is a capital asset in the holder's hands.

Certain payments or distributions pursuant to the Plan may be subject to information reporting to the IRS. Moreover, such reportable payments may be subject to backup withholding (at the then applicable rate) unless the taxpayer: (i) comes within certain exempt categories (which generally include corporations) and, when required, demonstrates this fact or (ii) provides a correct taxpayer identification number and certifies under penalty of perjury that the taxpayer identification number is correct and that the taxpayer is not subject to backup withholding because of a failure to report all dividend and interest income.

Backup withholding is not an additional tax but merely an advance payment, which may be refunded to the extent it results in an overpayment of tax and the appropriate information is supplied to the IRS.

In addition, from an information reporting perspective, Treasury Regulations generally require disclosure by a taxpayer on its federal income tax return of certain types of transactions in which the taxpayer participated, including, among other types of transactions, certain transactions that result in the taxpayer's claiming a loss in excess of specified thresholds.

Creditors and Equity Interest Holders Concerned with How the Plan May Affect Their Tax Liability Should Consult with Their Own Accountants, Attorneys, And/Or Advisors.

IV. CONFIRMATION REQUIREMENTS AND PROCEDURES

To be confirmable, the Plan must meet the requirements listed in §§ 1129(a) or (b) of the Code. These include the requirements that: the Plan must be proposed in good faith; at least one impaired class of claims must accept the plan, without counting votes of insiders; the Plan must distribute to each creditor and equity interest holder at least as much as the creditor or equity interest holder would receive in a chapter 7 liquidation case, unless the creditor or equity interest

holder votes to accept the Plan; and the Plan must be feasible. These requirements are not the only requirements listed in § 1129, and they are not the only requirements for confirmation.

A. Who May Vote or Object

Any party in interest may object to the confirmation of the Plan if the party believes that the requirements for confirmation are not met.

Many parties in interest, however, are not entitled to vote to accept or reject the Plan. A creditor or equity interest holder has a right to vote for or against the Plan only if that creditor or equity interest holder has a claim or equity interest that is both (1) allowed or allowed for voting purposes and (2) impaired.

In this case, the Plan Proponent believes that classes 2 through 8 are impaired and that holders of claims in each of these classes are therefore entitled to vote to accept or reject the Plan. The Plan Proponent believes that class 1 is unimpaired and that holders of claims in this class, therefore, does not have the right to vote to accept or reject the Plan.

1. What Is an Allowed Claim or an Allowed Equity Interest

Only a creditor or equity interest holder with an allowed claim or an allowed equity interest has the right to vote on the Plan. Generally, a claim or equity interest is allowed if either (1) the Debtor has scheduled the claim on the Debtor's schedules, unless the claim has been scheduled as disputed, contingent, or unliquidated, or (2) the creditor has filed a proof of claim or equity interest, unless an objection has been filed to such proof of claim or equity interest. When a claim or equity interest is not allowed, the creditor or equity interest holder holding the claim or equity interest cannot vote unless the Court, after notice and hearing, either overrules the objection or allows the claim or equity interest for voting purposes pursuant to Rule 3018(a) of the Federal Rules of Bankruptcy Procedure.

The deadline for filing a proof of claim in this case was October 31, 2016.

2. What Is an Impaired Claim or Impaired Equity Interest

As noted above, the holder of an allowed claim or equity interest has the right to vote only if it is in a class that is impaired under the Plan. As provided in § 1124 of the Code, a class is considered impaired if the Plan alters the legal, equitable, or contractual rights of the members of that class.

3. Who is Not Entitled to Vote

The holders of the following five types of claims and equity interests are not entitled to vote:

• holders of claims and equity interests that have been disallowed by an order of the Court;

- holders of other claims or equity interests that are not "allowed claims" or "allowed equity interests" (as discussed above), unless they have been "allowed" for voting purposes;
- holders of claims or equity interests in unimpaired classes;
- holders of claims entitled to priority pursuant to §§ 507(a)(2), (a)(3), and (a)(8) of the Code; and
- holders of claims or equity interests in classes that do not receive or retain any value under the Plan;
- administrative expenses.

Even If You Are Not Entitled to Vote on the Plan, You Have a Right to Object to the Confirmation of the Plan.

4. Who Can Vote in More Than One Class

A creditor whose claim has been allowed in part as a secured claim and in part as an unsecured claim, or who otherwise hold claims in multiple classes, is entitled to accept or reject a Plan in each capacity, and should cast one ballot for each claim.

B. <u>Votes Necessary to Confirm the Plan</u>

If impaired classes exist, the Court cannot confirm the Plan unless (1) at least one impaired class of creditors has accepted the Plan without counting the votes of any insiders within that class, and (2) all impaired classes have voted to accept the Plan, unless the Plan is eligible to be confirmed by "cram down" on non-accepting classes, as discussed later in Section B.2.

1. <u>Votes Necessary for a Class to Accept the Plan</u>

A class of claims accepts the Plan if both of the following occur: (1) the holders of more than one-half (1/2) of the allowed claims in the class, who vote, cast their votes to accept the Plan, and (2) the holders of at least two-thirds (2/3) in dollar amount of the allowed claims in the class, who vote, cast their votes to accept the Plan.

A class of equity interests accepts the Plan if the holders of at least two-thirds (2/3) in amount of the allowed equity interests in the class, who vote, cast their votes to accept the Plan.

2. <u>Treatment of Nonaccepting Classes</u>

Even if one or more impaired classes reject the Plan, the Court may nonetheless confirm the Plan if the nonaccepting classes are treated in the manner prescribed by § 1129(b) of the Code. A plan that binds nonaccepting classes is commonly referred to as a "cram down" plan. The Code allows the Plan to bind nonaccepting classes of claims or equity interests if it meets all the requirements for consensual confirmation except the voting requirements of § 1129(a)(8) of

the Code, does not "discriminate unfairly," and is "fair and equitable" toward each impaired class that has not voted to accept the Plan. The Debtor believes that it satisfies the requirements for a "cramdown" confirmation based on the facts and circumstances of this Chapter 11 Case.

You should consult your own attorney if a "cramdown" confirmation will affect your claim or equity interest, as the variations on this general rule are numerous and complex.

C. <u>Liquidation Analysis</u>

To confirm the Plan, the Court must find that all creditors and equity interest holders who do not accept the Plan will receive at least as much under the Plan as such claim and equity interest holders would receive in a chapter 7 liquidation. A liquidation analysis is attached to this Disclosure Statement as Exhibit E.

D. Feasibility

The Court must find that confirmation of the Plan is not likely to be followed by the liquidation, or the need for further financial reorganization, of the Debtor or any successor to the Debtor, unless such liquidation or reorganization is proposed in the Plan.

1. Ability to Initially Fund Plan

The Plan Proponent believes that the Debtor will have enough cash on hand on the effective date of the Plan to pay all the claims and expenses that are entitled to be paid on that date. Tables showing the amount of cash on hand on the effective date of the Plan, and the sources of that cash are attached to this disclosure statement as Exhibit F.

2. <u>Ability to Make Future Plan Payments And Operate Without Further Reorganization</u>

The Plan Proponent must also show that the Reorganized Debtor will have enough cash over the life of the Plan to make the required Plan payments.

The Plan Proponent has provided projected financial information. Those projections are listed in Exhibit G.

The Plan Proponent's financial projections show that the Debtor will have an aggregate annual average cash flow, after paying operating expenses and post-confirmation taxes and including the Investment Fund, of approximately \$2,500,000. The final Plan payment is expected to be paid on January 31, 2020 (assuming the Reorganized Debtor's gross annual revenues for 2019 exceed \$2,200,000.

The Plan contemplates that the Debtor will receive certain revenues as of the effective date of the Plan and will earn additional revenues from its operations following the effective date of the Plan, which will be used to being funding the Plan obligations. The Debtor will also have additional funds available to it through the Investment Fund. These funds will ensure that the Debtor has sufficient cash flow available to it to satisfy all Claims and continue operations as and to the extent provided in the Plan and that no further financial restructuring will be necessary in

the foreseeable future. It is Mr. Kutovoy's understanding that the Debtor anticipates that this investment will be realized on or before the effective date of the Plan. Mr. Kutovoy has reserved the Debtor's right to pay its remaining Plan obligations in full at any time. Accordingly, the Plan Proponent believes that the Plan complies with the financial feasibility standard of section 1129(a)(11) of the Bankruptcy Code. Indeed, throughout the Debtor's Chapter 11 case and despite the uncertainty of the U.S. healthcare laws and fluctuating revenues throughout the year, the Debtor has met all of its ongoing operational debts, payment of its fees to the Office of the United States Trustee and debt service payments to its senior secured creditor. The Plan Proponent submits that there is no reason why the Debtor's financial stability should not continue after the effective date of the Plan.

Nevertheless, the Projections are anticipated to be developed by the Debtor's management in consultation with the Debtor's accountants, and based on a number of assumptions that are an integral part of the Projections, including, without limitation, confirmation and consummation of the Plan in accordance with its terms, realization of the Debtor's anticipated revenues, general business and economic conditions, competition, absence of material contingent or unliquidated litigation, and other matters. To the extent that the assumptions inherent in the Projections are based upon future operational decisions and objectives, they are subject to change. In addition, although they are presented with numerical specificity and the assumptions on which they are based are considered reasonable by the Debtor, the assumptions and estimates underlying the Projections are subject to organizational, economic and competitive uncertainties and contingencies. Accordingly, the Projections will be only an educated, good faith estimate and are necessarily contingent in nature. It can be expected that some or all of the assumptions in the Projections will not be realized and that actual results will vary from the Projections, which variations may be material and may be adverse. The Projections should therefore not be regarded as a guaranty by the Plan Proponent, the Debtor or any other Person that the results set forth in the Projections will be achieved. The Plan Proponent, however, believes that the Projections will be credible and that there is a reasonable likelihood that the results set forth in the Projections can be achieved.

The Plan Proponent does not intend to update or otherwise revise the Projections, including any revisions to reflect events or circumstances existing or arising after the date of the Projections or to reflect the occurrence of unanticipated events, even if any or all of the underlying assumptions do not come to fruition. Furthermore, the Plan Proponent does not intend to update or revise the Projections to reflect changes in general economic or industry conditions.

SAFE HARBOR STATEMENT UNDER THE PRIVATE SECURITIES LITIGATION REFORM ACT OF 1995: This Disclosure Statement and the financial projections contained herein and in the Projections include "forward-looking statements" within the meaning of Section 27A of the Securities Act and Section 21E of the Exchange Act. All statements other than statements of historical fact included in this Disclosure Statement are forward-looking statements, including, without limitation, financial projections, the statements, and the underlying assumptions, regarding the timing of, completion of and scope of the current restructuring, the Plan, debt and equity market conditions, current and future economic conditions, the potential effects of such matters on the Debtor's operating strategy, results of operations or financial position, and the adequacy of the Debtor's liquidity. The forward-looking

statements are based upon current information and expectations. Estimates, forecasts and other statements contained in or implied by the forward-looking statements speak only as of the date on which they are made, are not guarantees of future performance and involve certain risks, uncertainties and assumptions that are difficult to evaluate and predict. Although the Debtor believes that the expectations reflected in the forward-looking statements are reasonable, parties are cautioned that any such forward-looking statements are not guarantees of future performance, and involve risks and uncertainties, and that actual results may differ materially from those contemplated by such forward-looking statements. Certain important factors that could cause actual results to differ materially from the Debtor's expectations or what is expressed, implied or forecasted by or in the forward-looking statements include developments in the Chapter 11 Case, adverse developments in the timing or results of the Debtor's business plan (including the time line to emerge from chapter 11), the timing and extent of changes in economic conditions, and motions filed or actions taken in connection with the bankruptcy proceedings. Additional factors that could cause actual results to differ materially from the Projections or what is expressed, implied or forecasted by or in the forward-looking statements are stated herein in cautionary statements made in conjunction with the forward-looking statements or are included elsewhere in this Disclosure Statement

You Should Consult with Your Accountant or other Financial Advisor If You Have Any Questions Pertaining to These Projections.

E. Best Interests of Creditors

If a plan is accepted by each class of claims, the Bankruptcy Code requires a bankruptcy court to determine that the plan is in the best interests of all holders of claims that are impaired by the plan and that have not accepted the plan. The "best interests" test, as set forth in section 1129(a)(7) of the Bankruptcy Code, requires a bankruptcy court to find either that all members of an impaired class of claims have accepted the plan or that the plan will provide a member who has not accepted the plan with a recovery of property of a value, as of the effective date of the plan, that is not less than the amount that such holder would recover if the debtor were liquidated.

To calculate the probable distribution to holders of each impaired class of claims if the debtor was liquidated under chapter 7, a bankruptcy court must first determine the aggregate dollar amount that would be generated from the debtor's assets if its chapter 11 case were converted to a chapter 7 case under the Bankruptcy Code. This "liquidation value" would consist primarily of the proceeds from a forced sale of the debtor's assets by a chapter 7 trustee.

The amount of liquidation value available to unsecured creditors would be reduced, first, by the payment of the secured Claim held by Bank of America, N.A., which is secured by a first lien on all of the Debtor's assets, including its accounts receivable, and second, by the costs and expenses of liquidation, as well as by other administrative expenses and costs of both the chapter 7 case and the chapter 11 case. Costs of liquidation under chapter 7 of the Bankruptcy Code would include the compensation of a trustee, as well as of counsel and other professionals retained by the trustee, asset disposition expenses, all unpaid administrative expenses incurred by the debtors in their chapter 11 case that are allowed in the chapter 7 cases, litigation costs and claims arising from the operations of the debtor during the pendency of the chapter 11 case,

including the return of advance customer deposits for services yet to be rendered by the Debtor. The liquidation itself would trigger certain priority payments that otherwise would be due in the ordinary course of business. Those priority claims would be paid in full from the liquidation proceeds before the balance would be made available to pay general unsecured claims or to make any distribution in respect of equity security interests. The liquidation would also prompt the rejection of the Debtor's executory contracts and unexpired leases and thereby significantly enlarge the total pool of unsecured claims by reason of resulting rejection damages claims.

Once the bankruptcy court ascertains the recoveries in liquidation of secured creditors and priority claimants, it must determine the probable distribution to general unsecured creditors and equity security holders from the remaining available proceeds in liquidation. If such probable distribution has a value greater than the distributions to be received by such creditors and equity security holders under the plan, then the plan is not in the best interests of creditors and equity security holders.

It is impossible to determine with certainty the value each holder of a Claim will receive under the Plan. Notwithstanding the difficulty in quantifying recoveries with precision, the Plan Proponent believes that the financial disclosures and projections contained herein imply the greatest potential recovery to holders of Claims in impaired Classes, largely because the vast majority of the Debtor's assets consist of revenues received from services provided. Moreover, the aggregate value of the Debtor's assets in a liquidation, after paying liquidation costs, would not exceed the value of the secured Claim held by Bank of America, N.A. Absent continuity of service, revenues will not exist and the collectability of outstanding receivables will likely deteriorate. Accordingly, the Plan Proponent believes that the "best interests" test of section 1129 of the Bankruptcy Code is satisfied.

V. <u>EFFECT OF CONFIRMATION OF PLAN</u>

A. Discharge of Debtor

<u>Discharge</u>. On the effective date of the Plan, the Debtor shall be discharged from any debt that arose before confirmation of the Plan, subject to the occurrence of the effective date, to the extent specified in § 1141(d)(1)(A) of the Code, except that the Debtor shall not be discharged of any debt (i) imposed by the Plan, (ii) of a kind specified in § 1141(d)(6)(A) if a timely complaint was filed in accordance with Rule 4007(c) of the Federal Rules of Bankruptcy Procedure, or (iii) of a kind specified in § 1141(d)(6)(B). After the effective date of the Plan your claims against the Debtor will be limited to the debts described in clauses (i) through (iii) of the preceding sentence.

B. <u>Modification of Plan</u>

The Plan Proponent may modify the Plan at any time before confirmation of the Plan. However, the Court may require a new disclosure statement and/or re-voting on the Plan. The Plan Proponent may also seek to modify the Plan at any time after confirmation only if (1) the Plan has not been substantially consummated and (2) the Court authorizes the proposed modifications after notice and a hearing.

C. <u>Final Decree</u>

Once the estate has been fully administered, as provided in Rule 3022 of the Federal Rules of Bankruptcy Procedure, the Plan Proponent, or such other party as the Court shall designate in the Plan Confirmation Order, shall file a motion with the Court to obtain a final decree to close the case. Alternatively, the Court may enter such a final decree on its own motion.

VI. OTHER PLAN PROVISIONS

A. <u>Continued Existence</u>

Except as otherwise provided in the Plan, on the effective date, the Debtor shall continue to exist as a limited liability company organized under the laws of the Commonwealth of Pennsylvania.

B. Vesting of Assets

Upon the effective date, pursuant to sections 1141(b) and (c) of the Bankruptcy Code, all property of the Debtor shall vest in the Reorganized Debtor free and clear of all Claims, liens, encumbrances, charges and other interests, except as otherwise specifically provided in the Plan. All liens, Claims, encumbrances, charges and other interests shall be deemed fully released and discharged as of the effective date and, where applicable, receipt of payments provided pursuant to the Plan.

C. <u>Discharged Claims</u>

Pursuant to section 1141(d) the Bankruptcy Code, confirmation of the Plan and, where applicable, receipt by creditors of payment provided under the Plan, will discharge Claims against the Debtor. No holder of a Claim against the Debtor may, on account of such Claim, seek or receive any payment or other distribution from, or seek recourse against, the Debtor or its property, except as expressly provided herein. Accordingly, except as otherwise provided herein, the order confirming this Plan shall provide, among other things, that no holder of a Claim against the Debtor may, on account of such Claim, seek or receive any payment or other distribution from, or seek recourse against, the Debtor or its property, except that from and after the date on which this Plan is confirmed, all Persons and Entities who have held, hold, or may hold Claims against the Debtor are permanently enjoined from taking any of the following actions against the Debtor, or its property on account of such Claims: (i) commencing or continuing, in any manner or in any place, any action or other proceeding; (ii) enforcing, attaching, collecting, or recovering in any manner any judgment, award, decree, or order; (iii) creating, perfecting, or enforcing any Lien or encumbrance; and (iv) commencing or continuing, in any manner or in any place, any action that does not comply with or is inconsistent with the provisions of the Plan; provided, however, that nothing contained herein shall preclude such Persons or Entities from exercising their rights pursuant to and consistent with the terms of the Plan. By accepting distributions pursuant to the Plan, each holder of an allowed Claim shall be deemed to have specifically consented to the injunctions set forth in Article 10.02 of the Plan.

D. <u>Exculpation and Limitation of Liability</u>

To the maximum extent permitted by the Bankruptcy Code and applicable law, none of the Plan Proponent, the Debtor nor any Exculpated Person shall have or incur any liability to any Person or Entity, including, without limitation, any Holder of a Claim or any other party in interest, or any of their respective agents, employees, representatives, financial advisors, attorneys or affiliates or any of their successors or assigns, for any act taken or omission made in connection with, relating to, contemplated by or arising out of, the Chapter 11 case, filing, negotiating, prosecuting, administering, formulating, implementing, soliciting support or acceptance of, confirming or consummating this Plan or the property to be distributed under this Plan, including all activities leading to the promulgation and confirmation of the Plan, the Disclosure Statement (including any information provided or statement made in the Disclosure Statement or omitted therefrom), or any contract, instrument, release or other agreement or document created in connection with or related to the Plan or the administration of the Debtor or this Chapter 11 case, provided, however, that the foregoing exculpation shall not apply to any act of gross negligence or willful misconduct.

E. Releases by Holders of Claims

Effective as of the effective date, and except as otherwise provided in the Plan or the order confirming the Plan, in consideration for the obligations of the Debtor under the Plan, each Person or Entity that has held, currently holds or may hold a Claim, and any Person or Entity acting on behalf of such Person or Entity, shall be deemed to have forever waived, released and discharged the Plan Proponent, the Debtor, its Estate, its property, and the Debtor's officers, employees, agents and professionals from any and all Claims, obligations, suits, judgments, damages, rights, causes of action and liabilities whatsoever (other than the right to enforce the performance of the respective obligations of the Debtor under the Plan, whether liquidated or unliquidated, fixed or contingent, matured or unmatured, known or unknown, foreseen or unforeseen, then existing or thereafter arising, in law, equity or otherwise that are based in whole or in part on any act or omission, transaction, event or other occurrence taking place on or prior to the effective date of the Plan in any way relating to the Debtor, the Chapter 11 case, the Plan or the Disclosure Statement other than Claims or liabilities arising out of or relating to any act or omission that constitutes a failure to perform the duty to act in good faith and where such failure to perform constitutes willful misconduct, gross negligence, or fraud; provided, that Article 10.03(a) of the Plan shall not release any Person or Entity from any Claim or Cause of Action existing as of the effective date, based on (x) the Internal Revenue Code or any other domestic state, city or municipal tax code, (y) any liability that the Person or Entity may have as an owner or operator of real property after Confirmation under the environmental laws of the United States or any domestic state, city or municipality or (z) any criminal laws of the United States or any domestic state, city or municipality.

F. Injunction

All provisions of the Plan notwithstanding other than with respect to any act of gross negligence or willful misconduct, on the effective date, the order confirming the Plan shall constitute an injunction permanently enjoining any Person or Entity (excluding the Debtor) that has held, currently holds or may hold a Claim, demand, debt, right, cause of action or liability that is released pursuant to Article 10.03 of the Plan from enforcing or attempting to enforce any such Claim, demand, debt, right, cause of action or liability against (1) the Plan Proponent, (2)

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:06:34 Desc Main Document Page 27 of 101

the Debtor, (3) any member, trustee, officer, employee, agent, advisor, professional, representative or other person acting on behalf of the Debtor, or (4) any of the respective property of any of the foregoing.

RECOMMENDATION AND CONCLUSION

For all of the reasons set forth in this Disclosure Statement, the Plan Proponent believes that confirmation and consummation of the Plan is preferable to all other alternatives. Consequently, the Plan Proponent urges all holders of Claims in voting Classes to vote to ACCEPT the Plan, and to complete and return their ballots so that they will be RECEIVED on or before October 27, 2017, at 5:00 p.m. prevailing Eastern time.

RESPECTFULLY SUBMITTED,

/S/ Joseph Vaccaro, Esq.

PA ATTORNEY ID No.: 83366

5918 TORRESDALE AVENUE PHILADELPHIA, PA 19135

TEL: 215-527-0887 FAX: 215-533-5353

VACCAROESQ@ERIELAWCENTER.COM

ATTORNEY FOR IGOR KUTOVOY, PLAN PROPONENT

Dated: September 29, 2017

EXHIBITS

EXHIBIT A - PLAN OF REORGANIZATION

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re:	: Chapter 11
Patelka Dental Management, LLC,	: Case No. 16-14743 (MDC)
Debtor.	: Small Business Case under Chapter 11

IGOR KUTOVOY'S CHAPTER 11 PLAN OF REORGANIZATION OF PATELKA <u>DENTAL MANAGEMENT, LLC, DATED SEPTEMBER 29, 2017</u>

ARTICLE I SUMMARY

This Plan of Reorganization (the "Plan") under chapter 11 of the Bankruptcy Code (the "Code") proposes to pay creditors of Patelka Dental Management, LLC (the "Debtor") from cash flow from operations, future revenues and future investment proceeds.

This Plan provides for 1 class of secured claims; 6 classes of unsecured claims; and 1 class of equity interests. Unsecured creditors in class 7, holding allowed claims, will receive distributions, which the proponent of this Plan has valued at approximately 16 cents on the dollar. This Plan also provides for the payment of priority claims on the effective date of the Plan and payment of administrative claims as agreed upon between the Debtor and each administrative claimant.

All creditors and equity holders should refer to Articles III through VI of this Plan for information regarding the precise treatment of their claim. A disclosure statement that provides more detailed information regarding this Plan and the rights of creditors and equity security holders has been circulated with this Plan. Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one. (If you do not have an attorney, you may wish to consult one.)

ARTICLE II

CLASSIFICATION OF CLAIMS AND INTERESTS

2.01	Class 1.	All allowed claims entitled to priority under § 507 of the Code (except administrative expense claims under § 507(a)(2) and priority tax claims under § 507(a)(8).
2.02	<u>Class 2</u> .	The claim of Bank of America, N.A., to the extent allowed as a secured claim under § 506 of the Code.

2.03	Class 3.	The claim of Bell's Corner Hidden Forrest, LLC, Bells Corner 447 Fort Washington LLC and Bell's Corner West 22 LLC, as tenants-in-common.
2.04	<u>Class 4</u> .	The claim of Everest Business Funding f/k/a Yellowstone Capital.
2.05	<u>Class 5</u> .	The claim of CAN Capital Asset Servicing, Inc.
2.06	<u>Class 6</u> .	The claim of High Speed Capital LLC.
2.07	Class 7.	All unsecured claims allowed under § 502 of the Code.
2.08	Class 8.	Equity interests of the Debtor.

ARTICLE III TREATMENT OF ADMINISTRATIVE EXPENSE CLAIMS, U.S. TRUSTEES FEES, AND PRIORITY TAX CLAIMS

- 3.01 <u>Unclassified Claims.</u> Under section §1123(a)(1), administrative expense claims, and priority tax claims are not in classes.
- 3.02 <u>Administrative Expense Claims.</u> Each holder of an administrative expense claim allowed under § 503 of the Code, excluding the claim of the Landlord that is treated in Class 3, shall receive, in full and final satisfaction, release and discharge: (a) the amount of such unpaid Allowed Administrative Claim on or as soon as reasonably practicable after the later of (i) the Effective Date, (ii) the date on which such Administrative Claim becomes Allowed, or (iii) a date agreed to in writing by the Debtor and the Holder of such Administrative Claim; or (b) such other treatment on such other terms and conditions as may be agreed upon in writing by the Holder of such Administrative Claim and the Debtor, or as the Bankruptcy Court may order. Notice of the Administrative Claim Bar Date shall be included in the Notice of Effective Date sent to each creditor and party in interest upon the Effective Date of the Plan. By agreement, all professionals appointed in the Chapter 11 Case have agreed to accept payment of the total allowed amount of their respective fees and expenses over time.
- 3.03 <u>Priority Tax Claims.</u> Each holder of a priority tax claim will be receive, in full satisfaction, release and discharge: (a) the amount of such unpaid Allowed Priority Tax Claim on or as soon as reasonably practicable after the later of (i) the Effective Date, (ii) the date on which such Priority Tax Claim becomes Allowed, and (iii) a date agreed to by the Debtor and the Holder of such Priority Tax Claim; or (b) such other treatment on such other terms and conditions as may be agreed upon in writing by the Holder of such Priority Tax Claim and the Debtor or as the Bankruptcy Court may order. Prior to the Effective Date, the Plan Proponent shall have the right to prepay at any time, in whole or in part, any Allowed Priority Tax Claim without premium or penalty of any sort or nature.

3.04 <u>United States Trustee Fees.</u> All fees required to be paid by 28 U.S.C. §1930(a)(6) (U.S. Trustee Fees) will accrue and be timely paid until the case is closed, dismissed, or converted to another chapter of the Code. Any U.S. Trustee Fees owed on or before the effective date of this Plan will be paid on the effective date.

ARTICLE IV TREATMENT OF CLAIMS AND INTERESTS UNDER THE PLAN

4.01 Claims and interests shall be treated as follows under this Plan:

Class	Impairment	Treatment
Class 1 Priority Claims	Unimpaired	Each Holder of an Allowed Class 1 Priority Claim shall receive in full satisfaction, settlement, release, extinguishment and discharge of such Claim: (a) the amount of such unpaid Allowed Class 1 Priority Claim on or as soon as reasonably practicable after the later of (i) the effective date, (ii) the date on which such Class 1 Priority Claim becomes Allowed, and (iii) a date agreed to by the Plan Proponent and the Holder of such Class 1 Priority Claim; or (b) such other treatment on such other terms and conditions as may be agreed upon in writing by the Holder of such Class 1 Priority Claim and the Debtor.

Class 2 Secured Claim of Bank of America, N.A.	Impaired	The Holder of a Class 2 Claim shall have an Allowed Secured Claim in the amount of \$400,000 (the "Class 2 Allowed Claim Amount") and shall be secured by a properly perfected, first priority lien on and security interest in all property of the Reorganized Debtor by virtue of such liens existing prior to the Petition Date. The Holder of a Class 2 Claim, on behalf of itself as well as its agents, Indenture Trustees, affiliates, successors, predecessors and assigns, shall receive monthly payments in the amount of \$5,000, payable via ACH withdrawals in the weekly amount of \$1,250 on the Friday of each month beginning November 3, 2017 until payment in the amount of \$400,000, which will accrue interest at the federal judgment rate, has been satisfied. The Debtor reserves the right to prepay or satisfy the Class 2 Allowed Claim Amount from a portion of the Investment Funds. Upon payment in full of \$400,000, plus interest as set forth herein, BOA shall release its liens on the property of the Reorganized Debtor and its principal, Svetlana Kutovoy.
Class 3 Claim of Landlord	Impaired	Pursuant to an agreement between the Debtor and the Claimant to resolve the prepetition arrears, in consideration of the Debtor's assumption of the Lease of 8332 Bustleton Avenue, Unit B and C, Philadelphia, PA 19152 by and between the Landlord and the Debtor, as amended from time to time pursuant to the terms of the Plan, the holder shall receive, in full satisfaction, settlement, release, extinguishment and discharge of the cure amounts stated in the Class 3 Claim, payment in the aggregate amount of \$50,000, payable from the Debtor's revenues in the amount of \$25,000 on or before October 31, 2017 and \$25,000 on or before December 31, 2017 as set forth in Article 6.01(a) hereof.

Class 4 Claim of Everest Business Funding f/k/a Yellowstone Capital	Impaired	The Holder of an Allowed Class 4 Claim shall receive, in full satisfaction, settlement, release, extinguishment and discharge of such Class 4 Claim and all Liens and guarantees associated therewith, \$6,000 from the Debtor's revenues, as agreed upon by and between the Debtor and the Claimant as set forth in the settlement agreement attached hereto at Exhibit A.
Class 5 Claim of CAN Capital Asset Servicing, Inc.	Impaired	The holder of a Class 5 Claim shall receive, upon allowance and in full satisfaction, settlement, release, extinguishment and discharge of its Class 5 Claim and all Liens associated therewith, \$6,000 from the Debtor's revenues, as agreed upon by and between the Debtor and the Claimant as set forth in the settlement agreement attached hereto at Exhibit A.
Class 6 High Speed Capital, LLC	Impaired	The Holder of an Allowed Class 6 Claim shall receive, in full satisfaction, settlement, release, extinguishment and discharge of such Class 6 Claim and all Liens and guarantees associated therewith, \$1,500 from the Debtor's revenues, as agreed upon by and between the Debtor and the Claimant as set forth in the settlement agreement attached hereto at Exhibit A.
Class 7 General Unsecured Creditors	Impaired	Class 7 General Unsecured Claims include all Claims, including Rejection Claims, that are not: Administrative Claims; Priority Tax Claims; or Claims designated in Classes 1 through 6. Each Holder of an Allowed Class 7 General Unsecured Claim shall receive, in full satisfaction, settlement, release, extinguishment and discharge of such Allowed Class 7 General Unsecured Claim its pro rata share of fifty percent of the Reorganized Debtor's gross annual revenues in excess of \$2,200,000.00, if any, in calendar years 2018 and 2019, after payment of operating expenses, the unclassified Claims and Claims in Classes 1 through 6, on account of such Holder's Allowed Class 7 Allowed General Unsecured Claim.

Class 8 Equity Security Holders of the Debtor	Impaired	Class 8 Interests include the 100% ownership interests of Svetlana Kutovoy. Class 8 Interests shall receive no distribution under the Plan. In consideration for Ms. Kutovoy's efforts to obtain the Investment Fund, Ms. Kutovoy shall retain her Interests in the Debtor until such time as the process to obtain the Investment Funds through the United States Customs and Immigration EB-5 Investors Program is completed. Thereafter, her continued interests in the Reorganized Debtor will be governed by the requirements of the EB-5 Investors Program and amended corporate formation documents.
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ARTICLE V ALLOWANCE AND DISALLOWANCE OF CLAIMS

- 5.01 <u>Disputed Claim.</u> A disputed claim is a claim that has not been allowed or disallowed by a final non-appealable order, and as to which either: (i) a proof of claim has been filed or deemed filed, and the Debtor or another party in interest has filed an objection; or (ii) no proof of claim has been filed, and the Debtor has scheduled such claim as disputed, contingent, or unliquidated.
- 5.02 <u>Delay of Distribution on a Disputed Claim.</u> No distribution will be made on account of a disputed claim unless such claim is allowed by a final non-appealable order.
- 5.03 <u>Settlement of Disputed Claims.</u> The Debtor will have the power and authority to settle and compromise a disputed claim with court approval and compliance with Rule 9019 of the Federal Rules of Bankruptcy Procedure.

ARTICLE VI PROVISIONS FOR EXECUTORY CONTRACTS AND UNEXPIRED LEASES

- 6.01 <u>Assumed Executory Contracts and Unexpired Leases.</u> The Debtor will assume the following executory contracts and/or unexpired leases effective upon the effective date of this Plan as provided in Article VII:
- (a) Lease of 8332 Bustleton Avenue, Unit B and C, Philadelphia, PA 19152 by and between the Landlord and the Debtor, as amended from time to time, in exchange for an aggregate payment of \$50,000 to cure prepetition defaults thereunder.
- (b) Pursuant to sections 365 and 1123 of the Bankruptcy Code, each of the executory contracts and unexpired leases within the following categories shall be deemed assumed as of the effective date (and the proposed cure of any defaults with respect to each shall be zero dollars):

- (i) Each of the Debtor's Insurance Plans and Workers' Compensation Plans;
- (ii) Any indemnification obligation to an officer or employee that was employed by the Debtor on or after the Petition Date;
- (iii) Each Employee Agreement entered into by the Debtor and any person employed by the Debtor on the effective date who accepts distributions pursuant to the Plan which distributions shall be deemed made in full cure and satisfaction of all outstanding obligations owed to such person, shall be deemed assumed;
- (iv) As of the effective date of the Plan, whether or not such employee benefits are provided for in an Employee Agreement (by operation of this Plan or otherwise), the Debtor, in its sole and absolute discretion, may honor, in the ordinary course of business, any written contracts, agreements, policies, programs and plans for, among other things, compensation, health care benefits, disability benefits, severance benefits, retirement benefits, welfare benefits, life insurance and accidental death and dismemberment insurance, programs and plans for bonuses and other incentives or compensation for the officers and employees. However, notwithstanding anything else herein, at the discretion of the Debtor, any assumed plans shall be subject to modification in accordance with the terms thereof.
- 6.02 Rejected Executory Contracts and Unexpired Leases. The Debtor will be conclusively deemed to have rejected all executory contracts and/or unexpired leases not expressly assumed under Article 6.01 above, or before the date of the order confirmation this Plan, upon the effective date of this Plan. A proof of a claim arising from the rejection of an executory contract or unexpired lease under this Article must be filed no later than thirty (30) days after the date of the order confirming this Plan.

ARTICLE VII MEANS FOR IMPLEMENTATION OF THE PLAN

- 7.01. <u>Continued Existence</u>. Except as otherwise provided in the Plan, the Debtor shall, as a Reorganized Debtor, continue to exist after the effective date as a legal entity, with all the powers of a Limited Liability Company under the laws of the Commonwealth of Pennsylvania and without prejudice to any right to alter or terminate such existence (whether by merger or otherwise) under Pennsylvania law. Upon completion of the EB-5 Investor Program and receipt of the Investment Fund, the Reorganized Debtor will become a two member Limited Liability Company.
- 7.02. <u>Restructuring Transactions</u>. The Plan is being funded by the Debtor's ongoing operational revenues and, upon completion of the EB-5 Investor Program process, the Investment Funds. It is anticipated that final approvals will be obtained within six (6) months of the effective date of the Plan, though much of the process is outside of the Debtor's control.

- 7.03. <u>Timing of Distributions</u>. Except as specifically set forth in the Plan, distributions will be made to holders of allowed Claims in accordance with Article III of the Plan. If a Claim is not an allowed Claim as of the effective date of the Plan, distributions will be made only if and when the Claim is allowed. For Claims that are disputed pursuant to a claim objection or as listed in the Debtor's bankruptcy schedules, or have otherwise not yet been allowed as of the effective date, the Debtor shall reserve sufficient funds for distribution to the holders of such Claims in the event that such Claims become allowed.
- 7.04. <u>Delivery of Distributions</u>. Distributions to holders of allowed Claims shall be made by the Debtor: (a) at the address listed on the holders' proofs of claim or at the last known addresses of each holder, if a proof of claim was not filed, or (b) at the addresses set forth in any written notices of address changes delivered to the Debtor on or before the effective date. If any holder's distribution is returned as undeliverable, no further distributions to such holder shall be made unless and until the Debtor is notified of such holder's then current address prior to the entry of the Final Decree.
- 7.05. Failure to Negotiate Checks. Checks issued in respect of distributions under the Plan shall be null and void if not negotiated within sixty (60) days after the date of issuance. Requests for reissuance for any such check shall be made directly to the Debtor by the holder of the allowed Claim on or before the entry of the Final Decree. All amounts represented by any voided check will be held until one (1) month after date on which the check is voided. Thereafter, all such amounts shall be deemed to be unclaimed property, and all holders of Claims in respect of void checks shall be forever barred, estopped and enjoined from asserting a claim to such funds in any manner against the Debtor or its assets.
- 7.06. Unclaimed Distributions. All property distributed on account of allowed Claims must be claimed prior to the date on which the Bankruptcy Court enters the Final Decree, or, in the case of a distribution made in the form of a check, must be negotiated by such date or have a pending request for reissuance by such date as provided in this Article VII. All Unclaimed property will be retained by the Debtor for the benefit of the holder of the relevant Claim until such time as the Final Decree is entered. Upon entry of the Final Decree, any Unclaimed property will be retained by and shall revert to the Reorganized Debtor. All full or partial payments made by the Debtor and received by the holder of an allowed Claim prior to the effective date will be deemed to be payments under the Plan for purposes of satisfying the obligations of the Debtor pursuant to the Plan. Nothing contained in the Plan shall require the Debtor to attempt to locate any holder of an allowed Claim other than by reviewing the records of the Debtor and any Claims filed in the Chapter 11 Case. Pursuant to section 1143 of the Bankruptcy Code, all Claims in respect of unclaimed property shall be deemed disallowed and the holder of any Claim disallowed in accordance with this Article 7.06 will be forever barred, expunged, estopped and enjoined from asserting such Claim in any manner against the Debtor or its assets.
- 7.07. <u>Fractional Dollars</u>. Notwithstanding any other provision of the Plan, distributions of fractions of dollars will not be made; rather, whenever any payment of a fraction of a dollar would be called for, the actual payment made shall reflect a rounding of such fraction to the nearest whole dollar (up or down), with half dollars being rounded down.

7.08. Compliance With Tax Requirements. In connection with each distribution with respect to which the filing of an information return (such as an Internal Revenue Service Form 1099 or 1042) or withholding is required, the Debtor, as appropriate, shall file such information return with the Internal Revenue Service and provide any required statements in connection therewith to the recipients of such distribution or effect any such withholding and deposit all moneys so withheld as required by law. With respect to any Person or Entity from whom a tax identification number, certified tax identification number or other tax information required by law to avoid withholding has not been received by the Debtor within thirty (30) days from the date of such request, the Debtor, at its option, may withhold the amount required and distribute the balance to such Person or Entity or decline to make such distribution until the information is received.

ARTICLE VIII GENERAL PROVISIONS

- 8.01 <u>Definitions and Rules of Construction.</u> The definitions and rules of construction set forth in §§ 101 and 102 of the Code shall apply when terms defined or construed in the Code are used in this Plan, and they are supplemented by the following definitions:
- "Exculpated Persons" means to the maximum extent permitted by the Bankruptcy Code and applicable law: (a) the Debtor; (b) Dilworth Paxson LLP; (c) Calzaretto & Company; and (d) as to the parties listed in (a), (b) and (c), any of their respective members, affiliates, officers, employees, advisors, attorneys or agents acting in such capacity on or after the Petition Date.
- "Final Decree" means the order entered by the Bankruptcy Court closing this Chapter 11 case.
- "Investment Funds" means the investment of \$500,000 as anticipated to be approved through the United States Customs and Immigration EB-5 Investor Program and which will be invested as a capital infusion into the Reorganized Debtor to fund ongoing operations and continued payments under this Plan.
- "Landlord" means Bell's Corner Hidden Forrest, LLC, Bells Corner 447 Fort Washington LLC and Bell's Corner West 22 LLC, as tenants-in-common.
- 8.02 <u>Effective Date of Plan.</u> The effective date of this Plan is the first business day following the date that is fourteen days after the entry of the order of confirmation. If, however, a stay of the confirmation order is in effect on that date, the effective date will be the first business day after the date on which the stay of the confirmation order expires or is otherwise terminated.
- 8.03 <u>Severability.</u> If any provision in this Plan is determined to be unenforceable, the determination will in no way limit or affect the enforceability and operative effect of any other provision of this Plan.

- 8.04 <u>Binding Effect.</u> The rights and obligations of any entity named or referred to in this Plan will be binding upon, and will inure to the benefit of the successors or assigns of such entity.
- 8.05 <u>Captions.</u> The headings contained in this Plan are for convenience of reference only and do not affect the meaning or interpretation of this Plan.
- 8.06 <u>Controlling Effect.</u> Unless a rule of law or procedure is supplied by federal law (including the Code or the Federal Rules of Bankruptcy Procedure), the laws of the Commonwealth of Pennsylvania governs this Plan and any agreements, documents, and instruments executed in connection with this Plan, except as otherwise provided in this Plan.

ARTICLE IX DISCHARGE

9.01. <u>Discharge.</u> On the confirmation date of this Plan, the debtor will be discharged from any debt that arose before confirmation of this Plan, subject to the occurrence of the effective date, to the extent specified in § 1141(d)(1)(A) of the Code, except that the Debtor will not be discharged of any debt: (i) imposed by this Plan; (ii) of a kind specified in § 1141(d)(6)(A) if a timely complaint was filed in accordance with Rule 4007(c) of the Federal Rules of Bankruptcy Procedure; or (iii) of a kind specified in § 1141(d)(6)(B).

ARTICLE X OTHER PROVISIONS

10.01. <u>Vesting of Assets</u>. Upon the effective date, pursuant to sections 1141(b) and (c) of the Bankruptcy Code, all property of the Debtor, shall vest in the Reorganized Debtor, free and clear of all Claims, liens, encumbrances, charges and other interests, except as otherwise specifically provided in the Plan to the same extent and validity as such interest existed prior to the effective date. All liens, Claims, encumbrances, charges and other interests shall be deemed fully released and discharged as of the effective date, except as otherwise provided in the Plan. As of the effective date, the Reorganized Debtor may operate its organization and may use, acquire and dispose of property without supervision or approval by the Bankruptcy Court and free of any restrictions of the Bankruptcy Code or the Bankruptcy Rules, other than as required by the Plan.

10.02. Injunction.

(a) <u>Discharged Claims</u>.

Pursuant to section 1141(d) the Bankruptcy Code, Confirmation and, where applicable, receipt by creditors of payment provided under the Plan, will discharge Claims against the Debtor. No holder of a Claim against the Debtor may, on account of such Claim, seek or receive any payment or other distribution from, or seek recourse against the Debtor or its property, except as expressly provided herein. Accordingly, except as otherwise provided herein, the order confirming this Plan shall provide, among other things, that no holder of a Claim against the Debtor may, on account of such Claim, seek or receive any payment or

other distribution from, or seek recourse against, the Debtor or its property, except that from and after the date on which this Plan is confirmed, all Persons and Entities who have held, hold, or may hold Claims against the Debtor are permanently enjoined from taking any of the following actions against the Debtor, or its property on account of such Claims: (i) commencing or continuing, in any manner or in any place, any action or other proceeding; (ii) enforcing, attaching, collecting, or recovering in any manner any judgment, award, decree, or order; (iii) creating, perfecting, or enforcing any Lien or encumbrance; and (iv) commencing or continuing, in any manner or in any place, any action that does not comply with or is inconsistent with the provisions of the Plan; provided, however, that nothing contained herein shall preclude such Persons or Entities from exercising their rights pursuant to and consistent with the terms of the Plan. By accepting distributions pursuant to the Plan, each holder of an allowed Claim shall be deemed to have specifically consented to the injunctions set forth in this Article 10.02.

(b) Exculpation and Limitation of Liability.

To the maximum extent permitted by the Bankruptcy Code and applicable law, none of the Plan Proponent, the Debtor nor any Exculpated Person shall have or incur any liability to any Person or Entity, including, without limitation, any Holder of a Claim or any other party in interest, or any of their respective agents, employees, representatives, financial advisors, attorneys or affiliates or any of their successors or assigns, for any act taken or omission made in connection with, relating to, contemplated by or arising out of, the filing, negotiating, prosecuting, administering, implementing, soliciting support or acceptance of, confirming or consummating this Plan or the property to be distributed under this Plan, including all activities leading to the promulgation and confirmation of the Plan, the Disclosure Statement (including any information provided or statement made in the Disclosure Statement or omitted therefrom), or any contract, instrument, release or other agreement or document created in connection with or related to the Plan or the administration of the Debtor or this Chapter 11 Case, provided, however, that the foregoing exculpation shall not apply to any act of gross negligence or willful misconduct.

10.03. Releases

(a) Releases by Holders of Claims.

Effective as of the effective date, and except as otherwise provided in the Plan or the order confirming this Plan, in consideration for the obligations of the Debtor under the Plan, each Person or Entity that has held, currently holds or may hold a Claim, and any Person or Entity acting on behalf of such Person or Entity, shall be deemed to have forever waived, released and discharged the Plan Proponent, the Debtor, its Estate, its property, and the Debtor's officers, employees, agents and professionals from any and all Claims, obligations, suits, judgments, damages, rights, Causes of Action and liabilities whatsoever (other than the right to enforce the performance of the respective obligations of the Debtor under the Plan, whether liquidated or unliquidated, fixed or contingent, matured or unmatured, known or unknown, foreseen or unforeseen, then existing or thereafter arising, in law,

equity or otherwise that are based in whole or in part on any act or omission, transaction, event or other occurrence taking place on or prior to the effective date of the Plan in any way relating to the Debtor, the Chapter 11 Case, the Plan or the Disclosure Statement other than Claims or liabilities arising out of or relating to any act or omission that constitutes a failure to perform the duty to act in good faith and where such failure to perform constitutes willful misconduct, gross negligence, or fraud; provided, that this Article 10.03(a) shall not release any Person or Entity from any Claim or Cause of Action existing as of the effective date, based on (x) the Internal Revenue Code or any other domestic state, city or municipal tax code, (y) any liability that the Person or Entity may have as an owner or operator of real property after Confirmation under the environmental laws of the United States or any domestic state, city or municipality or (z) any criminal laws of the United States or any domestic state, city or municipality.

(b) Injunction.

All provisions of the Plan notwithstanding other than with respect to any act of gross negligence or willful misconduct, on the effective date, the order confirming the Plan shall constitute an injunction permanently enjoining any Person or Entity (excluding the Debtor) that has held, currently holds or may hold a Claim, demand, debt, right, cause of action or liability that is released pursuant to this Article 10.03 of the Plan from enforcing or attempting to enforce any such Claim, demand, debt, right, cause of action or liability against (1) the Plan Proponent, (2) the Debtor, (3) any member, trustee, officer, employee, agent, advisor, professional, representative or other person acting on behalf of the Debtor, or (4) any of the respective property of any of the foregoing.

10.04. <u>Binding Effect of Plan</u>. The provisions of the Plan shall be binding upon and inure to the benefit of the Debtor, the Estate, any holder of any Claim treated herein or any Person named or referred to in the Plan, and each of their respective heirs, executors, administrators, representatives, predecessors, successors, assigns, agents, officers and directors, trustees and, to the fullest extent permitted under the Bankruptcy Code and other applicable law, each other Person or Entity affected by the Plan.

10.05. <u>Bar Date for Professionals.</u> Applications for compensation for services rendered and reimbursement of expenses incurred by professionals retained in this case from the Petition Date through the effective date shall be filed no later than forty-five (45) days after the effective date. Applications that are not timely filed will not be considered by the Court. The Debtor may pay any professional fees and expenses incurred after the effective date without any application to the Bankruptcy Court.

The PROPONENT hereby requests confirmation of the Plan pursuant to section 1129(a) or section 1129(b) of the Bankruptcy Code.

DATED: SEPTEMBER 29, 2017 RESPECTFULLY SUBMITTED,

/S/ Joseph Vaccaro, Esq.
JOSEPH VACCARO, Esq.
PA ATTORNEY ID No.: 83366
5918 TORRESDALE AVENUE
PHILADELPHIA, PA 19135

TEL: 215-527-0887 FAX: 215-533-5353

VACCAROESQ@ERIELAWCENTER.COM

ATTORNEY FOR IGOR KUTOVOY, PLAN PROPONENT

EXHIBIT A [LIEN SETTLEMENTS]

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

TATION.	
IN RE:	•

PATELKA DENTAL MANAGEMENT, LLC,

: CASE NO: 16-14743 (MDC)

: SMALL BUSINESS CASE UNDER

DEBTOR. : CHAPTER 11

STIPULATION RESOLVING PATELKA DENTAL MANAGEMENT, LLC'S OBLIGATIONS TO EBF PARTNERS, LLC

EBF Partners, LLC ("Claimant"), and Patelka Dental Management LLC, f/k/a Patelka Dental, LLC ("Patelka"), hereby stipulate and agree as follows:

- 1. On or about November 12, 2015, Claimant purchased the receivables from Patelka in the original amount of \$120,000 and obtained a security interest in certain of Patelka's revenues and accounts receivable.
- 2. Patelka and Claimant wish to avoid litigating the extent to which Claimant's interest may or may not be secured and perfected and the amount of the outstanding balance owed to Claimant.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, Patelka and Claimant hereby stipulate and agree as follows:

- A. Claimant's interests as set forth in paragraph 1 above shall be satisfied on the following terms:
- 1. Upon the earlier to occur of (a) confirmation of a Chapter 11 plan; (b) the approval of this stipulation by the Bankruptcy Court pursuant to Fed. R. Bankr.P. 9019; or (c) dismissal of this case, payment in the total amount of \$6,000, payable in four equal monthly installments of \$1,500 each on or before September 30, 2017, October 31, 2017, November 30, 2017 and December 31, 2017 respectively;
- 2. In consideration of the payment referenced in the foregoing paragraph, Claimant shall forever release and waive any claims that it has against Patelka and/or its property relating to any claims that accrued prior to the date of this Stipulation.
- 3. In consideration of the release referenced in the foregoing paragraph, Patelka shall forever release and waive any claims that it has against the Claimant and/or its property relating to any amounts owed to Patelka or paid by Patelka prior to the date of this Stipulation.

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Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:06:34 Desc Main Document Page 45 of 101

- 4. That nothing in this Stipulation will prevent Claimant from pursuing its rights against any other liable parties under the purchase agreement.
- B. Upon receipt of the full payment from Patelka, as set forth herein, Claimant shall take any steps necessary to have any lien it holds against Patelka and/or its property marked satisfied as of record.

EBF Partners, LLC

September Dated: August 5, 2017

APPROVED:

Patelka Dental Managorhent, LLC

Svetlana Kutovoy, President

UNITED STATES BANKRUPTCY COURT' FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re:

Patelka Dental Management, LLC,

Debtor.

Chapter 11

Case No. 16-14743 (MDC)

Small Business Case under Chapter 11

STIPULATION RESOLVING DEBTOR'S OBLIGATIONS TO HIGH SPEED CAPITAL LLC

High Speed Capital LLC ("Claimant"), and Patelka Dental Management LLC, as debtor and debtor-in-possession (the "Debtor"), hereby stipulate and agree as follows:

- 1. On July 1, 2016 (the "Petition Date"), the Debtor filed for Chapter 11 relief, initiating the above-captioned bankruptcy case.
- 2. Prior to the Petition Date, on or about December 16, 2015, Claimant purchased the future receivables of the Debtor with an amount purchased of \$65,250.00 and obtained a security interest in certain of the Debtor's pre-petition accounts receivable.
- 3. The Debtor and Claimant wish to avoid litigating the extent to which Claimant's interest may or may not be secured and perfected, the amount of the outstanding balance owed to Claimant, and the extent to which pre-petition payments to Claimant may be subject to avoidance pursuant to provisions of the Bankruptey Code.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Debtor and Claimant hereby stipulate and agree as follows:

- A. Claimant's interests as set forth in paragraph 2 above shall be satisfied on the following terms:
- 1. A payment in the amount of \$1,500 on the effective date of a Chapter 11 Plan of Reorganization filed in the Debtor's bankruptcy case;
- 2. In consideration of the payment referenced in the foregoing paragraph, Claimant shall forever release and waive any claims that it has against the Debtor, its principals, and/or its property relating to any claims that accrued prior to the Petition Date.
- 3. In consideration of the release referenced in the foregoing paragraph, the Debtor shall forever release and waive any claims that it has against the Claimant, its principals, successors, attorneys, employees and/or its property relating to any amounts owed to the Debtor or paid by the Debtor prior to the Petition Date.

- B. The terms and conditions of the agreement set forth in this Stipulation shall be incorporated into any Chapter 11 Plan of Reorganization filed in the Debtor's bankruptcy case, which is subject to final bankruptcy court approval.
- C. Upon receipt of the payment from the Debtor, as set forth herein, Claimant shall take any steps necessary to have any lien it holds against the Debtor and/or its property marked satisfied as of record.

Dated: July 31, 2017

APPROVED:

Patelka Dental Management/LLC

Svetlana Kutovoy, Prosident

High Speed Capital

Renata Bukhman, Esq.

Attorney for

High Speed Capital, LLC

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE:

PATELKA DENTAL MANAGEMENT, LLC,

: CASE NO: 16-14743 (MDC)

: SMALL BUSINESS CASE UNDER

DEBTOR. : CHAPTER 11

STIPULATION RESOLVING PATELKA DENTAL MANAGEMENT, LLC'S OBLIGATIONS TO CAN CAPITAL ASSET SERVICING, INC.

CAN Capital Asset Servicing, Inc. ("Claimant"), and Patelka Dental Management LLC, f/k/a Patelka Dental, LLC ("Patelka"), hereby stipulate and agree as follows:

- 1. On or about October 21, 2014, WebBank loaned money to Patelka in the original amount of \$200,000. Shortly thereafter, Claimant purchased the Business Loan Agreement between the Debtor and WebBank and obtained a security interest in certain of Patelka's accounts receivable.
- 2. Patelka and Claimant wish to avoid litigating the extent to which Claimant's interest may or may not be secured and perfected and the amount of the outstanding balance owed to Claimant.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, Patelka and Claimant hereby stipulate and agree as follows:

- A. Claimant's interests as set forth in paragraph 1 above shall be satisfied on the following terms:
- 1. Upon the earlier to occur of (a) confirmation of a Chapter 11 plan; (b) the approval of this stipulation by the Bankruptcy Court pursuant to Fed. R. Bankr.P. 9019; or (c) dismissal of this case, a payment in the amount of \$3,000 on or before September 30, 2017 and a payment in the amount of \$3,000 within thirty (30) days thereafter, for a total settlement payment of \$6,000;
- 2. In consideration of the payments referenced in the foregoing paragraph, Claimant shall forever release and waive any claims that it has against Patelka, its principals, and/or its property relating to any claims that accrued prior to the date of this Stipulation.
- 3. In consideration of the release referenced in the foregoing paragraph, Patelka shall forever release and waive any claims that it has against the Claimant and/or its property relating to any amounts owed to Patelka or paid by Patelka prior to the date of this Stipulation.

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:06:34 Desc Main Document Page 49 of 101

B. Upon receipt of the payment from Patelka, as set forth herein, Claimant shall take any steps necessary to have any lien it holds against Patelka and/or its property marked satisfied as of record.

Dated: August ___, 2017

APPROVED:

Patelka Dental Management, LLC

Svetlana Kutovoy, President

CAN Capital Asset Servicing, Inc.

James Holder, Collections Manager

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:06:34 Desc Main Document Page 50 of 101

EXHIBIT B - IDENTITY AND VALUE OF DEBTOR'S MATERIAL ASSETS

Total:	\$ 439,765.19
Leasehold Improvements (depreciation value) ²	\$ 155,000
including stored Mobile Unit)	\$ 52,300
Furniture and Equipment (depreciation value,	
(\$19,875 over 90 days)	
Accounts Receivable as of June 30, 2017	\$ 222,920
Wells Fargo Checking Account ending 9053	\$ 2,871.08
Wells Fargo Checking Account ending 1199	\$ 1,295.64
Wells Fargo Checking Account ending 8017	\$ 5,378.47

² These improvements are fixed to the Debtor's leased office space and the value does not include removal costs in the event of liquidation.

EXHIBIT C - PREPETITION FINANCIAL STATEMENTS

C. 63333 & 61-61-417473 & 33 and train C. D. Dotto & 51032 - Bille & Fi029/1297/1371/1 Enterrette 0.297/1371/2107.0169:3349: 24D es D. & Statin

Case 16-14743-mdc

Doc 33-2 Filed 07/15/16 Entered 07/15/16 22:14:43 Desc

Profits and Losses Page 1 of 3

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Patelka Dental LLC Profit & Loss

Cash Basis January through December 2015

	Jan - Dec 15			
Ordinary Income/Expense				
Income				
Revenue				
UNCO	39,870.16			
Cigna	21,494.30			
AETNA	78,427,56			
1776 H&W FUND	2,870.00			
Groupon Inc	494.11			
DDPA	157,597.14			
AVESIS	296,149.50			
Cash Deposit	51,150.00			
Counter deposits	567,402.01			
Credit card deposits DENTAQUEST LLC	495,016.43			
GE Money	73,790.25			
Keystone Mercy	139,691.02			
PA TREASURY DEPT PROMISE	254,676.99 136,238.72			
Unitedhealthcare	49,070.50			
Omtodifications	49,010.30			
Total Revenue	2,363,938.69			
Total Income	2,363,938.89			
Expense				
Advertising & Promotion	41,119.98			
Automobile Expenses				
Cars				
Auto Lease	6,866.00			
Gas	208.10			
Insurance	3,306.50			
Registration	72.00			
Repairs	918.00			
Total Cars	11,370.60			
Total Automobile Expenses	11,370.60			
Bank Charges	2 200 40			
Continuing Education	3,826.46			
Credit cards	-635.11			
American Express	7,100.00			
Bank of America	4,651.38			
Chase Bank	1,200.00			
Credit cards - Other	19,870.06			
Total Credit cards	32,821,44			
Credit Card Merchant Fees	20,096.36			
Dental Lab Expenses	137,636.87			
Dental Supplies	107,000,01			
Implant Surgeries	59,933,55			
Orthodontics	20,746.37			
Dental Supplies - Other	96,074,70			
Total Dental Supplies	176,754.62			
Donations	1,300.00			
Dues & Subscriptions	378.89			
Entertainment & Meals	16,173.82			
Insurance				
Workers Compensation	2,218.41			
Insurance - Other	21,469.49			
Total Insurance	23,687.90			

C 63385 & 61-61-4174734 30-notroic D 500 & 5032 - Bile & 1093/209/1371/11Ent & rette 093/209/1371/2107.01693349: 21D es D & Sain

Case 16-14743-mdc

Doc 33-2 Filed 07/15/16 Entered 07/15/16 22:14:43 Desc

Profits and Losses Page 2 of 3

4:33 PM 07/15/16

Cash Basis

Patelka Dental LLC Profit & Loss

January through December 2015

Jan - Dec 15 Interest 1,500.00 Wells Fargo (Oleg Gutman) 1,500.00 **Total Interest** 1,965.00 License & Registration 28,516.99 Office Expense **Outside Services Orthodontics** 149,925.87 21,700.00 Cleaning 3,496.20 **Dental Assistant** Dentists 2,000.00 Dr Delie Dr. Patel 3,724.80 Health Ins 396.46 Medical Expenses 4,121.26 Total Dr. Patel 503,862.50 Dentists - Other 509,983.76 **Total Dentists** 142,375.84 Hygienists **Patient Transport** 23,000.00 16,210.00 Transportation 3,315.00 Others 4,750.00 Outside Services - Other **Total Outside Services** 874,756.67 Payroll Expenses 333,685.17 Salaries & Wages **Employer Payroll Taxes** 31,923.83 35,945.81 Paychex Taxpay Total Payroll Expenses 401,554.81 100.00 **Permits** 2,894.60 Postage Professional Fees 10,000.00 Accounting 7,180.96 Billing expenses 5,000.00 Legal 6,554.00 Network/Sales/Support 8,580.54 Payroll Prep 9,257.83 Temp Agency 46,573.33 **Total Professional Fees** 64,543.34 Refunds 54,166.83 Rent Repairs & Maintenance 9,899.05 1,512.00 Security Taxes Phila BPT 71,610.82 71,610.82 **Total Taxes** 7,232.76 Telephone 5,401.30 Trash Removal Travel 19,036,41 Lodging/Airfare/Train 1,470.00 Parking & Tolls

20,506,41

Total Travel

Cases 4:61-61-41747343 Androic Dotto 4:51032 - Bille 4Fi029/209/1371/11 Enterrette 0:99/209/1371/2107:0169:339:240 est 0:454a in

Case 16-14743-mdc Doc 33-2 Filed 07/15/16 Entered 07/15/16 22:14:43 Desc

Profits and Losses Page 3 of 3

4:33 PM

Patelka Dental LLC

07/15/16 Cash Basis **Profit & Loss**

January through December 2015

	Jan - Dec 15
Uniforms and Laundry Utilities	6,236.63 18,920.09
Total Expense	2,082,422.46
Net Ordinary Income	281,516.23
Net Income	281,516.23

Cases 4:61-61-41747343 Androic Dotto 4:51032 - Bille 4Fi029/209/1371/11 Enterrette 0:99/209/1371/2107:0169:339:240 est 0:454a in

Case 16-14743-mdc

Doc 33-3 Filed 07/15/16 Entered 07/15/16 22:14:43 Desc

Cash Flow Statement Page 1 of 1

4:34 PM 07/15/16

Patelka Dental LLC **Statement of Cash Flows** January through December 2015

	Jan - Dec 15
OPERATING ACTIVITIES Net income	281,516.23
Net cash provided by Operating Activities	281,516.23
INVESTING ACTIVITIES L/R - Torresdale L/R - Art of Smile L/R- Wiesner Maria Cost of Finance:High Speed Capital Cost of Finance:Yellowstone Capital	-18,304.00 -9,802.42 -247.30 -3,134.00 -20,544.00
Net cash provided by investing Activities	-52,031.72
FINANCING ACTIVITIES L/P - HSC \$699.00 L/P - Yellowstone \$1333.33 L/P-Gena L/P - Ella L/P - Igor Kutovoy L/P - Tatyana Quinn L/P - Wells Fargo (Oleg Gutman) L/P - Citizens Bank L/P - WebBank \$671.67 L/P - Fast Business \$1,077 L/P - Fast Business \$1,077 L/P - Yellowstone \$1,399 L/P-High Speed Capital \$499 Draw Draw:Personal Auto Draw:Personal Auto Draw:Lana Kutovoy Draw:Medical Expenses Draw:Health Insurance Capital Contributions:Lana Kutovoy Member Capital:Lana Kutovoy Retained Earnings	22,347.00 1,491.11 17,000.00 25,000.00 -20,210.00 -11,250.00 -15,000.00 -15,305.87 -30,791.00 3,883.00 -2,934.00 -24,261.16 2,313.17 3,407.89 -8,864.56 -2,266.00 -7,739.08 -73,956.43 22,685.45
Net cash provided by Financing Activities	-286,350.48
Net cash increase for period	-56,865.97
Cash at beginning of period	46,394.99
Cash at end of period	-10,470.98

EXHIBIT D - MOST RECENT MONTHLY OPERATING REPORT

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

In r	Patelka Dental Management, LLC	Case No.	16-14743		
	Debtor	Small Rusi	ness Case under Ch	anter I i	
		Onjan Dan	ness case under Ch	apter 11	
	SMALL BUSINESS MONTHLY OPER	RATING RE	PORT		
Мо	nth: August, 2017	Date filed:	9/15/17		· Legange de la Transport
Lin	e of Business: Dental Practice Management	NAISC Code:			
PEF AC	ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED ST RJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSIN COMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOW RRECT AND COMPLETE.	ESS MONTH	LY OPERATING F	REPORT A	AND THE
RES	SPONSIBLE PARTY:				
Ori	ginal Signature of Responsible Party				
	Svettana Kutovoy				
Prin	ted Name of Responsible Party				
Qu	estionnaire: (All questions to be answered on behalf of the debtor.)			Yes	No
l.	IS THE BUSINESS STILL OPERATING?			()	ø
2.	HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?			IJ	
3.	DID YOU PAY YOUR EMPLOYEES ON TIME?			(3)	
4.	HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESTHIS MONTH?	SS INTO THE	DIP ACCOUNT	Ø	
5.	HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL MONTH	OF YOUR TA	XES THIS	133	O
6.	HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT	NT FILINGS?		Q.	О
7.	HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS M	IONTH?		Œ	o
8.	DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEX	T MONTH?		Ø	О
9.	ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO	THE U.S. TRU	STEE?	Œ	O
10.	HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PMONTH?	PROFESSIONA	ALS THIS	O	Ø
11.	DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPAT MONTH?	TED EXPENSI	ES THIS	O	X
12.	HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICE ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY		FERRED ANY	0	Ø
13.	DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE	DIP ACCOU	NT?	[2]	

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 52 of 401

			Page 2
B 25	C (Official Form 25C) (12/08)		
14.	HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?) <u>(3</u>
15.	DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?) Ø
16.	HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?) [3]
17.	HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?) <u>(</u> 3
18.	HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?		ı D
	TAXES		
	YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX LIGATIONS?		ı 🗵
BE.	'ES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS E PAYMENT.		
	(Exhibit A)		
	INCOME		
SHC	EASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE DULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUE 'WAIVE THIS REQUIREMENT.)		
	TOTAL IN	COME	\$ 125,904
	SUMMARY OF CASH ON HAND		
	Cash on Hand at Start of Month		\$ 24,320
	Cash on Hand at End of Month		\$ 8,686
PLI	EASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU T O (Exhibit B)	OTAL	\$ 8,686
	EXPENSES		
ACC	ASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BACOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE RPOSE AND THE AMOUNT. <i>(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)</i>	NK	
	TOTAL EXPI	ENSES	\$ 107,965
	(Exhibit C)		
	CASH PROFIT		
INC	OME FOR THE MONTH (TOTAL FROM EXHIBIT B)		\$ 125,904
EXP	PENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)		\$ 107,965
	(Subtract Line C from Line B) CASH PROFIT FOR THE MO	NTH	\$ 17,939

**	
Page	
1 444	-

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B 25C (Official Form 25C) (12/08)

FILING OF THE CASE?

UNPAID BILLS PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.) TOTAL PAYABLES \$ 0 (Exhibit D) MONEY OWED TO YOU PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.) 186,035 TOTAL RECEIVABLES \$ (Exhibit E) **BANKING INFORMATION** PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT. (Exhibit F) **EMPLOYEES** NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? 17 NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? 17 **PROFESSIONAL FEES** BANKRUPTCY RELATED: PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? -0-TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? -0-NON-BANKRUPTCY RELATED: PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? -0-TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE

9:55 AM 09/12/17 Cash Basis

Patelka Dental LLC Balance Sheet As of August 31, 2017

	Aug 31, 17
ASSETS Current Assets Checking/Savings	
Checking/Savings Check Wells Fargo 8017 good Checking - Wells Fargo 1199	5,961.47 2,724.59
Total Checking/Savings	8,686.06
Total Current Assets	8,686.06
Fixed Assets Fixed Assets Leasehold Improvements Phila, PA Torresdale Baku, Azerbaijan	409,953.8 4 15,304.00 6,966.60
Total Leasehold Improvements	432,224.44
Equipment Phila, PA Baku, Azerbaijan	645,352.67 11,146.56
Total Equipment	656,499.23
Mobile Unit Accumulated Depreciation	108,171.08 -756,787.81
Total Fixed Assets	440,106.94
Total Fixed Assets	440,106.94
Other Assets Legal Retainer Goodwill Accumulated Amortization Deferred BOA Interest Deferred WebBank Interest Deferred Yellwstne/EBF Interest Deferred HSC \$699 Interest Security Deposits Phila, PA Baku, Azerbaijan	10,000.00 52,001.00 -36,703.30 39,391.58 14,927.39 48,000.00 20,250.00 8,143.95 6,966.60
Total Security Deposits	15,110.55
Total Other Assets	162,977.22
TOTAL ASSETS	611,770.22
LIABILITIES & EQUITY Liabilities Long Term Liabilities L/P - Bank of America \$5,694.79 L/P - Citizens Bank L/P - Igor Kutovoy L/P - Tatyana Quinn L/P - WebBank/CAN Cap \$671.67 L/P - Ella L/P - Yellowstone/EBF \$1333.33 L/P - High Speed Capita \$699.00	493,632.67 36,853.77 26,450.00 71,250.00 30,930.81 23,000.00 45,447.43 26,998.00
Total Long Term Liabilities	754,562.68
Total Liabilities	754,562.68

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Dooument Page 55 of 401

9:55 AM 09/12/17 Cash Basis Patelka Dental LLC Balance Sheet As of August 31, 2017

	Aug 31, 17
Equity	
Draw	
Lana Kutovoy	-60,686.72
Health Insurance	-11,731.86
Medical Expenses	-6,068.52
Draw - Other	-6,838.50
Total Draw	-85,325.60
Member Capital	
Lana Kutovoy	-187,273.78
Total Member Capital	-187,273.78
Net Income	129,806.92
Total Equity	-142,792.46
TOTAL LIABILITIES & EQUITY	611,770.22

9:52 AM 09/12/17 Cash Basis

Patelka Dental LLC Profit & Loss August 2017

	Aug 17
Ordinary Income/Expense	
Income Revenue	125 002 04
	125,903.94
Total Income	125,903.94
Expense	
Advertising & Promotion	3,228.00
Automobile Expenses	1,280.20
Bank Charges	179.64
Dental Lab Expenses	13,236.00
Dental Supplies	7,334.99
Entertainment & Meals	151.05
Insurance	4,168.58
License & Registration	52.00
Office Expense	2,975.08
Outside Services	37,030.70
Payroll Expenses	31,876.61
Postage	251.53
Refunds	1,850.00
Rent	1,000.00
Telephone	819.23
Trash Removal	421.72
Uniforms and Laundry	1,432.00
Utilities	677.36
Total Expense	107,964.69
et Ordinary Income	17,939.25
Income	17,939.25

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Dooument Page 63 of 401

9:53 AM 09/12/17 Cash Basis

Patelka Dental LLC Profit & Loss Detail

Тур	pe Date	Num	Name	Memo	Debit	Credit	Balance
Ordinar Inco	ry Income/Expense						
	levenue						
Deposit	- EPO 08/14/2017						
Debozii						5,601.52	5,601.52
	Total - EPO				0.00	5,601.52	5,601.52
Danasit	MET LIFE INS.			41 # 00000 1704 770114			
Deposit Deposit	08/02/2017 08/04/2017			1ML006324731 TRN*1*0079900 1ML006410502 TRN*1*0079900		103.50 160.00	103.50 263.50
Deposit	08/04/2017			1ML006428219 TRN*1*0079900		132.00	395,50
Deposit Deposit	08/11/2017 08/11/2017			1ML006619853 TRN*1*0079900 1ML006638628 TRN*1*0079900		253.40 287.00	648.90 935.90
Deposit	08/11/2017			1ML006638627 TRN*1*0079900		38.00	973.90
Deposit Deposit	08/17/2017 08/23/2017			1ML006789554 TRN*1*0079900 1ML006953485 TRN*1*0079900		510.40 44.10	1,484.30 1,528.40
Deposit	08/24/2017			1ML006999389 TRN*1*0079900		94.50	1,622.90
Deposit Deposit	08/25/2017 08/28/2017			1ML007058821 TRN*1*0079900 1ML007080291 TRN*1*0079900		187.20 83.00	1,810.10 1,893.10
Deposit	08/28/2017			1ML007099524 TRN*1*0079900		91.20	1,984.30
Deposit Deposit	08/29/2017 08/29/2017			1ML007124089 TRN*1*0079900 1ML007124090 TRN*1*0079900		41.00 379.40	2,025.30 2,404.70
Deposit	08/30/2017			1ML007204745 TRN*1*0079900		118.40	2,523.10
Deposit	08/31/2017			1ML007232554 TRN*1*0079900		172.60	2,695.70
	Total MET LIFE INS.				0.00	2,695.70	2,695.70
	UNCO						
Deposit Deposit	08/01/2017 08/01/2017			1386815785 TRN*1*090213694 1386815785 TRN*1*090213271		356.11 95.65	356.11 451,76
Deposit	08/01/2017			1386815785 TRN*1*090213070		252.00	703.76
Deposit Deposit	08/08/2017 08/08/2017			1386815785 TRN*1*090215262 XXXXX6538 TRN*1*090214489		900.68 3 97.58	1,604.44
Deposit	08/08/2017			1386815785 TRN*1*090214293		397.58 81.00	2,002.02 2,083.02
Deposit Deposit	08/10/2017 08/15/2017			XXXXX7266 TRN*1*28780442*1		30,00	2,113.02
Deposit	08/15/2017			XXXXX6538 TRN*1*090216201 1386815785 TRN*1*090215734		368.63 446.98	2,481.65 2, 9 28.63
Deposit Deposit	08/15/2017 08/15/2017			1386815785 TRN*1*090215519		49.00	2,977.63
Deposit	08/22/2017			1386815785 TRN*1*090216686 1386815785 TRN*1*090217051		121.94 89.90	3,099.57 3,189.47
Deposit Deposit	08/22/2017 08/29/2017			1386815785 TRN*1*090217492		53.76	3,243.23
Deposit	08/29/2017			1386815785 TRN*1*090218988 XXXXX6538 TRN*1*090218307		237.17 410.08	3,480.40 3,890.48
Deposit	08/29/2017			1386815785 TRN*1*090218758		805.78	4,696.26
	Total UNCO				0.00	4,696.26	4,696.26
Deposit	Cigna 08/03/2017			080117 1386815785 TRN*1*735		1,012.30	1.010.20
Deposit	08/17/2017			1386815785 TRN*1*74081273*1		340.80	1,012.30 1,353.10
Deposit Deposit	08/21/2017 08/24/2017			1386815785 TRN*1*74291962*1 1386815785 TRN*1*74481950*1		9.00 128.00	1,362.10 1.490.10
Deposit	08/31/2017			1386815785 TRN*1*74710684*1		402.00	1,892.10
	Total Cigna				0.00	1,892.10	1,892.10
	AETNA					1,002.11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Deposit	08/04/2017	Aetn	a	XXXXX7266 TRN*1*817213380		451.00	451.00
Deposit Deposit	08/04/2017 08/11/2017	Aetn Aetn		XXXXX7266 TRN*1*817213500 TRN*1*817220510004550*1066		468.80 105.00	919,80
Deposit	08/11/2017	Aetn	a	TRN*1*817220520004415*1066		292.40	1,024.80 1,317.20
Deposit Deposit	08/18/2017 08/18/2017	Aetn Aetn		TRN*1*817227540004138*1066 TRN*1*817227540004137*1066		160.40 251.00	1,477.60
Deposit	08/25/2017	Aetn		TRN*1*817234540004872*1066		82.00	1,728.60 1,810.60
Deposit	08/25/2017	Aetn	a	TRN*1*817234490004163*1066		40.60	1,851.20
	Total AETNA				0.00	1,851.20	1,851.20
Deposit	1776 H&W FUND 08/04/2017			Patelka Dental LLC		350.00	350.00
	Total 1776 H&W FUND				0.00	350,00	350.00
Donneit	DDPA 09/02/047			040005404000 TDNM+0047070			
Deposit Deposit	08/02/2017 08/02/2017			240625101002 TRN*1*2017073 240625101002 TRN*1*2017073		138.50 163.00	138.50 301.50
Deposit	08/04/2017			240625101002 TRN*1*2017080		718.00	1,019.50
Deposit Deposit	08/09/2017 08/09/2017			240625101001 TRN*1*2017080 240625101002 TRN*1*2017080		80.50 51.80	1,100.00 1,151.80
Deposit	08/11/2017			240625101002 TRN*1*2017080		1,209.30	2,361.10
Deposit Deposit	08/17/2017 08/18/2017			240625101002 TRN*1*2017081 240625101002 TRN*1*2017081		67.00 152.00	2,428.10 2,580.10
Deposit	08/18/2017			240625101002 TRN*1*2017081		1,138.00	3,718.10
Deposit Deposit	08/18/2017 08/25/2017			240625101001 TRN*1*2017081 240625101002 TRN*1*2017082		96.00 997.77	3,814.10 4,811.87
Deposit	08/30/2017			240625101002 TRN*1*2017082		43.00	4,854.87
	Total DDPA				0.00	4,854.87	4,854.87
							• • • • • • •

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Dooument Page 68 of 401

9:53 AM 09/12/17 Cash Basis

Patelka Dental LLC Profit & Loss Detail

Тур	pe	Date	Num	Name	Memo	Debit	Credit	Balance
Deposit	AVESIS	08/04/2017			112718BU PATELKA DENTAL		2,080.00	2,080.00
Deposit		08/11/2017			112718BU PATELKA DENTAL		3,885.50	5,965,50
Deposit		08/18/2017			112718BU PATELKA DENTAL		2,629.50	8,595.00
Deposit	T-1-1 43 (F)	08/25/2017			112718BU PATELKA DENTAL		3,787.00	12,382.00
	Total AVES					0.00	12,382.00	12,382.00
Deposit	Casn Depo	08/04/2017					3,000.00	3,000.00
Deposit		08/07/2017					3,000.00	6,000.00
	Total Cash	•				0.00	6,000.00	6,000.00
Deposit	Counter d	eposits 08/02/2017					740.96	740.96
Deposit		08/03/2017			:417030586315		50.00	790.96
Deposit		08/03/2017					1,851.40	2,642.36
Deposit Deposit		08/04/2017 08/07/2017					489.78 900.00	3,132.14
Deposit		08/08/2017					900.00 820.30	4,032.14 4,852.44
Deposit		08/10/2017					217.00	5,069.44
Deposit		08/10/2017					68.00	5,137.44
Deposit Deposit		08/11/2017 08/14/2017					1,437.00 767.40	6,574.44 7,341.84
Deposit		08/15/2017			:312120384828		61.00	7,402.84
Deposit		08/15/2017			:212120384701		66.00	7,468.84
Deposit		08/15/2017			:412120385035		321.00	7,789.84
Deposit Deposit		08/15/2017 08/15/2017			:212120384595 :412120384933		5.00 5.00	7,794.84 7.799.84
Deposit		08/15/2017			.412120304333		547.00	8,346.84
Deposit		08/16/2017			:416160195788		99.00	8,445.84
Deposit		08/16/2017			:516160196062		359.92	8,805.76
Deposit Deposit		08/17/2017 08/21/2017					487.50 2,886.00	9,293.26 12,179.26
Deposit		08/21/2017					244.80	12,424.06
Deposit		08/21/2017			:818210176302		500.00	12,924.06
Deposit Deposit		08/22/2017 08/23/2017			:318230568658		284.00	13,208.06
Deposit		08/23/2017			:418230568757		49.71 14.00	13,257.77 13,271.77
Deposit		08/23/2017			:218230568527		150.00	13,421.77
Deposit		08/24/2017			:911240663225		50.00	13,471.77
Deposit Deposit		08/24/2017 08/24/2017			:811240663088 :711240662933		50.00 50.00	13,521.77 13,571.77
Deposit		08/24/2017			08/24 -0425162301		2,435.20	16,006.97
Deposit		08/24/2017					107.20	16,114.17
Deposit		08/25/2017					223.20	16,337.37
Deposit Deposit		08/28/2017 08/28/2017			:618280478461 :818280478977		10.00 80.00	16,347.37 16,427.37
Deposit		08/28/2017			:718280478675		321.00	16,748.37
Deposit		08/28/2017			:818280479130		350.00	17,098.37
Deposit		08/28/2017			:019280479377		249.00	17,347.37
Deposit Deposit		08/28/2017 08/28/2017			:918280479284 :718280478840		143.00 161.00	17,490.37 17,651.37
Deposit		08/30/2017			.710200470040		222.36	17,873.73
·	Total Coun	ter deposits				0.00	17,873.73	17,873.73
	Credit card	d deposits						
Deposit		08/01/2017			08/01 -0425162301		1,046.10	1,046.10
Deposit		08/03/2017			08/03 -0425162301		5,265.90	6,312.00
Deposit Deposit		08/04/2017 08/07/2017			08/04 -0425162301 08/07 -0425162301		1,282.00 2,017.15	7,594.00 9,611.15
Deposit		08/07/2017			08/07 -0425162301		107.00	9,718.15
Deposit		08/08/2017			08/08 -0425162301		1,520.80	11,238.95
Deposit		08/09/2017			08/09 -0425162301		149.00	11,387.95
Deposit Deposit		08/10/2017 08/11/2017			08/10 -0425162301 08/11 -0425162301		1,615.20 130.00	13,003.15 13,133.15
Deposit		08/14/2017			08/14 -0425162301		84.00	13,217.15
Deposit		08/15/2017			08/15 -0425162301		1,783.05	15,000.20
Deposit		08/17/2017			08/17 -0425162301		3,095.76	18,095.96
Deposit Deposit		08/18/2017 08/21/2017			08/18 -0425162301 08/21 -0425162301		1,221.61 2,674.11	19,3 1 7.57 21,991.68
Deposit		08/22/2017			08/22 -0425162301		1,629.14	23,620.82
Deposit		08/23/2017			08/23 -0425162301		57.60	23,678.42
Check		08/25/2017			-0425162301	267.00	. === ==	23,411.42
Deposit Deposit		08/28/2017 08/28/2017			08/28 -0425162301 08/28 -0425162301		1,732.08 239.00	25,143.50 25,382.50
Deposit		08/29/2017			08/29 -0425162301		1,615.30	26,997.80
Deposit		08/30/2017			08/30 -0425162301		232.00	27,229.80
Deposit		08/31/2017			08/31 -0425162301	***************************************	3,035.70	30,265.50
		t card deposits				267.00	30,532.50	30,265.50
Check	DENTAL B	ENEFIT 08/10/2017			PLUS ACHTRANS 170810 XXX	0.57		-0.57
Deposit		08/30/2017			240625101002 TRN*1*2017082	0.57	56.00	55.43
	Total DENT	AL BENEFIT				0.57	56.00	55.43

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Dooument Page 69 of 401

9:53 AM 09/12/17 Cash Basis

Patelka Dental LLC Profit & Loss Detail

1	Type Date	Num		lame	Memo	Debit	Credit	Balance
Deposit	DENTAQUEST LLC 08/11/2017 08/11/2017 08/11/2017 08/11/2017 08/11/2017 08/25/2017 08/25/2017 08/25/2017 08/25/2017				1816525560 PATELKA DENTAL 2506527543 PATELKA DENTAL 2506527504 PATELKA DENTAL 2506527369 PATELKA DENTAL 1816525525 PATELKA DENTAL 2506543025 PATELKA DENTAL 2506543104 PATELKA DENTAL 1816542106 PATELKA DENTAL 2506543103 PATELKA DENTAL		600.00 689.60 497.70 272.70 360.00 330.30 576.00 70.00 211.50	600.00 1,269.60 1,767.30 2,040.00 2,400.00 2,730.30 3,306.30 3,376.30 3,587.80
	Total DENTAQUEST LL	С				0.00	3,587.80	3,587.80
Deposit Deposit	GE Money 08/04/2017 08/16/2017		GE Money GE Money		170803 534812028493552 PAT 534812028493552 PATELKA D		1,340.92 423.45	1,340.92 1,764.37
	Total GE Money					0.00	1,764.37	1,764.37
Deposit Deposit Deposit Deposit Deposit	Keystone Mercy 08/11/2017 08/11/2017 08/11/2017 08/25/2017 08/25/2017 08/25/2017				6782 PATELKA DENTAL LLC 64231 PATELKA DENTAL LLC PATELKA DENTAL LLC 64231 PATELKA DENTAL LLC PATELKA DENTAL LLC 6782 PATELKA DENTAL LLC		2,935.50 6,072.64 1,608.20 4,548.42 2,844.90 1,680.70	2,935.50 9,008.14 10,616.34 15,164.76 18,009.66 19,690.36
	Total Keystone Mercy					0.00	19,690.36	19,690.36
Deposit Deposit Deposit Deposit Deposit	PA TREASURY DEPT P 08/02/2017 08/09/2017 08/16/2017 08/23/2017 08/30/2017	ROMISE			170802 AP029229111 TRN*1*71 AP029301180 TRN*1*71007506 AP029401808 TRN*1*71007506 AP029475571 TRN*1*71007507 AP029575095 TRN*1*71007508		1,399.80 2,188.50 2,109.15 1,911.75 2,730.70	1,399.80 3,588.30 5,697.45 7,609.20 10,339.90
	Total PA TREASURY DE	PT PROMISE				0.00	10,339.90	10,339.90
Deposit Deposit Deposit Deposit Deposit Deposit Deposit Deposit Deposit	Unitedhealthcare 08/04/2017 08/11/2017 08/11/2017 08/15/2017 08/16/2017 08/18/2017 08/18/2017 08/25/2017 08/25/2017 08/25/2017				170804 64231 PATELKA DENT 64231 PATELKA DENTAL LLC 7018 PATELKA DENTAL LLC XXXXX7266 TRN*1*129231075 XXXXX7266 TRN*1*129268183 XXXXX7266 TRN*1*129325172 64231 PATELKA DENTAL LLC 64231 PATELKA DENTAL LLC 64231 PATELKA DENTAL LLC XXXXX7266 TRN*1*129594656		62.00 222.00 136.00 127.00 35.20 98.00 198.00 413.00 545.00	62.00 284.00 420.00 547.00 582.20 680.20 1,291.20 1,836.20 2,003.20
	Total Unitedhealthcare					0.00	2,003.20	2,003.20
	Total Revenue					267.57	126,171.51	125,903.94
То	etal Income					267.57	126,171.51	125,903.94
Ex Check Check	pense Advertising & Promotion 08/04/2017 08/21/2017	1946	Astoria,Inc		RECURRING PAYMENT 08/20 7	3,000.00 228.00		3,000.00 3,228.00
	Total Advertising & Promotion	on				3,228.00	0.00	3,228.00
	Automobile Expenses Cars							
Check Check	Auto Lease 08/01/2017 08/30/2017		T.M.C.C. T.M.C.C.		RECURRINGxxxxxTL427 ON 0 RECURRINGxxxxxTL427 ON 0	460.00 460.00		460.00 920.00
	Total Auto Lease					920.00	0.00	920.00
Check	Gas 08/29/2017		Acme Fuel		PURCHASE 08/28 PHILADELP	42.23		42.23
	Total Gas					42.23	0.00	42.23
Check	Insurance 08/28/2017		ERIE INSURANCE		Q122809330 Igor Kutovoy	317.97		317.97
	Total Insurance					317.97	0.00	317.97
	Total Cars					1,280.20	0.00	1,280.20
	Total Automobile Expenses					1,280.20	0.00	1,280.20

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Prage 610 of 14021

9:53 AM 09/12/17 Cash Basis

Patelka Dental LLC Profit & Loss Detail

***************************************	Туре	Date	Num	Name	Memo	Debit	Credit	Balance
Check Check		01/2017 08/2017		Chase Bank	RECEIVED ON 07/31 \$1,420.00 TRANSACTION FEE	35.00 0.46		35.00 35.46
Check	08/	08/2017		ONLINE DEP DETAIL & IMAGES - BOB		3.00		38.46
Check Check		16/2017 18/2017		Chase Bank Chase Bank	TRANSACTION FEE	45.08		83.54
Check		18/2017		Chase bank	TRANSACTION FEE TRANSACTION FEE	1.02 1.02		84.56 85.58
Check		22/2017		Chase Bank	TRANSACTION FEE	3.61		89.19
Check Check		22/2017 23/2017		Chase Bank	TRANSACTION FEE FEE	3.25 12.00		92.44 104.44
Check	08/	28/2017		Wells Fargo Financing	FEE	2.50		106.94
Check Check		31/2017 31/2017		Cash Deposited Fee		8.00 50.70		114.94 165.64
Check		31/2017		Guair Bapadida i da		14.00		179.64
	Total Bank Charg					179.64	0.00	179.64
Check	Dental Lab Expe	nses 01/2017	1921			1,420.00		1,420.00
Check	08/	07/2017	1953	Aveas Dental Lab Inc.		500.00		1,920.00
Check Check		11/2017 11/2017	1964 1967	Aveas Dental Lab Inc. Aveas Dental Lab Inc.	may fin	500.00		2,420.00
Check		11/2017	1968	Aveas Dental Lab Inc.	may fin june #2	2,168.00 4,000.00		4,588.00 8,588.00
Check		18/2017	1975	Aveas Dental Lab Inc.	•	500.00		9,088.00
Check Check		25/2017 28/2017	1983 1985	Aveas Dental Lab Inc. Aveas Dental Lab Inc.	JULY#1	500.00 3,648.00		9,588.00 13,236.00
	Total Dental Lab (Expenses				13,236.00	0.00	13,236.00
	Dental Supplies							
Check	implant Surge 08/	nes 29/2017			RECURRING PAYMENT 08/28 7	1,913.64		1,913.64
	Total Implant S	Surgeries				1,913.64	0,00	1,913.64
0hI.	Orthodontics	44/0047		DVALA EL EV 000 400 400 A40	DUDOULOS 001/1 000 100 100			
Check Check		14/2017 14/201 7		DYNA FLEX 800-4894020 MO Ortho Technology	PURCHASE 08/11 800-4894020 PURCHASE 08/11 8009993161	615.45 674.70		615.45 1,290.15
	Total Orthodor	ntics				1,290.15	0.00	1,290.15
	Dental Supplie							
Check Check		08/2017 09/2017		PAYPAL *DHSMED 402-935-7733 CA PAYPAL *JAYGAM17	PURCHASE 08/07 402-935-773 PURCHASE 08/08 402-935-773	28.73 110.69		28.73 139.42
Check		10/2017		Glove World	PURCHASE 08/08 610-4616100	237.50		376.92
Check		14/2017		ANAHEIM DENTAL SUP	PURCHASE 08/11 ANAHEIM CA	58.03		434.95
Check Check		14/2017 14/2017		Align Technology, Inc AMZ*Precision Roll 866-216-1072	PURCHASE 08/12 SAN JOSE C PURCHASE 08/11 866-216-107	729.00 51.63		1,163.95 1,215.58
Check		14/2017		Glove World	RECURRING PAYMENT 08/11 6	260.00		1,475.58
Check Check		16/2017 17/2017		Amazon.com PAYPAL *CREX!DENTD	PURCHASE 08/15 AMZN.COM/ PURCHASE 08/16 402-935-773	10.36 76.00		1,485.94 1,561.94
Check		17/2017 17/2017		Patterson Dental Supply	PURCHASE 08/16 800-873-768	607.29		2,169.23
Check		17 <i>[</i> 2017		PAYPAL *AFDENTALSU	PURCHASE 08/16 402-935-773	26.99		2,196.22
Check Check		21 <i>1</i> 2017 21 <i>1</i> 2017	1943	Glove World Citi Cards	PURCHASE 08/18 610-4616100	142.50 1,000.00		2,338.72 3,338.72
Check		21 <i>/</i> 2017	1340	Glove World	PURCHASE 08/18 610-4616100	168.75		3,507.47
Check		21/2017		Den-Mat Inc	PURCHASE 08/17 805-9228491	312,96		3,820.43
Check Check		22/2017 22/2017			PURCHASE 08/21 402-935-773 PURCHASE 08/21 402-935-773	41.09 27.99		3,861.52 3,889.51
Check	08/	25/2017		PAYPAL *WALDORFCOR 402-935-77	PURCHASE 08/24 402-935-773	51.96		3,941.47
Check Check		25/2017 31/2017		Amazon.com Glove World	PURCHASE 08/24 AMZN.COM/ PURCHASE 08/29 610-4616100	47.23 142.50		3,988.70 4,131.20
Gricon	Total Dental S		er er	Siona Hand	1 011011/102 00/20 010 10/0100	4,131.20	0.00	4,131.20
	Total Dental Supp	lies				7,334.99	0.00	7,334.99
Check	Entertainment &	Meals 31/2017		Wholefood Markets	PURCHASE 08/31 JENKINTOW	151.05		151.05
CHECK	Total Entertainme			VVIIOIEIOOU IVIZINEIS	TOROTAGE GOOT SERVING TOWN	151.05	0.00	151.05
	insurance							
Check	Workers Com	pensation 01/2017		INSURELINX INC. INS PREM	EFFDAT 000000001131367 PA	165.98		165.98
Check		08/2017		INSURELINX INC. INS PREM EFFDA	INSURELINX INC. INS PREM E	28.82		194.80
Check	08/	15 <i>[</i> 2017		INSURELINX INC. INS PREM EFFDA	INSURELINX INC. INS PREM E	35.62		230.42
Check Check		22/2017 29/2017		INSURELINX INC. INS PREM EFFDA INSURELINX INC. INS PREM EFFDA	INSURELINX INC. INS PREM E INSURELINX INC. INS PREM E	35.80 35.68		266.22 301.90
	Total Workers		n .			301.90	0,00	301.90
	Insurance - Of							
Check Check		04/2017 28/2017		PENN NAT'L INS. PENN NAT'L INS.	ON-LINE xxxxx64748 ON 08-04 ON-LINE xxxxx64748 ON 08-28	1,933.34 1,933.34		1,933.34 3,866.68
OHECK				· Courter Emo.	3.1 LINE MANOT 40 (14 00-20			
	Total Insurance	e - Other				3,866.68	0.00	3,866.68
	Total Insurance					4,168.58	0.00	4,168.58

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main

Document Progre 6171 off 14021

9:53 AM 09/12/17 Cash Basis Patelka Dental LLC
Profit & Loss Detail

	Type Date	Num	Name	Мето	Debit	Credit	Balance
Check	License & Registration 08/11/2017		City of Phila	PURCHASE 08/10 215-5672605	52.00		52.00
	Total License & Registration				52.00	0.00	52,00
	Office Expense						
Check	08/02/2017		Amazon.com	PURCHASE 08/02 AMZN.COM/	5.00		5.00
Check Check	08/02/2017 08/07/2017		Amazon.com Amazon.com	PURCHASE 08/01 AMZN.COM/ PURCHASE 08/06 AMZN.COM/	12.21 45.59		17.21 62.80
Check	08/07/2017		Staples	PURCHASE 08/05 800-3333330	109.06		171.86
Check	08/08/2017		QuickBook Banking	50000 011 00 40	14,95		186.81
Check Check	08/10/2017 08/16/2017		Best Buy Amazon.com	xxxxxxxxxxxx59669 ON 08-10 PURCHASE 08/16 AMZN.COM/	150.00 28.44		336.81 365.25
Check	08/21/2017		Beli's Flowers	PURCHASE 08/18 PHILADELP	64.80		430.05
Check	08/22/2017	1945	Best Buy	DUDOUACE ORMA ANATAL CONAL	1,348.00		1,778.05
Check Check	08/22/2017 08/23/2017		Amazon.com Amazon.com	PURCHASE 08/21 AMZN.COM/ PURCHASE 08/23 AMZN.COM/	84.99 31.99		1,863.04 1,895.03
Check	08/24/2017		DLX FOR SMALLBUSIN	PURCHASE 08/23 800-865-191	393.56		2,288.59
Check	08/24/2017 08/24/2017		Safeguard Business System Amazon.com	PURCHASE 08/23 800-523-666	167.58 58.49		2,456.17
Check Check	08/28/2017		APL* ITUNES.COM	PURCHASE 08/23 AMZN.COM/ PURCHASE 08/26 866-712-775	9,99		2,514.66 2,524.65
Check	08/28/2017		Mag*Magazines.com	PURCHASE 08/26 800-929-269	10.00		2,534.65
Check	08/28/2017		Amazon.com Staples	PURCHASE 08/26 AMZN.COM/ PURCHASE 08/25 800-33333330	37.99		2,572.64
Check Check	08/28/2017 08/29/2017		McDonalds Av. Paper and Plastic Distr.	PURCHASE 08/28 BROOKLYN	122.03 146.06		2,694.67 2,840.73
Check	08/30/2017		Amazon.com	PURCHASE 08/29 AMZN.COM/	32.99		2,873.72
Check	08/30/2017		Amazon.com	PURCHASE 08/30 AMZN.COM/ PURCHASE 08/30 AMZN.COM/	10.00		2,883.72
Check Check	08/31/2017 08/31/2017		Amazon.com Amazon.com	PURCHASE 08/30 AMZN.COM/ PURCHASE 08/30 AMZN.COM/	17.70 65.67		2,901.42 2,967.09
Check	08/31/2017		Amazon.com	PURCHASE 08/30 AMZN.COM/	7.99		2,975.08
	Total Office Expense				2,975.08	0.00	2,975.08
	Outside Services Billing expenses						
Check	08/01/2017		NATELECATTACHMENT	PURCHASE 07/31 800-782-515	34.00		34.00
Check	08/11/2017		Henry Schein Techno	PURCHASE 08/10 866-739-769	204.58		238.58
Check Check	08/15/2017 08/16/2017		HSPS ESERVICES HSPS ESERVICES	PURCHASE 01/11 866-739-769 PURCHASE 01/11 866-739-769	334.37 32.35		572.95 605.30
	Total Billing expenses				605.30	0.00	605.30
Check	Network/Sales/Support 08/16/2017		Compass Network Group Inc.	PURCHASE 08/15 717-2992383	500.00		500.00
Crieck		4	Compass Network Group Inc.	FUNCTIAGE 00/13 / 17-2932303	500.00	0,00	500.00
	Total Network/Sales/Supp	ort			500.00	0.00	500.00
Check	Payroli Prep 08/04/2017		WF PAYROLL	PAYROLL PHILAD 7188521	73.30		73.30
Check	08/11/2017		WF PAYROLL	PAYROLL PHILAD 7188521	73.30		146.60
Check	08/18/2017		WF PAYROLL	PAYROLL PHILAD 7188521	73.00		219.60
Check	08/25/2017		WF PAYROLL	PAYROLL PHILAD 7188521	73.30		292.90
	Total Payroll Prep				292.90	0.00	292.90
Charle	Temp Agency 08/02/2017		H&R Dental Power,Inc	PURCHASE 07/30 215-735-692	121,50		121.50
Check Check	08/09/2017		H&R Dental Power,inc	PURCHASE 08/06 215-735-692	73.44		194.94
Check	08/15/2017		H&R Dental Power,Inc	PURCHASE 08/13 215-735-692	73.44		268.38
Check	08/23/2017		H&R Dental Power,inc	PURCHASE 08/21 215-735-692	217.62		486.00
	Total Temp Agency				486.00	0.00	486.00
Check	Cleaning 08/04/2017	1954		7/31-08/03	250.00		250.00
Check	08/14/2017	1965		08/07,08/10	250.00		500.00
Check	08/21/2017	1977		08/14-08/18	300.00		800.00
Check	08/28/2017	1984		08/21-0824	300.00		1,100.00
	Total Cleaning				1,100.00	0.00	1,100.00
Check	Dental Assistant 08/21/2017	1978		08/19	119.00		119.00
	Total Dental Assistant				119.00	0.00	119.00
	Dentists						
	Dr. Patel						
Check	Services 08/14/2017	1970			2,800,00		2,800.00
	Total Services				2,800.00	0.00	2,800.00
					2,000.00	5.50	2,000.00
Check	Health Ins 08/21/2017		SilverScript	RECURRINGxxxx69320 ON 08-21	28.50		28.50
	Total Health ins				28.50	0.00	28,50
	Total Dr. Patel				2,828.50	0.00	2,828.50

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 682 of 14021

9:53 AM 09/12/17 Cash Basis

Patelka Dental LLC Profit & Loss Detail

	Туре	Date	Num	Name	Memo	Debit	Credit	Balance
0 1 1		tists - Other	4054		00/02	600.00		600.00
Check Check		08/03/2017 08/03/2017	1951 1941		08/02	600.00 2,000.00		2,600.00
Check		08/07/2017	1938		07/14 bu	770.00		3,370.00
Check Check		08/07/2017 08/09/2017	1949 1957		07/24,07/26	2,000.00 2,000.00		5,370.00 7,370.00
Check		08/10/2017	1962		08/09/17	600.00		7,970.00
Check		08/11/2017	1911		july #1	1,500.00		9,470.00
Check		08/14/2017 08/16/2017	1950 1972		07/31,08/02	2,000.00 2,000.00		11,470.00 13,470.00
Check Check		08/17/2017	1973		08/16/17	600.00		14,070.00
Check		08/18/2017	1956		07/0717	770.00		14,840.00
Check		08/21/2017	1961		08/07,08/09	2,000.00 600.00		16,840.00 17,440.00
Check Check		08/23/2017 08/25/2017	1980 1976		08/23	2,000.00		19,440.00
Check		08/28/2017	1971		08/4,08/16	2,000.00		21,440.00
Check		08/31/2017	1990		08/30	600,00		22,040.00
	Tota	I Dentists - Other				22,040.00	0.00	22,040.00
	Total D	entists				24,868.50	0.00	24,868.50
Charle	Hygien		1952		07/16-07/22	1,305.00		1,305.00
Check Check		08/04/2017 08/07/2017	1952		july#2``	1,530.00		2,835.00
Check		08/09/2017	1955		07/18/17	245.00		3,080.00
Check		08/11/2017	1963		07/23-07/29	1,325.00		4,405.00
Check Check		08/17/2017 08/18/2017	1969 1974		07/30-08/05	258.00 1,268.00		4,663.00 5.931.00
Check		08/21/2017	1979		08/19	234.00		6,165.00
Check		08/25/2017	1982		08/06-08/12	864.00		7,029.00
Check		08/28/2017	1986		08/18	287,00 243.00		7,316.00 7,559.00
Check		08/31/2017	1988		08/26/17			
		ygienists e Services - Othe	r			7,559.00	0.00	7,559.00
Check		08/09/2017	1960			1,500.00		1,500.00
	Total O	utside Services - (Other			1,500.00	0.00	1,500.00
	Total Outs	ide Services				37,030.70	0.00	37,030.70
	Payroll Ex							
Charl.		s & Wages		WF PAYROLL	170807 2598791 PAYROLL DD	4,953.29		4,953.29
Check Check		08/04/2017 08/11/2017		WF PAYROLL	170807 2336791 FATROLL DD	6,043.35		10,996.64
Check		08/18/2017		WF PAYROLL	PAYROLL PHILAD 7188521	6,031.21		17,027.85
Check		08/25/2017		WF PAYROLL	170828 2713979 PAYROLL DD	6,047.18		23,075.03
	Total S	alaries & Wages				23,075.03	0.00	23,075.03
-		Taxes - Auto De	bit	WE DAYBOLL	DAVEOL I BUIL AD 7400524	4 000 00		1,869.93
Check Check		08/04/2017 08/11/2017		WF PAYROLL WF PAYROLL	PAYROLL PHILAD 7188521 PAYROLL PHILAD 7188521	1,869.93 2,319.23		4,189.16
Check		08/18/2017		WF PAYROLL	PAYROLL PHILAD 7188521	2,345.50		6,534.66
Check		08/25/2017		WF PAYROLL	PAYROLL PHILAD 7188521	2,266.92	-	8,801.58
	Total P	ayroll Taxes - Auto	Debit			8,801.58	0.00	8,801.58
	Total Payr	oll Expenses				31,876.61	0.00	31,876.61
Check	Postage	08/15/2017		Pitney Bowes,Inc	ON-LINE xxxxxxxxxx72105 ON	251,53		251.53
Oneck				. may borros, no	SITE AND COMMINICATION OF	251.53	0.00	251.53
	Total Post	age				231.33	0.00	231,33
	Refunds					4 000 00		4 000 00
Check Check		08/07/2017 08/23/2017	1944		RETN UNPAID - PAPER 170823	1,000.00 850.00		1,000.00 1,850.00
	Total Refu	nds				1,850.00	0.00	1,850.00
	Rent							
Check		08/18/2017	1959	CHMO Organization LLC	august	1,000.00		1,000.00
	Total Rent					1,000.00	0.00	1,000.00
	Telephon			T 8 8 10 10 -	470704 0070000 BATELKA DEN	462.44		462.41
Check Check		08/01/2017 08/25/2017		T Mobile T Mobile	170731 0976690 PATELKA DEN PURCHASE 08/24 800-937-899	462.41 356.82		819.23
CHECK				,			^^^	
	Total Tele					819.23	0.00	819.23
Ct.	Trash Rei			Mosto Monorces	ON LINE WHOMPHOON 24494 ON C	264.70		364.72
Check Check		08/11/2017 08/16/2017		Waste Management BioHaz Solutions, Inc.	ON-LINE xxxxxxxxx24484 ON 0 PURCHASE 08/15 570-6452180	364.72 57.00		421.72
	Total Tras					421.72	0.00	421.72
						· -		

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 6193 of 14021

9:53 AM 09/12/17 Cash Basis Patelka Dental LLC
Profit & Loss Detail

Туре	Date	Num	Name	Memo	Debit	Credit	Balance
Uniform Check Check	ns and Laundry 08/01/2017 08/31/2017		Carriage Trade Cleaners Carriage Trade Cleaners	RECURRING PAYMENT 07/31 2 RECURRING PAYMENT 08/30 2	742.70 689.30		742.70 1,432.00
Total U	niforms and Laundry			_	1,432.00	0.00	1,432.00
Utilities Check Check Check	08/11/2017 08/22/2017 08/25/2017		Verizon PGW Comcast	ON-LINE xxxxxxxxx8765Y ON ON-LINE xxxxx27177 ON 08-22 xxxxxxx07012 ON 08-25	547.01 1.00 129.35		547.01 548.01 677.36
Total U	tilities				677.36	0.00	677.36
Total Expe	nse				107,964.69	0.00	107,964.69
Net Ordinary	Income			_	108,232.26	126,171.51	17,939.25
Net Income					108,232.26	126,171.51	17,939.25
Net Income				==	108,232.26	126,171.51	17,939.2

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Doccument Pagge 704 of 1421

Patelka Dent	al Managemen	t, LL	.C
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Accounts Payable

Period: August, 2017

Vendor Date Due Amount

NONE Date Due Due

0.00

DENTAL INSURANCE CLAIM AGING REPORT

Pateika Dental LLC

Date:	09/11/2017		Pateik	a Dental LLC					Page:	1
	E COMPANY/GROUP PL SENT SERVICE SUBSCRIBER	AN TRACER ON HO ASSIGN. OF BENEFITS	PHONE # LD RE-SENT ID NUM	GROUP NUM. PATIENT NAME ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	
	diocese of Philadelphia		-	100380-10-307						Part of the second
-	08/07/2017 08/03/2017			165.00	0.00	200.00	0.00	0.00	200.00	
	08/22/2017 08/21/2017 S IT SOLUTIONS AND SI			300.00	300.00	0.00	0.00	0.00	300.00	
	08/07/2017 08/07/2017			0486886	2.22	175.00			175.00	
	dren's Hospital of Philad 08/25/2017 08/23/2017		(800)451-7715	80.00 0724507	0.00	175.00	0.00	0.00	175.00	
	OPA CARPENTRY II INC			145.00 057 7 515	200.00	0.00	0.00	0.00	200.00	
	08/18/2017 08/17/2017			0.00	200.00	0.00	0.00	0.00	200.00	
	INTERNATIONAL ASSO 08/07/2017 08/05/2017		(800)451-7715	08663210100000		0.00	0.00	0.00	200.00	
	08/23/2017 08/23/2017			445.00	0.00	445.00	0.00	0.00	445.00	
Primary	09/06/2017 09/06/2017	,		320.00	400.00	0.00	0.00	0.00	400.00	
Primary	09/10/2017 09/06/2017	,		45.00	45.00	0.00	0.00	0.00	45.00	
	Clinical Research Inc		(800)451-7715	200.00 0659567031000 0	250.00 08	0.00	0.00	0.00	250.00	
	08/11/2017 08/09/2017			0.00	0.00	325.00	0.00	0.00	325.00	
	08/14/2017 08/14/2017			0.00	300.00	0.00	0.00	0.00	300.00	
	on Tenders District Cour 09/10/2017 09/09/2017			700347						
	Elsevier Inc			140.00 698434-42-031	175.00	0.00	0.00	0.00	175.00	
	08/26/2017 08/26/2017			193.80	315.00	0.00	0.00	0.00	315.00	
•	09/05/2017 09/02/2017			0.00	1300.00	0.00	0.00	0.00	1300.00	
	09/06/2017 09/06/2017			0.00	325.00	0.00	0.00	0.00	325.00	
	Elsevier Inc. 08/07/2017 08/02/2017		800)451-7715	698434						
Ilianz Wor	IdWide Care/C/O Olymp	us Managed Health Care(800)541-1983	0.00 863940-17-100	0.00	700.00	0.00	0.00	700.00	
´ .	08/14/2017 08/14/2017		077)507.4005	120.00	150.00	0.00	0.00	0.00	150.00	
nthem/Enl Primary	09/07/2017 09/07/2017		877)567-1805	005380	400.00	0.00	0.00		100.00	
	th Partners Medicare sp 07/18/2017 06/20/2017			420.00	420.00	0.00	0.00	0.00	420.00	
.	07/18/2017 06/20/2017 07/22/2017 07/22/2017			250.00	0.00	500.00	0.00	0.00	500.00	
	rporated/Avesis		888)209-1243	250.00	0.00	500.00	0.00	0.00	500.00	
	06/05/2017 06/03/2017		000/203-1243	425.00	0.00	0.00	0.00	425 NN	425.00	
Primary	07/18/2017 07/18/2017			0.00	0.00	4700.00	0.00	425.00 0.00	4700.00	
Primary	07/27/2017 07/27/2017			0.00	0.00	250.00	0.00	0.00	250.00	
Primary	08/28/2017 08/26/2017			375.00	375.00	0.00	0.00	0.00	375.00	
Primary	08/30/2017 08/28/2017			898.00	1500.00	0.00	0.00	0.00	1500.00	
Primary	08/30/2017 08/26/2017			425.00	425.00	0.00	0.00		425.00	
				420,00	425.00	0.00	0.00	0.00	4 ∠ 5.00	

DENTAL INSURANCE CLAIM AGING REPORT

Patelka Dental LLC

09/11/2017

Date:

Date.	03/11/2017								Page:	-
ISURANO	CE COMPANY/GROUP PL SENT SERVICE SUBSCRIBER	AN PI TRACER ON HOLD ASSIGN. OF BENEFITS	HONE # RE-SENT ID NUM	GROUP NUM. PATIENT NAME ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	
	orporated/Avesis		88)209-1243							
	08/30/2017 08/28/2017			575.00	700.00	0.00	0.00	0.00	700.00	
Primary I				554.00	670.00	0.00	0.00	0.00	670.00	
Primary				0.00	500.00	0.00	0.00	0.00	500.00	
	09/02/2017 09/01/2017			0.00	950.00	0.00	0.00	0.00	950.00	
Primary				365.00	365.00	0.00	0.00	0.00	365.00	
Primary				150.00	200.00	0.00	0.00	0.00	200.00	
Primary				145.00	195.00	0.00	0.00	0.00	195.00	
Primary				450.00	450.00	0.00	0.00	0.00	450.00	
Primary				150.00	200.00	0.00	0.00	0.00	200.00	
Primary	09/08/2017 09/07/2017			0.00	300.00	0.00	0.00	0.00	300.00	
Primary				425.00	425.00	0.00	0.00	0.00	425.00	
^o rimary	09/08/2017 09/06/2017	•		478.00	550.00	0.00	0.00	0.00	550.00	
Primary	09/08/2017 09/06/2017			125.00	175.00	0.00	0.00	0.00	175.00	
·	09/08/2017 09/08/2017			370.00	1200.00	0.00	0.00	0.00	1200.00	
rimary	09/08/2017 09/07/2017			896.00	1095.00	0.00	0.00	0.00	1095.00	
rimary	09/08/2017 09/08/2017	•		125.00	175.00	0.00	0.00	0.00	175.00	
Í	09/08/2017 09/06/2017			420.00	420.00	0.00	0.00	0.00	420.00	
rimary	09/10/2017 09/09/2017			200.00	250.00	0.00	0.00	0.00	250.00	
rimary	09/10/2017 09/09/2017			0.00	250.00	0.00	0.00	0.00	250.00	
rimary	09/10/2017 09/09/2017			300.00	350.00	0.00	0.00	0.00	350.00	
	orporated/Health Partners 05/17/2017 05/13/2017		8)209-1243				0.00		555.55	
ĺ	05/20/2017 05/20/2017			75.00	0.00	0.00	0.00	250.00	250.00	
rimary				850.00	0.00	0.00	0.00	850.00	850.00	
ĺ	08/12/2017 08/12/2017			0.00	500.00	0.00	0.00	0.00	500.00	
rimary				0.00	500.00	0.00	0.00	0.00	500.00	
rimary				0.00	500.00	0.00	0.00	0.00	500.00	
rimary				785.00	785.00	0.00	0.00	0.00	785.00	
rimary Primary				375.00	375.00	0.00	0.00	0.00	375.00	
Primary				445.00	445.00	0.00	0.00	0.00	445.00	
rimary Primary				300.00	300.00	0.00	0.00	0.00	300.00	
Í	08/28/2017 08/26/2017			200.00	200.00	0.00	0.00	0.00	200.00	
	08/28/2017 08/26/2017			200.00	200.00	0.00	0.00	0.00	200.00	
imary	00/20/2017			420.00	420.00	0.00	0.00	0.00	420.00	

Page:

2

Patelka Dental LLC

Date:	09/11/2017		rateika	a Dental LLC					Page:	3
	E COMPANY/GROUP PLAN SENT SERVICE TRACER ON SUBSCRIBER ASSIGN. OF BENEFI	HOLD	NE # RE-SENT ID NUM	GROUP NUM. PATIENT NAME ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	
	orporated/Health Partners 08/28/2017 08/26/2017	(888))209-1243			M. Art of the control				- Marie de l'arce
	08/28/2017 08/26/2017			150.00	150.00	0.00	0.00	0.00	150.00	
ĺ	08/28/2017 08/26/2017			120.00	425.00	0.00	0.00	0.00	425.00	
	08/28/2017 08/26/2017			345.00	345.00	0.00	0.00	0.00	345.00	
ĺ	08/28/2017 08/26/2017			545.00	545.00	0.00	0.00	0.00	545.00	
	08/28/2017 08/26/2017			425.00	425.00	0.00	0.00	0.00	425.00	
	08/30/2017 08/28/2017			950.00	950.00	0.00	0.00	0.00	950.00	
	08/30/2017 08/28/2017			250.00	250.00	0.00	0.00	0.00	250.00	
Í	08/30/2017 08/28/2017			425.00	425.00	0.00	0.00	0.00	425.00	
Ĺ	08/31/2017 08/30/2017			1500.00	1500.00	0.00	0.00	0.00	1500.00	
Í	08/31/2017 08/30/2017			500.00	500.00	0.00	0.00	0.00	500.00	
	08/31/2017 08/30/2017			420.00	420.00	0.00	0.00	0.00	420.00	
_	08/31/2017 08/30/2017			425.00	425.00	0.00	0.00	0.00	425.00	
Í	08/31/2017 08/31/2017			350.00	350.00	0.00	0.00	0.00	350.00	
	08/31/2017 08/30/2017		1	675.00	675.00	0.00	0.00	0.00	675.00	
	08/31/2017 08/31/2017			350.00	350.00	0.00	0.00	0.00	350.00	
	08/31/2017 08/30/2017		•	520.00	520.00	0.00	0.00	0.00	520.00	
	08/31/2017 08/31/2017			1050.00	1050.00	0.00	0.00	0.00	1050.00	
	08/31/2017 08/30/2017			975.00	975.00	0.00	0.00	0.00	975.00	
	09/01/2017 08/31/2017		'	345.00	345.00	0.00	0.00	0.00	345.00	
	09/02/2017 09/01/2017			675.00	675.00	0.00	0.00	0.00	675.00	
Í				325.00	325.00	0.00	0.00	0.00	325.00	
	09/02/2017 09/01/2017 09/05/2017 09/02/2017			425.00	425.00	0.00	0.00	0.00	425.00	
ĺ	09/02/2017			520.00	520.00	0.00	0.00	0.00	520.00	
Í				200.00	200.00	0.00	0.00	0.00	200.00	
	09/05/2017 09/02/2017 09/06/2017 09/06/2017			370.00	1200.00	0.00	0.00	0.00	1200.00	
Í	09/06/2017 09/06/2017			455.00	455.00	0.00	0.00	0.00	455.00	
	09/06/2017 09/06/2017			300.00	300.00	0.00	0.00	0.00	300.00	
	09/06/2017 09/06/2017			200.00	200.00	0.00	0.00	0.00	200.00	
	09/08/2017 09/06/2017			150.00	700.00	0.00	0.00	0.00	700.00	
Í	09/08/2017 09/06/2017 09/08/2017			420.00	420.00	0.00	0.00	0.00	420.00	
				375.00	375.00	0.00	0.00	0.00	375.00	
rimary	09/08/2017 09/07/2017			875.00	875.00	0.00	0.00	0.00	875.00	

Patelka Dental LLC

Date:	09/11/2017		rateike	Dental LLC					Page:	4
	E COMPANY/GROUP PL SENT SERVICE SUBSCRIBER	AN P TRACER ON HOLI ASSIGN. OF BENEFITS	HONE # D RE-SENT ID NUM	GROUP NUM. PATIENT NAME ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	th may be an any to the same of the same o
	orporated/Health Partner		388)209-1243			ONE PROPERTY AND AN ENGLISH COMMUNICATION AND AN ENGLISH AND AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AN ENGLISH AND AND AN ENGLISH AND				***************************************
	09/08/2017 09/08/2017 09/08/2017 09/07/2017			200.00	200.00	0.00	0.00	0.00	200.00	
ĺ				300.00	300.00	0.00	0.00	0.00	300.00	
ĺ	09/08/2017 09/08/2017			450.00	450.00	0.00	0.00	0.00	450.00	
Í	09/08/2017 09/06/2017			150.00	150.00	0.00	0.00	0.00	150.00	
	09/08/2017 09/08/2017			270.00	270.00	0.00	0.00	0.00	270.00	
				200.00	200.00	0.00	0.00	0.00	200.00	
•				1500.00	1500.00	0.00	0.00	0.00	1500.00	
ĺ				425.00	425.00	0.00	0.00	0.00	425.00	
ĺ	09/10/2017 09/09/2017			750.00	7 50.00	0.00	0.00	0.00	750.00	
ĺ	09/10/2017 09/09/2017			1000.00	1000.00	0.00	0.00	0.00	1000.00	
	09/10/2017 09/09/2017			150.00	7 00.00	0.00	0.00	0.00	700.00	
	09/10/2017 09/09/2017			550.00	550.00	0.00	0.00	0.00	550.00	
	09/10/2017 09/09/2017			420.00	420.00	0.00	0.00	0.00	420.00	
	09/10/2017 09/09/2017			450.00	450.00	0.00	0.00	0.00	450.00	
	09/10/2017 09/09/2017			300.00	300.00	0.00	0.00	0.00	300.00	
· •	09/10/2017 09/09/2017			300.00	300.00	0.00	0.00	0.00	300.00	
	09/10/2017 09/09/2017			250.00	250.00	0.00	0.00	0.00	250.00	
· I	09/10/2017 09/09/2017			275.00	275.00	0.00	0.00	0.00	275.00	
	09/10/2017 09/09/2017			350.00	1100.00	0.00	0.00	0.00	1100.00	
	09/10/2017 09/09/2017			1125.00	1125.00	0.00	0.00	0.00	1125.00	
ĺ	09/10/2017 09/09/2017			250.00	250.00	0.00	0.00	0.00	250.00	
	09/10/2017 09/09/2017			500.00	500.00	0.00	0.00	0.00	500.00	
esis,Inco	orporated/HP Plus 800 de 08/31/2017 08/30/2017	ed \$50 (8	88)209-1243	150.00	150.00	0.00	0.00	0.00	150.00	
ueCross l		larshalls active Phili PA (8	00)443-6657	249.00 10731 00 52	675.00	0.00	0.00	0.00	675.00	
	09/07/2017 09/06/2017			0.00	175.00	0.00	0.00	0.00	175.00	
	09/10/2017 09/09/2017			22.50	200.00	0.00	0.00	0.00	200.00	
ueCross	BlueShield of MA/TJX ar 08/30/2017 08/28/2017		00)882-1178	735.00 107399052	1000.00	0.00	0.00	0.00	1000.00	
reFirst A	dministrators 09/10/2017 09/09/2017		88)833-8464	0.00 1540	250.00	0.00	0.00	0.00	250.00	
gna/AT&T	T Bargained Non-DHM0 09/02/2017 08/31/2017	(8) C	88)722-5505	120.00 246619 0	250.00	0.00	0.00	0.00	250.00	
	20,011			0.00	700.00	0.00	0.00	0.00	700.00	

Patelka Dental LLC

Date: 09/11/2017							Page:	5
INSURANCE COMPANY/GROUP PLAN SENT SERVICE TRACER SUBSCRIBER ASSIGN. OF BEI		GROUP NUM. PATIENT NAME ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	
Cigna/AT&T T Bargained Non-DHMO	(888)722-5505	2466190					90 - 40 W 100 W 10	
Primary 09/08/2017 09/07/2017		0.00	200.00	0.00	0.00	0.00	200.00	
Primary 09/08/2017 09/07/2017		0.00	700.00	0.00	0.00	0.00	700.00	
Primary 09/08/2017 09/07/2017 Cigna/Lowe's Companies Inc		0.00 3151760	45.00	0.00	0.00	0.00	45.00	
Primary 09/05/2017 09/02/2017		420.00	420.00	0.00	0.00	0.00	420.00	
Colonial IIFE INSURANCE Primary 07/24/2017 07/24/2017	(800)290-0523	920100						
Delta of PA/AARP Primary 09/02/2017 08/31/2017	(800)932-0783	450.00 01230-03902	0.00	450.00	0.00	0.00	450.00	
Primary 09/02/2017 08/31/2017		240.00	300.00	0.00	0.00	0.00	300.00	
Delta of PA/ARIA HEALTH	(800)932-0783	0.00 51898-019	1300.00	0.00	0.00	0.00	1300.00	
Secondary 07/25/2017 07/10/2017 Secondary 07/25/2017 07/13/2017		301.10	0.00	500.00	0.00	0.00	500.00	
Secondary 07/25/2017 07/13/2017 Secondary 08/09/2017 07/19/2017		237.00	0.00	325.00	0.00	0.00	325.00	
Delta Dental/St.francis Medical Center	(800)524-0149	572.30 9678	0.00	975.00	0.00	0.00	975.00	
Primary 09/02/2017 08/30/2017 Delta Dental NY/FIRST QUALITY ENTERPRISES INC	(800)932-0783	0.00 09190-000 75	200.00	0.00	0.00	0.00	200.00	
Primary 09/10/2017 09/06/2017 Delta Dental of CO/JBS-SOUDERTON Primary 07/11/2017 07/10/2017	(800)610-0201	516.40 50702	625.00	0.00	0.00	0.00	625.00	
Delta Dental of GA/RockTenn Primary 09/02/2017 08/31/2017	(800)521-2651	220.00 15550-10201	0.00	0.00	700.00	0.00	700.00	
Primary <u>09/07/2017 09/06/2</u> 017		0.00	420.00	0.00	0.00	0.00	420.00	
Delta Dental Of GA/Tenet HealthSystem Medical,inc Primary 09/10/2017 09/09/2017	(800)521-2651	0.00 18438-00030	425.00	0.00	0.00	0.00	425.00	
Delta Dental of MI/The Dow Chemical Company	(800)524-0149	420.00 9014-00002	420.00	0.00	0.00	0.00	420.00	
Primary 09/07/2017 09/06/2017 Primary 09/10/2017 09/09/2017		125.00	200.00	0.00	0.00	0.00	200.00	
Delta Dental Of New Jersey/SUPPLYONE (PA)	(800)452-9310	910.00 02506-00002	1100.00	0.00	0.00	0.00	1100.00	
Primary 09/05/2017 09/02/2017 Delta Dental Of Pa/Bricklayers And Allied Craftwor	(800)932-0783	0.00 17565-00001	150.00	0.00	0.00	0.00	150.00	
Primary 09/02/2017 08/30/2017 Primary 09/02/2017 08/30/2017		0.00	250.00	0.00	0.00	0.00	250.00	
Delta Dental of PA/Good Shepherd rehabilitation ho	(800)932-0783	0.00 04678-00004	250.00	0.00	0.00	0.00	250.00	
Primary 06/23/2017 06/22/2017	(000)002 0700	160.00	0.00	0.00	250.00	0.00	250.00	
Primary 09/10/2017 09/06/2017 Delta Dental Of Pa/LifePath, Inc LifePath, Inc.	(800)932-0783	120.00 16288 - 00001	200.00	0.00	0.00	0.00	200.00	
Secondary 09/08/2017 08/25/2017 Delta Dental Of Pa/Pa Individual Exchange	(800)932-0783	484.00 50196-10004	925.00	0.00	0.00	0.00	925.00	
Primary 08/31/2017 07/21/2017	, ,							

Patelka Dental LLC

09/11/2017

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Date.	03/11/2017								Page:	ь
	E COMPANY/GROUP PL SENT SERVICE SUBSCRIBER	AN TRACER ON HO ASSIGN. OF BENEFITS	PHONE # LD RE-SENT ID NUM	GROUP NUM. PATIENT NAME ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	Malakanja inisi fasajanya vyena masuna
	I Of Pa/Pa Individual Ex 09/02/2017 08/30/2017		(800)932-0783	50196-10004					TOTAL TERM CONTROL MANAGEMENT AND	***************************************
Delta Denta	l Of Pa/Small Business	Program	(800)932-0783	0.00 97424-01291	1300.00	0.00	0.00	0.00	1300.00	
· •	09/05/2017 09/02/2017 09/07/2017 09/07/2017			100.00	175.00	0.00	0.00	0.00	175.00	
Delta Denta	I PA/Conestoga Wood s	pecialties	(800)932-0783	287.50 05986-00021	1200.00	0.00	0.00	0.00	1200.00	
	08/30/2017 08/30/2017 11 BUY UP (PHY,MGNT)		(800)452-9310	0.00 09221	300.00	0.00	0.00	0.00	300.00	
Primary	08/30/2017 08/30/2017	,		97.20	2475.00	0.00	0.00	0.00	2475.00	
Í	08/30/2017 08/30/2017			392.40	500.00	0.00	0.00	0.00	500.00	
, T	08/30/2017			475.00	475.00	0.00	0.00	0.00	475.00	
Delta NJ/Ca	pital Health System		(800)321-0142	0.00 03121	420.00	0.00	0.00	0.00	420.00	
Delta NJ/Pit			(800)452-9310	0.00 05855-00301	250.00	0.00	0.00	0.00	250.00	
Delta PA/Aco	08/30/2017			300.00 05059-00004	300.00	0.00	0.00	0.00	300.00	
	08/30/2017 08/30/2017 			0.00	350.00	0.00	0.00	0.00	350.00	
Delta PA/Bri	stol Township		(800)932-0783	0.00 16880	25.00	0.00	0.00	0.00	25.00	
	07/25/2017 05/22/2017			0.00	0.00	250.00	0.00	0.00	250.00	
	tboro-horsham School	District	(800)932-0783	0.00 01199-01111	0.00	600.00	0.00	0.00	600.00	
Delta PA/Phi	08/30/2017		(800)932-0783	0.00 04123-01111	200.00	0.00	0.00	0.00	200.00	
1	09/10/2017			0.00	475.00	0.00	0.00	0.00	475.00	
Delta PA/Tho	omas Jefferson Univers	ity	(800)932-0783	475.00 02564-00002	475.00	0.00	0.00	0.00	475.00	
Delta PA/Uni	09/01/2017 09/01/2017 iv of PA Health System		(800)932-0783	125.00 02310-10001	200.00	0.00	0.00	0.00	200.00	
DentaQuest/	08/07/2017	's	(855)343-7401	0.00	0.00	4500.00	0.00	0.00	4500.00	
'	09/08/2017			475.00	475.00	0.00	0.00	0.00	475.00	
DentaQuest/	ABH Medicaid Adult		(855)343-7401	300.00	300.00	0.00	0.00	0.00	300.00	
	07/11/2017 07/10/2017			660.00	0.00	0.00	700.00	0.00	700.00	
	07/27/2017 07/27/2017 08/23/2017 08/23/2017			60.00	0.00	175.00	0.00	0.00	175.00	
Í	08/24/2017 08/24/2017			375.00	375.00	0.00	0.00	0.00	375.00	
	09/08/2017 09/07/2017			250.00	500.00	0.00	0.00	0.00	500.00	
				375.00	375.00	0.00	0.00	0.00	375.00	

Page:

6

Patelka Dental LLC

Date:	09/11/2017		rateik	a Dentai LLC					Page:	7
anna de consonio	E COMPANY/GROUP PL SENT SERVICE SUBSCRIBER			GROUP NUM. PATIENT NAME ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	***************************************
	t/ABH Medicaid Adult		(855)343-7401							
	09/08/2017 09/06/2017			225.00	260.00	0.00	0.00	0.00	260.00	
	09/08/2017 09/07/2017 09/08/2017 09/06/2017			550.00	650.00	0.00	0.00	0.00	650.00	
•	t/Bravo-Cigna 0-195		(055)242 7404	420.00	420.00	0.00	0.00	0.00	420.00	
	08/22/2017 08/14/2017	•	(855)343-7401	0.00	150.00	0.00	0.00	0.00	150.00	
	t/Bravo-Cigna BASIC 09/10/2017 09/09/2017	,	(855)343-7401	0.00	130.00	0.00	0.00	0.00	150.00	
	t/Bravo-Cigna FULL		(855)343-7401	300.00	300.00	0.00	0.00	0.00	300.00	
	09/08/2017 09/08/2017	,		0.00	600.00	0.00	0.00	0.00	600.00	
	09/10/2017 09/09/2017			300.00	300.00	0.00	0.00	0.00	300.00	
	of Public Welfare/Acce 08/18/2017 06/16/2017									
Primary	09/01/2017 08/31/2017			500.00	500.00	0.00	0.00	0.00	500.00	
Primary	09/08/2017 09/08/2017			0.00	1200.00	0.00	0.00	0.00	1200.00	
DHA/Veeva			(855)866-2615	0.00 VS101113	600.00	0.00	0.00	0.00	600.00	
•	08/24/2017 08/24/2017 Dental/Stadium Hospitali		(999)510 5220	425.00	425.00	0.00	0.00	0.00	425.00	
	08/24/2017 08/24/2017		(888)518-5338	52152 245.60	385.00	0.00	0.00	0.00	005.00	
Primary	09/10/2017 09/09/2017			0.00	450.00	0.00	0.00	0.00	385.00 450.00	
	/ <mark>Redeemer Health</mark> 09/06/2017		(215)885-2443	P02020	450.00	0.00	0.00	0.00	450.00	
	Redeemer Health Syste		(215)885-2443	325.00 P02020	325.00	0.00	0.00	0.00	325. 0 0	
Primary	08/30/2017 08/28/2017			0.00	300.00	0.00	0.00	0.00	300.00	
GEHA Conn Primary	ection Dental Federal/G 09/02/2017 09/01/2017	EHA Connection de	ental (877)434-2336	AA						
	DP Total sourceinc			225.00 G-00404556	275.00	0.00	0.00	0.00	275.00	
	05/09/2017 03/12/2017			225.00	0.00	0.00	0.00	250.00	250.00	
	DVENT DESIGN CORPO 09/05/2017 09/02/2017	RATION		00497277						
	ew Life Home Care and	Hospice	(800)541-7846	280.00 00518161	350.00	0.00	0.00	0.00	350.00	
	07/11/2017 06/28/2017 07/11/2017 <u>0</u> 6/12/2017			0.00	0.00	0.00	350.00	0.00	350.00	
	07/11/2017 06/12/2017			0.00	0.00	0.00	700.00	0.00	700.00	
	09/06/2017 09/02/2017			0.00	0.00	0.00	350.00	0.00	350.00	
	09/06/2017 08/30/2017			450.00	450.00	0.00	0.00	0.00	450.00	
	09/06/2017 08/18/2017			160.00	195.00	0.00	0.00	0.00	195.00	
	ANCOCAS ANESTHESIO	LOGY P.A.	(800)541-7846	120.00 47590 1	195.00	0.00	0.00	0.00	195.00	
	09/05/2017 09/02/2017			100.00	175.00	0.00	0.00	0.00	175.00	
Primary	09/10/2017 09/09/2017			500.00	500.00	0.00	0.00	0.00	500.00	

Patelka Dental LLC

Date:	09/11/2017		Pateiki	a Dental LLC					Page:	8
	E COMPANY/GROUP PL SENT SERVICE SUBSCRIBER	AN TRACER ON HO ASSIGN. OF BENEFITS	PHONE # LD RE-SENT ID NUM	GROUP NUM. PATIENT NAME ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	
Horizon/NJ		,	(800)433-6825	0 87917 000 5	PREPARED PURPOSE AND CONTROL STATE A SAME AND A SAME AN					PAR Manus Income and American
Humana	09/05/2017 09/02/2017		(800)342-5209	512.00 675717	675.00	0.00	0.00	0.00	675.00	
Í	08/31/2017 08/30/2017 Design Administrators/S		s(800)225-1345	300.00	350.00	0.00	0.00	0.00	350.00	
Primary	09/10/2017 09/06/2017 First/Keystone First	· 	(877)408-0878	0.00	200.00	0.00	0.00	0.00	200.00	
	11/12/2016 11/12/2016		(877)408-0878	0.00	0.00	0.00	0.00	4700.00	4700.00	
Primary	11/30/2016 11/30/2016			0.00	0.00					
Primary	04/14/2017 04/08/2017					0.00	0.00	200.00	200.00	
Primary	05/30/2017 05/30/2017			425.00	0.00	0.00	0.00	425.00	425.00	
Primary	07/22/2017 07/22/2017			0.00	0.00	0.00	0.00	4700.00	4700.00	
Primary	07/22/2017 07/21/2017			0.00 575.00	0.00	4700.00	0.00	0.00	4700.00	
Primary	07/22/2017 07/22/2017	•			0.00	575.00	0.00	0.00	575.00	
Primary	08/01/2017 08/01/2017	•		0.00	0.00	4700.00	0.00	0.00	4700.00	
Primary	08/12/2017 08/12/2017			0.00	0.00	4700.00	0.00	0.00	4700.00	
Primary	08/21/2017 08/19/2017			0.00	4700.00	0.00	0.00	0.00	4700.00	
Primary	08/24/2017 08/24/2017			550.00	550.00	0.00	0.00	0.00	550.00	
Primary	09/06/2017 09/06/2017			50.00	500.00	0.00	0.00	0.00	500.00	
Primary	09/06/2017 09/06/2017			150.00	150.00	0.00	0.00	0.00	150.00	
Primary	09/08/2017 09/08/2017			220.00	220.00	0.00	0.00	0.00	220.00	
Primary	09/08/2017 09/08/2017			425.00	425.00	0.00	0.00	0.00	425.00	
Primary	09/08/2017 09/08/2017			250.00	250.00	0.00	0.00	0.00	250.00	
Primary	09/08/2017 09/07/2017			950.00	950.00	0.00	0.00	0.00	950.00	
Primary	09/08/2017 09/08/2017			420.00	420.00	0.00	0.00	0.00	420.00	
Primary	09/08/2017 09/07/2017			250.00	250.00	0.00	0.00	0.00	250.00	
Primary	09/08/2017 09/08/2017			65.50	375.00	0.00	0.00	0.00	375.00	
Primary	09/08/2017 09/07/2017			500.00	500.00	0.00	0.00	0.00	500.00	
Primary	09/08/2017 09/08/2017			200.00	200.00	0.00	0.00	0.00	200.00	
	09/08/2017 09/07/2017			175.00	175.00	0.00	0.00	0.00	175.00	
	09/08/2017 09/07/2017			740.00	2400.00	0.00	0.00	0.00	2400.00	
	09/08/2017 09/06/2017			975.00	975.00	0.00	0.00	0.00	975.00	
	09/10/2017 09/09/2017			40.50	350.00	0.00	0.00	0.00	350.00	
Í	09/10/2017 09/09/2017			250.00	250.00	0.00	0.00	0.00	250.00	
	09/10/2017 09/09/2017			500.00	1250.00	0.00	0.00	0.00	1250.00	
imiary	03/10/2017 03/03/2017			500.00	500.00	0.00	0.00	0.00	500.00	

Patelka Dental LLC

Date:	09/11/2017		rateik	a Dental LLC					Page:	9
	CE COMPANY/GROUP PI SENT SERVICE SUBSCRIBER	_AN TRACER ON HO ASSIGN. OF BENEFITS	PHONE # LD RE-SENT ID NUM	GROUP NUM. PATIENT NAME ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	10 THE RESERVE THE SECOND STREET
	First/Keystone First 09/10/2017 09/09/201		(877)408-0878							hammen enterende de un normal de un
	09/10/2017 09/09/2017			250.00	250.00	0.00	0.00	0.00	250.00	
Primary				25.00	25.00	0.00	0.00	0.00	25.00	
Lincoln Fir	nancial Group/FRONTID/ 08/15/2017 08/14/2017	A BIOPHARM INC	(800)423-2765	200.00 000346660000 0	200.00 0	0.00	0.00	0.00	200.00	
Primary				550.00	1100.00	0.00	0.00	0.00	1100.00	
Primary	08/30/2017 08/28/2017	7		750.00	1500.00	0.00	0.00	0.00	1500.00	
Lincoln Fir Primary	nancial Group/Halfpenny 09/05/2017 09/02/2017	Technologies Inc	(800)423-2765	305.00 00033213-0000 0	375.00)	0.00	0.00	0.00	375.00	
Lincoln Fir	nancial Group/Lincoln Fi 08/22/2017 08/21/2017	nancial		160.00 000346660000	250.00	0.00	0.00	0.00	250.00	
Primary	09/10/2017 09/07/2017	7		125.00	200.00	0.00	0.00	0.00	200.00	
MCA Admi	nistrators Inc./SEIU Heal 09/01/2017 09/01/2017	th Care PA	(717)652-8040	305.00 1199P	375.00	0.00	0.00	0.00	375.00	
Meritain He	ealth/U.S.Restaurants 01/11/2017 12/16/2016		(800)925-2272	450.00 14411	450.00	0.00	0.00	0.00	450.00	
Metlife	08/30/2017 08/28/2017		(877)638-3379	173.35 300187	0.00	0.00	0.00	3750.00	3750.00	
Metlife/Can	mpbell Soup Company 09/10/2017 09/06/2017			420.00 300268	420.00	0.00	0.00	0.00	420.00	
	09/10/2017 04/10/2017			0.00	325.00	0.00	0.00	0.00	325.00	
Metlife/Est				0.00 0300150	175.00	0.00	0.00	0.00	175.00	
Metlife/IKE	Anorth America services 05/12/2017 04/12/2017	s,llc ((877)638-3379	0.00 136561	300.00	0.00	0.00	0.00	300.00	
	05/12/2017 04/12/2017			445.00	0.00	0.00	0.00	445.00	445.00	
Metlife/Mor	ran Towing Corporation 08/16/2017 08/16/2017	((877)638-3379	445.00 312865	0.00	0.00	0.00	445.00	445.00	
Metlife/Nati	ional Philanthropic Trust	t		625.00 5987266	650.00	0.00	0.00	0.00	650.00	
ĺ	08/28/2017 08/26/2017			520.00	520.00	0.00	0.00	0.00	520.00	
Metlife/PO\	WERS KIRNS ANS ASSO 08/25/2017 08/24/2017	CIATES LLC ((877)638-3379	475.00 5924584	475.00	0.00	0.00	0.00	475.00	
Metlife/The	Estee Lauder Companie	es inc (877)638-3379	460.00 300150	550.00	0.00	0.00	0.00	550.00	
	08/28/2017 08/28/2017 08/30/2017 08/28/2017			300.00	300.00	0.00	0.00	0.00	300.00	
Metlife/The	Home Depot	(877)638-3379	245.00 0138460	300.00	0.00	0.00	0.00	300.00	
Metlife/UKF	08/30/2017 08/24/2017 RAINIAN CATHOLIC ARCI	HDIOCESE (877)638-3379	450.00 5943934	450.00	0.00	0.00	0.00	450.00	
Primary	08/26/2017 08/26/2017			350.00	350.00	0.00	0.00	0.00	350.00	dilikh VI kiloka ada karajana magapan m

Patelka Dental LLC

Date:	09/11/2017		Pal	elka Dental LLC					Page:	10
	E COMPANY/GROUP PL SENT SERVICE SUBSCRIBER	AN TRACER ASSIGN. OF BE		GROUP NUM. ENT PATIENT NAME UM ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL	
	RAINIAN CATHOLIC ARC		(877)638-337	79 5943934		The Market State Control of the Control of C	****			
ĺ	08/30/2017 08/28/2017 versity of Pennsylvania	,	(877)638-337	120.00 300187	200.00	0.00	0.00	0.00	200.00	
Í	08/30/2017 08/30/2017	7	, ,	125.00	125.00	0.00	0.00	0.00	125.00	
	AIRWAYS Inc 08/23/2017 08/23/2017	7	(877)638-337	93.60	350.00	0.00	0.00	0.00	350.00	
Primary	08/23/2017 08/23/2017	7		280.00		0.00	0.00	0.00	350.00	
Primary	08/28/2017 08/26/2017	•		160.00		0.00	0.00	0.00	200.00	
OneCallCa Primary	<mark>re</mark> 	}	(888)539-057	77						
Primary	10/07/2013 04/01/2013	.		0.00		0.00	0.00	300.00	300.00	
Primary	10/07/2013 02/25/2013	;		0.00		0.00	0.00	800.00	800.00	
Primary	10/07/2013 08/26/2013	;		0.00		0.00	0.00	250.00	250.00	
Primary	06/24/2014 06/09/2014			0.00		0.00	0.00	1775.00	1775.00	
Primary	10/14/2014 09/15/2014			0.00		0.00	0.00	6575.00	6575.00	
Primary	07/05/2017 07/05/2017	, -		0.00		0.00	0.00	850.00	850.00	
Primary	07/22/2017 07/21/2017	_		140.00	0.00	0.00	175.00	0.00	175.00	
Primary	08/03/2017 08/03/2017			165.00	0.00	200.00	0.00	0.00	200.00	
Primary	08/11/2017 <u>0</u> 8/09/2017			0.00	0.00	0.00	0.00	0.00	0.00	
Primary	08/16/2017 08/16/2017	No		0.00	0.00	0.00	0.00	0.00	0.00	
Primary	09/06/2017 09/06/2017	No		767.60	1500.00	0.00	0.00	0.00	1500.00	
Stonebridg	e Life Ins Company/Enc 08/26/2017 08/26/2017	No	(866)605-264	760.00 2 1077482	950.00	0.00	0.00	0.00	950.00	
Sun Life Fi	nancial/Green Racing Ma		(800)442-774	114.00 2 K1900354	420.00	0.00	0.00	0.00	420.00	
	09/02/2017 08/31/2017 Teamsters Health and W		(215)364-650	300.00 76001-0000	300.00	0.00	0.00	0.00	300.00	
	09/08/2017 09/08/2017 Teamsters Local 830		(215)969-101	0.00	200.00	0.00	0.00	0.00	200.00	
Primary	09/02/2017 07/31/2017 Health/Welfare		(215)364-650	280.00	350.00	0.00	0.00	0.00	350.00	
	08/23/2017 08/23/2017		(213)304-030	480.00	600.00	0.00	0.00	0.00	600.00	
Primary	08/30/2017 08/09/2017							0.00	600.00	
Primary	09/08/2017 08/09/2017			160.00	200.00	0.00	0.00	0.00	200.00	
	Local 107/Teamsters Loc 08/15/2017 04/01/2017	al 107	(800)523-284	140.00	175.00	0.00	0.00	0.00	175.00	
	al 1776/Acme Markets 08/22/2017 08/21/2017		(610)941-940	280.00 3001FT	350.00	0.00	0.00	0.00	350.00	
JNCO/Chip	free ibc		(800)332-036	0.00 038091000	450.00	0.00	0.00	0.00	450.00	
Primary	09/10/2017 09/06/2017			475.00	475.00	0.00	0.00	0.00	475.00	
						***				*****

Patelka Dental LLC

Date:	09/11/2017			Pateik	a Dental LLC					D	44
	E COMPANY/GROU SENT SERV			NE# RE-SENT	GROUP NUM. PATIENT NAME	BIRTHDAY			ner est dere verwige frield del Pullins d'Audies	Page:	11
	SUBSCRIBER	ASSIGN. OF BENEFITS		ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL	***************************************
	stone Health Plan E				902224101						
Í	09/10/2017 08/01/				200.00	250.00	0.00	0.00	0.00	250.00	
	09/10/2017 07/29/	2017			705.00	795.00	0.00	0.00	0.00	795.00	
	cordia/CBDI 09/10/2017 09/09/	2017	(800)	332-0366	256349001						
Primary	09/10/2017 07/01/	2017			220.00	275.00	0.00	0.00	0.00	275.00	
	cordia/CHIP	0047	(800)	332-0366	425.00 10093405 4	425.00	0.00	0.00	0.00	425.00	
	06/28/2017 06/26/				0.00	0.00	0.00	900.00	0.00	900.00	
	09/10/2017 09/09/				295.00	295.00	0.00	0.00	0.00	295.00	
	09/10/2017 09/09/ cordia/JEVS Humar		(800)	332-0366	770.00 252376000	770.00	0.00	0.00	0.00	770.00	
Primary	09/02/2017 08/31/	2017			178.78	700.00	0.00	0.00	0.00	700.00	
	09/10/2017 09/06/				178.78	700.00	0.00	0.00	0.00	700.00	
	cordia/NVN Truckin 07/18/2017 07/18/		(800)	332-0366	A13514000						
	cordia/PATH INC 08/26/2017 08/26/	2017	(800)	332-0366	120.00 848853000	0.00	200.00	0.00	0.00	200.00	
United Con	cordia/PEBTF		(800)	332-0366	490.00 846525000	490.00	0.00	0.00	0.00	490.00	
	09/08/2017 09/07/3				0.00	250.00	0.00	0.00	0.00	250.00	
	cordia/SEPTA TWU 08/28/2017 08/26/:		(800):	332-0366	907746101						
	cordia/Tornado Inc (09/02/2017 08/23/2		(800)	332-0366	300.00 895069000	300.00	0.00	0.00	0.00	300.00	
•			(800):	332-0366	0.00 252208000	175.00	0.00	0.00	0.00	175.00	
Primary	08/30/2017 08/30/2	2017			125.29	1300.00	0.00	0.00	0.00	1300.00	
	thcare/Boathouse S 08/26/2017 08/25/2		(877)	816-3596	0906354		0.00	0.00	0.00	1000.00	
United Heal	thcare/Claims		(800)	508-4876	45.00	45.00	0.00	0.00	0.00	45.00	
	07/25/2017 07/24/2				140.00	0.00	175.00	0.00	0.00	175.00	
	07/28/2017 07/28/2				425.00	0.00	425.00	0.00	0.00	425.00	
	09/08/2017 09/07/2				300.00	300.00	0.00	0.00	0.00	300.00	
	09/08/2017 09/07/2				500.00	500.00	0.00	0.00	0.00	500.00	
	09/10/2017 09/09/2		(0.7.7)	10.0500	320.00	320.00	0.00	0.00	0.00	320.00	
	thcare/Livegenic Inc 08/07/2017 08/07/2		(8//)8	316-3596	1074190	0.00	450.00	0.00	0.00	450.00	
Primary	08/07/2017 08/07/2	2017			450.00	0.00	450.00	0.00	0.00	450.00	
Primary	08/07/2017 08/05/2	2017			150.00	0.00	200.00	0.00	0.00	200.00	
	hcare/LS TRUCK T				445.00 113201 7	0.00	445.00	0.00	0.00	445.00	
гинагу	09/10/2017 09/09/2	.017			200.00	250.00	0.00	0.00	0.00	250.00	
										and the second s	

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 226 of 14021

DENTAL INSURANCE CLAIM AGING REPORT

Patelka Dental LLC

Date: 09/11/2017

Page: 12

ESTIMATE	CURRENT	31 - 60	61 - 90	OVER 90	TOTAL
84504.80	121055.00	29690.00	4125.00	26990.00	181860.00
1594.40	1525.00	2650.00	0.00	0.00	4175.00
86099.20	122580.00	32340.00	4125.00	26990.00	186035.00
	84504.80 1594.40	84504.80 121055.00 1594.40 1525.00	84504.80 121055.00 29690.00 1594.40 1525.00 2650.00	84504.80 121055.00 29690.00 4125.00 1594.40 1525.00 2650.00 0.00	84504.80 121055.00 29690.00 4125.00 26990.00 1594.40 1525.00 2650.00 0.00 0.00

Case 16-14743-mdc Doc 156 Filed 09/29/17 Entered 09/29/17 20:06:02 Desc Main

Document Page 237 of 1401

Wells Fargo Business Choice Checking

Account number: 1199 ■ August 1, 2017 - August 31, 2017 ■ Page 1 of 5



PATELKA DENTAL LLC 8332C BUSTLETON AVE PHILADELPHIA PA 19152-1909

Questions?

Available by phone 24 hours a day, 7 days a week: Telecommunications Relay Services calls accepted

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833 En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (345)

P.O. Box 6995

Portland, OR 97228-6995

Your Business and Wells Fargo

Cash flow is a key indicator of the financial health of your business. Find tips and strategies for effective cash flow management at wellsfargoworks.com.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	[7]
Online Statements	$\overline{\checkmark}$
Business Bill Pay	V
Business Spending Report	1
Overdraft Protection	$\overline{\Box}$

Activity summary

 Beginning balance on 8/1
 \$2,438.13

 Deposits/Credits
 18,770.46

 Withdrawals/Debits
 - 18,484.00

 Ending balance on 8/31
 \$2,724.59

 Average ledger balance this period
 \$1,174.22

Account number: 1
PATELKA DENTAL LLC

Pennsylvania account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 031000503

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 828 of 14021

Account number: 1199 ■ August 1, 2017 - August 31, 2017 ■ Page 2 of 5



Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
8/1		United Concordia Hcclaimpmt 1386815785 Trn*1*0902132714*1251687586\	95.65		
8/1		Fep Dental Blue Hcclaimpmt 1386815785 Trn*1*0902130702*1231294723\	252.00	***************************************	
8/1		United Concordia Hcclaimpmt 1386815785 Trn*1*0902136941*1231661402\	356.11		
8/1		Withdrawal Made In A Branch/Store		2,400.00	741.89
8/2		Comm of PA Promise MA 170802 AP029229111 Trn*1*71007504005457*1236003113\	1,399.80		2,141.69
8/3		Withdrawal Made In A Branch/Store		2,100.00	41.69
8/8	······································	Fep Dental Blue Hcclaimpmt 1386815785 Trn*1*0902142939*1231294723\	81.00		
8/8		United Concordia Hcclaimpmt xxxxx6538 Trn*1*0902144891*1251687586\	397.58	***************************************	
8/8		United Concordia Hcclaimpmt 1386815785 Trn*1*0902152628*1231661402\	900.68		1,420.95
8/9		Deltadntlins 3C Hcclaimpmt 240625101001 Trn*1*201708060032865*1942761537*94276~	80.50		***************************************
8/9		Comm of PA Promise MA 170809 AP029301180 Trn*1*71007505005578*1236003113\	2,188.50		3,689.95
8/10		Withdrawal Made In A Branch/Store		3,600.00	89.95
8/11		Dentaquest USA, Payment 2506527369 Patelka Dental LLC	272.70		
8/11		Dentaquest USA, Payment 1816525525 Patelka Dental LLC	360.00		**************************************
8/11		Dentaquest USA, Payment 2506527504 Patelka Dental LLC	497.70		
8/11		Dentaquest USA, Payment 1816525560 Patelka Dental LLC	600.00	******	
8/11		Dentaquest USA, Payment 2506527543 Patelka Dental LLC	669.60		2,489.95
8/14		Withdrawal Made In A Branch/Store		2,400.00	89.95
8/15		Fep Dental Blue Hcclaimpmt 1386815785 Trn*1*0902155195*1231294723\	49.00	······································	
8/15		United Concordia Hcclaimpmt 1386815785 Trn*1*0902166869*1251687586\	121.94		
8/15		United Concordia Hcclaimpmt xxxxx6538 Trn*1*0902162015*1231661402\	368.63		
8/15		United Concordia Hcclaimpmt 1386815785 Trn*1*0902157347*1251687586\	446.98		1,076.50
8/16		Comm of PA Promise MA 170816 AP029401808 Trn*1*71007506005587*1236003113\	2,109.15		3,185.65
8/17		Withdrawal Made In A Branch/Store		3,100.00	85.65
8/18		Deltadentalpa6P Hcclaimpmt 240625101001 Trn*1*201708150031909*1231667011*23166~	96.00		181.65
8/22		United Concordia Hcclaimpmt 1386815785 Trn*1*0902174928*1231661402\	53.76		
8/22		United Concordia Hcclaimpmt 1386815785 Trn*1*0902170517*1251687586\	89.90		325.31
8/23		Comm of PA Promise MA 170823 AP029475571 Trn*1*71007507005506*1236003113\	1,911.75		2,237.06
8/24		Withdrawal Made In A Branch/Store		2,230.00	7.06
8/25		Dentaquest USA, Payment 1816542106 Patelka Dental LLC	70.00		
8/25		Dentaquest USA, Payment 2506543103 Patelka Dental LLC	211.50		
8/25		Dentaquest USA, Payment 2506543025 Patelka Dental LLC	330.30		
8/25	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Dentaquest USA, Payment 2506543104 Patelka Dental LLC	576.00		1,194.86
8/29		Qccppobluebrand Hcclaimpmt 1386815785 Trn*1*0902189883*1232184623\	237.17		
8/29		United Concordia Hcclaimpmt xxxxx6538 Trn*1*0902183072*1251687586\	410.08		
8/29		United Concordia Hcclaimpmt 1386815785 Trn*1*0902187588*1231661402\	805.78		2,647.89
8/30		Comm of PA Promise MA 170830 AP029575095 Trn*1*71007508005675*1236003113\	2,730.70		

Case 16-14743-mdc Doc 156 Filed 09/29/17 Entered 09/29/17 20:06:02 Desc Main Document Page 259 of 1421

Account number:



■ August 1, 2017 - August 31, 2017 ■ Page 3 of 5



Transaction history (continued)

	Check		Deposits/	Withdrawals/	Ending daily
Date	Number	Description	Credits	Debits	balance
8/30		Withdrawal Made In A Branch/Store		2,640.00	2,738.59
8/31		Monthly Service Fee		14.00	2,724.59
Ending ba	alance on 8/31				2,724.59

Totals \$18,770.46 \$18,484.00

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

Standard monthly service fee \$14.00	You paid \$14.00
Minimum required	This fee period
	•
\$7,500.00	\$1,174.00
vices account 1	0 🗆
count 1	0 🗆
ments 10	0 🗆
s Online 1	0 🗆
\$10,000.00	
counts	
ous month credit pased on	
	### Minimum required \$7,500.00 ### Vices account 1 ### 10 ###### 10 ########

Account transaction fees summary

		Units	Excess	Service charge per	Total service
Service charge description	Units used	included	units	excess units (\$)	charge (\$)
Cash Deposited (\$)	0	7,500	0	0.0030	0.00
Transactions	31	200	0	0.50	0.00
Total service charges					\$0.00

IMPORTANT ACCOUNT INFORMATION

Beginning in August 2017, we are enhancing the description of certain non-consumer ACH debit entries to include "Business to Business ACH". This entry description may appear on your statements and online banking transaction histories. The terms governing these entries remain the same and are found in the Business Account Agreement section titled "Funds transfer service" under the subsection "ACH transactions". Under ACH rules, a Business to Business ACH debit entry has a return time frame of one business day from the date the entry posted to your account. In order for the Bank to meet this deadline, you are required to notify us to return any

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Prage 330 off 1401

Account number: ■ 1199 ■ August 1, 2017 - August 31, 2017 ■ Page 4 of 5



Business to Business ACH debit entry as unauthorized by the cutoff time which is currently 3:00 PM Central Time. If you do not notify us within one business day from the date the unauthorized entry is posted to your account, we will not be able to return it without the cooperation and agreement of the originating bank and the originator of the debit entry. Any other effort to recover the funds must occur solely between you and the originator of the entry.

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 83/1 of 140/21

Account number:

1199

■ August 1, 2017 - August 31, 2017 ■ Page 5 of 5



General statement policies for Wells Fargo Bank

■ Notice: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058.

You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

As Any deposits listed in your stepister or transfers into syour account which are not shown on your statement. + \$	Amount
transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period. B. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement. ENTER A. The ending balance shown on your statement \$ ADD B. Any deposits listed in your segister or transfers into syour account which are not shown on your statement. + \$ TOTAL \$ CALCULATE THE SUBTOTAL (Add Parts A and B) TOTAL \$ SUBTRACT The total outstanding checks and withdrawals from the chart above \$	
from your account during this statement period. 3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement. ENTER A. The ending balance shown on your statement \$ ADD 3. Any deposits listed in your \$ register or transfers into \$ your account which are not \$ shown on your statement. + \$	
outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement. ENTER A. The ending balance shown on your statement \$ ADD B. Any deposits listed in your \$ register or transfers into \$ your account which are not \$ shown on your statement. + \$ TOTAL \$ CALCULATE THE SUBTOTAL (Add Parts A and B) TOTAL \$ SUBTRACT C. The total outstanding checks and withdrawals from the chart above \$	
withdrawals (including any from previous months) which are listed in your register but not shown on your statement. ENTER A. The ending balance shown on your statement \$ ADD B. Any deposits listed in your segister or transfers into \$ your account which are not \$ shown on your statement + \$	
ENTER A. The ending balance shown on your statement	
A. The ending balance shown on your statement \$ ADD 3. Any deposits listed in your segister or transfers into syour account which are not shown on your statement. + \$	
shown on your statement\$ ADD 3. Any deposits listed in your	
ADD B. Any deposits listed in your \$ register or transfers into \$ your account which are not \$ shown on your statement. + \$ TOTAL \$ CALCULATE THE SUBTOTAL (Add Parts A and B) TOTAL \$ SUBTRACT The total outstanding checks and withdrawals from the chart above - \$	
As Any deposits listed in your stepister or transfers into syour account which are not shown on your statement. + \$	
register or transfers into \$ your account which are not \$ shown on your statement. + \$	
your account which are not \$ shown on your statement. + \$	
shown on your statement. + \$	
Shown on your statement. + \$	
CALCULATE THE SUBTOTAL (Add Parts A and B)	-
(Add Parts A and B) TOTAL \$ SUBTRACT The total outstanding checks and withdrawals from the chart above	
SUBTRACT The total outstanding checks and withdrawals from the chart above	
SUBTRACT The total outstanding checks and withdrawals from the chart above	
SUBTRACT The total outstanding checks and withdrawals from the chart above	
withdrawals from the chart above	
withdrawals from the chart above	
CALCULATE THE ENDING BALANCE	-
(Part A + Part B - Part C)	
This amount should be the same	
as the current balance shown in	
your check register	

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Case 16-14743-mdc Doc 156 Filed 09/29/17 Entered 09/29/17 20:06:02 Desc Main

Document Page 3220f 1421

Wells Fargo Business Choice Checking

Account number: 8017 ■ August 1, 2017 - August 31, 2017 ■ Page 1 of 11



PATELKA DENTAL LLC DEBTOR IN POSSESSION CH 11 CASE #16-14743(EPA) 8332C BUSTLETON AVE PHILADELPHIA PA 19152-1909

Questions?

Available by phone 24 hours a day, 7 days a week: Telecommunications Relay Services calls accepted 1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833 En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (345) P.O. Box 6995

Portland, OR 97228-6995

Your Business and Wells Fargo

Cash flow is a key indicator of the financial health of your business. Find tips and strategies for effective cash flow management at wellsfargoworks.com.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	1
Online Statements	$\overline{\checkmark}$
Business Bill Pay	\checkmark
Business Spending Report	$\overline{\mathbf{V}}$
Overdraft Protection	\neg

Activity summary

 Beginning balance on 8/1
 \$616.03

 Deposits/Credits
 125,871.05

 Withdrawals/Debits
 - 120,525.61

 Ending balance on 8/31
 \$5,961.47

 Average ledger balance this period
 \$4,510.38

Account number:

PATELKA DENTAL LLC
DEBTOR IN POSSESSION
CH 11 CASE #16-14743(EPA)

Pennsylvania account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 031000503

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 332 of 14021

Account number: **8017** ■ August 1, 2017 - August 31, 2017 ■ Page 2 of 11



Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
8/1	1921	Check	CIEURS	1,420.00	Datatice
8/1		Overdraft Fee for a Transaction Received on 07/31 \$1,420.00 Check # 01921		35.00	
8/1	·········	08/01Bankcard Deposit -0425162301	1,046.10		
8/1		Deposit Made In A Branch/Store	2,400.00		
8/1		Recurring Payment authorized on 07/31 Carriage Trade Cle 215-3573400 PA S387212415982413 Card 8701		742.70	
8/1		Purchase authorized on 07/31 Nea 800-782-5150 GA S387212531466094 Card 8701		34.00	
8/1		Bill Pay Lexus Financial Recurringxxxxxxtl427 on 08-01		460.00	
8/1		Insurelinx Inc. Ins Prem Effdat 00000001131367 Patelka Dental LLC		165.98	
8/1		T-Mobile PCS Svc 170731 0976690 Patelka Dental Managem		462.41	742,04
8/2		Met Life Ins. CO Hcclaimpmt 1MI006324731 Trn*1*007990006324731*1135581829~	103,50		
8/2		Deltadntlins 3C Hcclaimpmt 240625101002 Trn*1*201707300032571*1942761537*94276~	138.50		
8/2		Deltadentalny6Y Hcclaimpmt 240625101002 Trn*1*201707300082463*1111980218*11198~	163.00		
8/2		Deposit Deposit	740.96		
8/2		Purchase authorized on 07/30 H&R Dental Inc. 215-735-6929 PA S287212054510916 Card 8701		121.50	
8/2		Purchase authorized on 08/02 Amazon Mktplace Pm Amzn.Com/Bill WA S587213283397714 Card 8701		5.00	
8/2		Purchase authorized on 08/01 Amazon Mktplace Pm Amzn.Com/Bill WA S387208530567710 Card 8701		12.21	1,749.29
8/3		Cigna Hcclaimpmt 080117 1386815785 Trn*1*73567191*1591031071\	1,012.30		
8/3		08/03Bankcard Deposit -0425162301	5,265.90		
8/3		Deposit	1,851.40		
8/3	***************************************	Deposit Made In A Branch/Store	2,100.00	***************************************	
8/3		Mobile Deposit : Ref Number :417030586315	50.00		
8/3	1941		30.00	2,000,00	
8/3	1951	Check		600.00	9,428.89
8/4		Unitedhealthcare Payment 170804 64231 Patelka Dental LLC	62.00		0,120,00
8/4		Met Life Ins. CO Hcclaimpmt 1MI006428219 Trn*1*007990006428219*1135581829~	132.00	***************************************	****
8/4		Met Life Ins. CO Hcclaimpmt 1MI006410502 Tm*1*007990006410502*1135581829~	160.00		
8/4		1776 Hw Operatin Capitation Patelka Dental LLC	350.00	***************************************	
8/4		Aetna A04 Hcclaimpmt xxxxx7266 Trn*1*817213380004143*1066033492\	451.00		
8/4		Aetna AS01 Hcclaimpmt xxxxx7266 Tm*1*817213500004127*1066033492\	468.80		
8/4		Deltadentalpa6P Hcclaimpmt 240625101002 Trn*1*201708010032463*1231667011*23166~	718.00		
8/4	<u> </u>	Synchrony Bank Btot Dep 170803 534812028493552 Patelka Dental LLC	1,340.92		
8/4		Avesis - Claims ACH080317 112718Bu Patelka Dental Managem	2,080.00		
8/4		08/04Bankcard Deposit -0425162301	1,282.00		
8/4	**************************************	Deposit Deposit	489.78		
8/4	······································	Deposit	3,000.00		
8/4	1954	Cashed Check		250.00	
8/4		Withdrawal Made In A Branch/Store		3,125.00	
8/4		Online Transfer to Patelka Dental LLC Business Checking xxxxxxxx8053 Ref #lb03Mzbl4T on 08/04/17		68.86	······································
8/4		Patelka Dental L WF Payroll 170807 7188521 Payroll Invoice		73.30	
8/4		Wells Fargo Busi Tax Col Payroll Philad 7188521		1,869.93	
8/4		Bill Pay Penn National IN on-Line xxxxx64748 on 08-04		1,933.34	
8/4		Patelka Dental L WF Payroll 170807 2598791 Payroll DD		4,953.29	

Case 16-14743-mdc Doc 156 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main **Doccumeent**t Pragge 9804 off 14021

Account number: **8017** ■ August 1, 2017 - August 31, 2017 ■ Page 3 of 11



Iransaction	history ((continued)
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Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
8/4	1952	Check		1,305.00	
8/4	1946	Check		3,000.00	3,384.67
8/7		08/07Bankcard Deposit -0425162301	107.00		
8/7		Deposit	3,000.00		
8/7		08/07Bankcard Deposit -0425162301	2,017.15		
8/7		Deposit	900.00		
8/7		Purchase authorized on 08/03 Future Pharmac0555 Philadelphia PA S307215656734308 Card 8701		213.31	
8/7		Purchase authorized on 08/05 Staples Direct 800-3333330 MA S467216612081701 Card 8701		109.06	
8/7		Purchase authorized on 08/06 Amazon Mktplace Pm Amzn.Com/Bill WA S387216724588672 Card 8701		45.59	
8/7	1938	Check		770.00	
8/7	1944	Check		1,000.00	
8/7	1949	Check		2,000.00	
8/7	1953	Check		500.00	
8/7	1958	Check		1,530.00	3,240.86
8/8		08/08Bankcard Deposit -0425162301	1,520.80		
8/8		Deposit	820.30		
8/8		Online Dep Detail & Images - Bob		3.00	
8/8		Quickbooks Banking		14.95	
8/8		Purchase Intl authorized on 08/07 Turkish Airlines A Istanbul Tur S087219175063518 Card 8701		15.34	
8/8		International Purchase Transaction Fee		0.46	
8/8		Purchase authorized on 08/07 Paypal *Dhsmed 402-935-7733 CA S387219610132014 Card 8701		28.73	
8/8		Purchase authorized on 08/07 Orbitz*72863939285 Orbitz.Com WA S307219631348415 Card 8701		601.82	
8/8	<	Business to Business ACH Debit - Insurelinx Inc. Ins Prem Effdat 00000001138221 Patelka Dental LLC		28.82	4,888.84
8/9		Deltadntlins 3C Hcclaimpmt 240625101002 Trn*1*201708060032866*1942761537*94276~	51.80		
8/9		08/09Bankcard Deposit -0425162301	149.00		······
8/9		Purchase authorized on 08/06 H&R Dental Inc. 215-735-6929 PA \$167219049332674 Card 8701		73.44	
8/9		Purchase authorized on 08/08 Paypal *Jaygam17 402-935-7733 CA S307220569818962 Card 8701		110.69	
8/9	1957	Deposited OR Cashed Check		2,000.00	
8/9		Check		245.00	
8/9	1960	Check	····	1,500.00	1,160.51
8/10		Pay Plus Hcclaimpmt 170810 xxxxx7266 Trn*1*28780442*1204056745\	30.00		
8/10		08/10Bankcard Deposit -0425162301	1,615.20		
8/10		Deposit	68.00		
8/10		Deposit Made In A Branch/Store	3,600.00		
8/10		Deposit	217.00		***************************************
8/10		Purchase authorized on 08/08 Glove World 610-4616100 PA S307219555408036 Card 8701		237.50	
8/10		Bill Pay Best Buy on-Line Xxxxxxxxxxx59669 on 08-10		150.00	··············
8/10	<	Business to Business ACH Debit - Pay Plus Achtrans 170810 xxxxx9291 Zp Account 5		0.57	
8/10	1962	Check		600.00	5,702.64
8/11		Met Life Ins. CO Hcclaimpmt 1MI006638627 Trn*1*007990006638627*1135581829~	38.00		***************************************
8/11		Aetna AS01 Hcclaimpmt xxxxx7266 Trn*1*817220510004550*1066033492\	105.00		
8/11		Unitedhealthcare Payment 170811 7018 Patelka Dental LLC	136.00		
8/11		Unitedhealthcare Payment 170811 64231 Patelka Dental LLC	222.00		
8/11		Met Life Ins. CO Hcclaimpmt 1MI006619853 Trn*1*007990006619853*1135581829~	253.40		
		1111 1 00/330000013033 1133301023			

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 35 of 1401

Account number: 8017 ■ August 1, 2017 - August 31, 2017 ■ Page 4 of 11



	Check		Deposits/	Withdrawals/	Ending dails
Date	Number	Description	Credits	Debits	balanc
8/11		Aetna A04 Hcclaimpmt xxxxx7266 Trn*1*817220520004415*1066033492\	292.40		
8/11		Deltadentalpa6P Hcclaimpmt 240625101002	1,209.30		
		Trn*1*201708080031450*1231667011*23166~	,		
8/11		Keystone First Payment 170811 54 Patelka Dental LLC	1,608.20		······································
8/11		Keystone First Payment 170811 6782 Patelka Dental LLC	2,935.50	······································	
8/11		Avesis - Claims ACH081017 112718Bu Patelka Dental Managem	3,885.50		
8/11		Keystone First Payment 170811 64231 Patelka Dental LLC	6,072.64	******	
8/11		08/11Bankcard Deposit -0425162301	130.00		
8/11		Deposit	1,437.00		
8/11		Purchase authorized on 08/10 Henry Schein Techn 866-739-7695 UT S387222696005827 Card 8701		204.58	
8/11		Purchase authorized on 08/10 Phila Code Unit Fa 215-5672605 PA S467222744829189 Card 8701		52.00	
8/11		Patelka Dental L WF Payroll 170814 7188521 Payroll Invoice	***************************************	73.30	
8/11		Patelka Dental L WF Payroll 170814 2636365 Payroll DD		6,043.35	
8/11		Wells Fargo Busi Tax Col Payroll Philad 7188521		2,319.23	
8/11	·	Bill Pay Waste Management on-Line xxxxxxxxxx24484 on 08-11		364.72	
B/11		Bill Pay Verizon Bustleto on-Line Xxxxxxxxxxx8765Y on 08-11		547.01	
8/11	1963	Check		1,325.00	
B/11	1964	Check		500.00	
8/11	1967	Check		2,168.00	
8/11	1968	Check		4,000.00	
B/11	1911	Check		1,500.00	5,217.3
3/14		Deposit	5,601.52		
3/14		08/14Bankcard Deposit -0425162301	84.00		
8/14		Deposit	767.40		
B/14		Deposit Made In A Branch/Store	2,400.00		
8/14		Recurring Payment authorized on 08/11 Glove World 610-4616100 PA S307222749708605 Card 8701		260.00	
8/14		Purchase authorized on 08/11 Amz*Precision Roll 866-216-1072 WA S587223539497665 Card 8701		51.63	
8/14		Purchase authorized on 08/12 Align Technology San Jose CA S467223581996484 Card 8701		729.00	
8/14		Purchase authorized on 08/11 Ortho Technology 8009993161 FL S307223586896568 Card 8701		674.70	
B/14		Purchase authorized on 08/11 Dyna Flex 800-4894020 MO S387223759097388 Card 8701		615.45	
8/14		Purchase authorized on 08/11 Anaheim Dental Sup Anaheim CA S467223802616300 Card 8701		58.03	
3/14	1970	Deposited OR Cashed Check		2.800.00	
3/14	1370	Bill Pay Wells Fargo Credit Card on-Line Xxxxxxxxxxx0025 on 08-14		300.00	
3/14	1965	Deposited OR Cashed Check		250.00	
3/14	1950	Check		2,000.00	6,331.50
3/15		Mobile Deposit : Ref Number :412120385035	321.00	2,000.00	0,001.00
3/15		Mobile Deposit : Ref Number :212120384595	5.00		
3/15		Mobile Deposit : Ref Number :412120384933	5.00		
3/15		Mobile Deposit : Ref Number :312120384828	61.00		
3/15		Mobile Deposit : Ref Number :212120384701	66.00		· · · · · · · · · · · · · · · · · · ·
3/15		Unitedhealthcare Hcclaimpmt xxxxx7266	127.00		······································
		Trn*1*1292310759*1412014834*000052133\			
3/15		08/15Bankcard Deposit -0425162301	1,783.05		······································
3/15		Deposit	547.00		
3/15		Purchase authorized on 08/13 H&R Dental Inc. 215-735-6929 PA S287225734959299 Card 8701		73.44	***************************************
8/15		Purchase authorized on 08/14 Hsps Eservices 1-800-7345561 UT S587226645208873 Card 8701	***************************************	334.37	······································
8/15		Bill Pay Pitney Bowes Pur on-Line Xxxxxxxxxx72105 on 08-15		251.53	
3/15	<	Business to Business ACH Debit - Insurelinx Inc. Ins Prem Effdat		35.62	8,551.59
	Ì	00000001143955 Patelka Dental LLC		33.02	0,001.09

Case 16-14743-mdc Doc 156 Filed 09/29/17 Entered 09/29/17 20:06:02 Desc Main Document Page 326 of 1421

Account number:

8017

Max August 1, 2017 - August 31, 2017 Page 5 of 11



Transaction history (continued) Check Deposits/ Ending daily Withdrawals/ Date Number Description Credits balance 8/16 Unitedhealthcare Hcclaimpmt xxxxx7266 35.20 Trn*1*1292681837*1412014834*000052133\ 8/16 Synchrony Bank Btot Dep 170815 534812028493552 Patelka 423.45 8/16 Mobile Deposit: Ref Number: 416160195788 99.00 8/16 Mobile Deposit: Ref Number: 516160196062 359.92 8/16 Purchase Intl authorized on 08/14 Corinthia Hotel Sankt-Peterbu 1,502.94 Rus S587226405881257 Card 8701 8/16 International Purchase Transaction Fee 45.08 8/16 Purchase authorized on 08/16 Amazon Mktplace Pm 28.44 Amzn.Com/Bill WA S387226576792875 Card 8701 8/16 Purchase authorized on 08/15 Amazon.Com Amzn.Com/Bill WA 10.36 S467226687837384 Card 8701 8/16 Purchase authorized on 08/15 Compass Network Gr 717-2992383 500,00 PA S587227540744311 Card 8701 8/16 Purchase authorized on 08/15 Hsps Eservices 1-800-7345561 UT 32.35 S387227694042191 Card 8701 8/16 Purchase authorized on 08/15 IN *Bio Haz Soluti 570-6452180 PA 57.00 S467227765455964 Card 8701 8/16 Purchase authorized on 08/16 Orbitz*72884641559 Orbitz.Com 374.22 WA S467228053277665 Card 8701 8/16 Purchase authorized on 08/16 Orbitz*72884670119 Orbitz.Com 245.93 WA S387228063092544 Card 8701 8/16 Deposited OR Cashed Check 2,000.00 8/16 Withdrawal Made In A Branch/Store 3.125.00 1,547.84 8/17 Deltadentalca2C Hcclaimpmt 240625101002 67.00 Trn*1*201708140042456*1941461312*77777~ 8/17 Cigna Hcclaimpmt 081517 1386815785 340.80 Trn*1*74081273*1591031071\ 8/17 Met Life Ins. CO Hcclaimpmt 1MI006789554 510.40 Trn*1*007990006789554*1135581829~ 8/17 08/17Bankcard Deposit -0425162301 3,095.76 8/17 Deposit Made In A Branch/Store 3.100.00 8/17 Deposit 487.50 8/17 Purchase authorized on 08/16 Patterson Dental S 800-873-7683 607.29 MN S467228638783729 Card 8701 8/17 Purchase authorized on 08/16 Paypal *Crexidentd 402-935-7733 76.00 CA S467228638841501 Card 8701 8/17 Purchase authorized on 08/16 Paypal *Afdentalsu 402-935-7733 26.99 CA S387228638877752 Card 8701 8/17 1969 Check 258.00 8/17 1973 Check 600.00 7,581.02 8/18 Unitedhealthcare Hcclaimpmt xxxxx7266 98.00 Trn*1*1293251720*1412014834*000052133\ 8/18 Deltadentalpa6P Hcclaimpmt 240625101002 152.00 Trn*1*201708150031910*1231667011*23166~ 8/18 Aetna A04 Hcclaimpmt xxxxx7266 160.40 Trn*1*817227540004138*1066033492\

198.00

251.00

1,138.00

2,629.50

1 221 61

34.19

1.02

34.19

1.02

73.00

Unitedhealthcare Payment 170818 64231 Patelka Dental LLC

Avesis - Claims ACH081717 112718Bu Patelka Dental Managem

Purchase Intl authorized on 08/17 Lufthansa AG220292 Koeln

Purchase Intl authorized on 08/17 Lufthansa AG220292 Koeln

Patelka Dental L WF Payroll 170821 7188521 Payroll Invoice

Aetna AS01 Hcclaimpmt xxxxx7266

Trn*1*817227540004137*1066033492\

08/18Bankcard Deposit -0425162301

Deu S087229259954713 Card 8701

Deu S007229261044346 Card 8701

International Purchase Transaction Fee

International Purchase Transaction Fee

Deltadentalde6D Hcclaimpmt 240625101002

Trn*1*201708150011694*1510228088*51022~

8/18

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Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 937 of 14021

Account number: 8017 ■ August 1, 2017 - August 31, 2017 ■ Page 6 of 11



5.4	Check		Deposits/	Withdrawals/	Ending daily
Date	Number	Description	Credits	Debits	balanc
8/18		Patelka Dental L WF Payroll 170821 2678159 Payroll DD		6,031.21	
8/18	4074	Wells Fargo Busi Tax Col Payroll Philad 7188521		2,345.50	
8/18	1974	Check		1,268.00	
8/18 8/18	1975		***************************************	500.00	
8/18	1959 1956	Check Check		1,000.00	4.074.4
8/21	1936	Cigna Hcclaimpmt 081717 1386815785		770.00	1,371.4
		Trn*1*74291962*1591031071\	9.00		
8/21		Deposit	244.80		
8/21		08/21Bankcard Deposit -0425162301	2,674.11	·····	
8/21		Deposit	2,886.00		
8/21		Mobile Deposit : Ref Number :818210176302	500.00	· · · · · · · · · · · · · · · · · · ·	
8/21		Purchase authorized on 08/17 Den Mat Holdings L 805-9228491 CA S587229397138021 Card 8701		312.96	
8/21		Purchase authorized on 08/18 Glove World 610-4616100 PA S387229637393538 Card 8701		168.75	
8/21		Purchase authorized on 08/18 Bells Flowers Philadelphia PA S467230559281286 Card 8701	**************************************	64.80	
8/21		Purchase authorized on 08/18 Glove World 610-4616100 PA		142.50	***************************************
8/21		S307230624292412 Card 8701 Recurring Payment authorized on 08/20 Domain Listings LI		228.00	
		702-772-7551 NV S587231833647167 Card 8701			
8/21	1977	Deposited OR Cashed Check		300.00	
8/21		Bill Pay Silverscript Ins Recurringxxxx69320 on 08-21		28.50	
8/21				1,000.00	
8/21	1961	Check		2,000.00	
8/21		Check		234.00	
8/21	1978	Check		119.00	3,086.80
8/22		08/22Bankcard Deposit -0425162301	1,629.14		
8/22		Deposit	284.00		
8/22		Purchase authorized on 08/21 Amazon Mktplace Pm Amzn.Com/Bill WA S587227551004467 Card 8701		84.99	
8/22		Purchase Intl authorized on 08/17 Lufthansa 220821 Koeln Rus S087228857825070 Card 8701		108.45	
8/22	***************************************	International Purchase Transaction Fee		3.25	
8/22	***************************************	Purchase Intl authorized on 08/17 Lufthansa 220821 Koeln Rus		120.51	***************************************
		0007000057007070 0 10701		120.51	
8/22	***************************************	International Purchase Transaction Fee		3.61	
8/22		Purchase authorized on 08/21 Paypal *Highqualit 402-935-7733		27.99	
		CA S467233728252133 Card 8701		27.99	
8/22		Purchase authorized on 08/21 Paypal *Nifty 402-935-7733 CA S467233728938256 Card 8701		41.09	
8/22		Bill Pay Philadelphia Gas on-Line xxxxx27177 on 08-22		1.00	
8/22		Business to Business ACH Debit - Insurelinx Inc. Ins Prem Effdat		35.80	**************************************
		00000001149799 Patelka Dental LLC		00.00	
8/22	1945	Check		1,348.00	3,225.25
8/23		Met Life Ins. CO Hcclaimpmt 1MI006953485	44.10	1,010.00	0,220,20
		Trn*1*007990006953485*1135581829~			
8/23		08/23Bankcard Deposit -0425162301	57.60		
8/23		Mobile Deposit : Ref Number :318230568658	49.71		
8/23		Mobile Deposit : Ref Number :218230568527	150.00		
8/23		Mobile Deposit : Ref Number :418230568757	14.00		
8/23		Cashed/Deposited Item Retn Unpaid Fee		12.00	
8/23		Deposited Item Retn Unpaid - Paper 170823		850.00	
8/23		Purchase authorized on 08/21 Future Pharmac0555 Philadelphia PA S587233568281610 Card 8701		248.11	
8/23		Purchase authorized on 08/21 Future Pharmac0555 Philadelphia PA S467233575093546 Card 8701		10.00	
8/23		Purchase authorized on 08/21 H&R Dental Inc. 215-735-6929 PA		217.62	
8/23		S167233607747886 Card 8701 Purchase authorized on 08/23 Amazon Mktplace Pm		31.99	
		Amzn.Com/Bill WA S307234630404650 Card 8701		01.00	

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 9800f 1421

Account number: 8017

8017 🔳 August 1, 2017 - August 31, 2017 🔳 Page 7 of 11



Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
8/23	1980	Check		600.00	1,570.94
8/24		Met Life Ins. CO Hcclaimpmt 1MI006999389 Trn*1*007990006999389*1135581829~	94.50		1,070.0
8/24		Cigna Hcclaimpmt 082217 1386815785 Trn*1*74481950*1591031071\	128.00		
8/24		08/24Bankcard Deposit -0425162301	2,435.20		
8/24	***************************************	Deposit	107.20		
8/24		Deposit Made In A Branch/Store	2,230.00		
8/24	***************************************	Mobile Deposit : Ref Number :711240662933	50.00		
8/24	***************************************	Mobile Deposit : Ref Number :811240663088	50.00		****
8/24		Mobile Deposit : Ref Number :911240663225	50.00	······································	***************************************
8/24		Purchase authorized on 08/23 Dlx for Smallbusin 800-865-1913 MN S587233772164492 Card 8701		393.56	
8/24		Purchase authorized on 08/23 Amazon Mktplace Pm Amzn.Com/Bill WA S467234594610048 Card 8701		58.49	
8/24		Purchase authorized on 08/23 Safeguard Bus Sys 800-523-6660		167.58	6,096.21
8/25		PA S467235577567328 Card 8701			
8/23		Aetna A04 Hcclaimpmt xxxxx7266	40.60		
8/25	· · · · · · · · · · · · · · · · · · ·	Trn*1*817234490004163*1066033492\ Aetna AS01 Hcclaimpmt xxxxx7266	92.00		
		Trn*1*817234540004872*1066033492\	82.00		
8/25		Met Life Ins. CO Hcclaimpmt 1MI007058821 Trn*1*007990007058821*1135581829~	187.20		
8/25		Unitedhealthcare Payment 170825 64231 Patelka Dental LLC	413.00	***************************************	
8/25		Unitedhealthcare Payment 170825 64231 Patelka Dental LLC	545.00		
8/25	,	Deltadentalpa6P Hcclaimpmt 240625101002 Trn*1*201708220031996*1231667011*23166~	997.77		
8/25		Keystone First Payment 170825 6782 Patelka Dental LLC	1,680.70		
8/25		Keystone First Payment 170825 54 Patelka Dental LLC	2,844.90		
8/25		Avesis - Claims ACH082417 112718Bu Patelka Dental Managem	3,787.00	····	
8/25		Keystone First Payment 170825 64231 Patelka Dental LLC	4,548,42		
8/25		Deposit	223.20		
8/25		Purchase authorized on 08/24 Amazon.Com Amzn.Com/Bill WA S387235724654053 Card 8701	******	47.23	
8/25		Purchase authorized on 08/24 Paypal *Waldorfcor 402-935-7733 CA S467236598770838 Card 8701		51.96	
8/25		Purchase authorized on 08/24 Tmobile*Postpaid T 800-937-8997 WA S307236605361507 Card 8701	· · · · · · · · · · · · · · · · · · ·	356.82	· · · · · · · · · · · · · · · · · · ·
8/25		08/25Bankcard Deposit -0425162301	····	007.00	
B/25		Patelka Dental L WF Payroll 170828 7188521 Payroll Invoice	·····	267.00	
3/25		Patelka Dental L WF Payroll 170828 2713979 Payroll DD		73.30	
3/25	1976	Deposited OR Cashed Check		6,047.18 2.000.00	
8/25	1070	Bill Pay Comcast on-Line xxxxxxxxx07012 on 08-25		129.35	
3/25		Wells Fargo Busi Tax Col Payroll Philad 7188521		2,266.92	
8/25	1982	Check		864.00	
B/25		Check		500.00	8,842,24
B/28		Met Life Ins. CO Hcclaimpmt 1MI007080291 Trn*1*007990007080291*1135581829~	83.00	300,00	0,042.24
B/28		Met Life Ins. CO Hcclaimpmt 1MI007099524	91.20		
8/28		Trn*1*007990007099524*1135581829~ 08/28Bankcard Deposit -0425162301	220.00		
8/28		08/28Bankcard Deposit -0425162301	239.00		
3/28		Mobile Deposit : Ref Number :618280478461	1,732.08	······································	
3/28		Mobile Deposit : Ref Number :618280478977	10.00 80.00		
3/28		Mobile Deposit: Ref Number:918280479284	143.00		
3/28	,	Mobile Deposit : Ref Number :718280478264	143.00	~ 1.··	
3/28		Mobile Deposit : Ref Number :019280479377			
3/28		Mobile Deposit: Ref Number:019280479377 Mobile Deposit: Ref Number:718280478675	249.00		
3/28		Mobile Deposit: Ref Number:818280478130	321.00		
3/28	···	Purchase authorized on 08/25 Staples Direct 800-3333330 MA	350.00	122.03	
		S307236678586608 Card 8701	***************************************	122.03	

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:00:02 Desc Main Document Page 939 of 1421



	Check		Deposits/	Withdrawals/	Ending dail
Date	Number	Description	Credits	Debits	baland
8/28		Purchase authorized on 08/26 Mag*Magazines.Com		10.00	
8/28		800-929-2691 TN S307237245497148 Card 8701 Purchase authorized on 08/26 Amazon Mktplace Pm		07.00	
0/20		Amzn.Com/Bill WA S307237604769598 Card 8701		37.99	
8/28		Purchase authorized on 08/26 Apl* Itunes.Com/Bi 866-712-7753		9.99	
		CA S387238345525265 Card 8701		5.55	
8/28	1984	Deposited OR Cashed Check	***************************************	300.00	***************************************
8/28		Non-WF ATM Withdrawal authorized on 08/27 11000 Roosevelt	THE TOTAL PROPERTY OF	503.50	
		BI Philadelphia PA 00387239687932723 ATM ID MI6190 Card			
0.100		8701			
8/28	***************************************	Non-Wells Fargo ATM Transaction Fee		2.50	
8/28		Bill Pay Penn National IN on-Line xxxxx64748 on 08-28		1,933.34	
8/28 8/28	1971	Erie Ins Group Eriexpspay Q122809330 Igor Kutovoy		317.97	
8/28	1971	Check Check		2,000.00	
8/28	1986	Check		3,648.00	2.400.0
8/29	1000	Met Life Ins. CO Hcclaimpmt 1MI007124089	41.00	287.00	3,129.2
o, 20		Trn*1*007990007124089*1135581829~	41.00		
8/29		Met Life Ins. CO Hcclaimpmt 1MI007124090	379.40		
		Trn*1*007990007124090*1135581829~	0,0.10		
8/29		08/29Bankcard Deposit -0425162301	1,615.30		
8/29		Recurring Payment authorized on 08/28 Dentsply Ih	······································	1,913.64	
		781-890-6800 MA S467240597204664 Card 8701			
8/29		Purchase authorized on 08/28 McDonald Avenue PA Brooklyn NY		146.06	
		S087240713293625 Card 8701			
8/29		Purchase authorized on 08/28 Acme Philadelphia PA		42.23	
0.000		S307240831817382 Card 8701			*************************
8/29	<	Business to Business ACH Debit - Insurelinx Inc. Ins Prem Effdat		35.68	3,027.29
8/30		000000001154463 Patelka Dental LLC	40.00		
0/30		Deltadentalny6Y Hcclaimpmt 240625101002 Trn*1*201708270081748*1111980218*11198~	43.00		
8/30	****	Dentegra -7A Hcclaimpmt 240625101002	56.00		
0,00		Trn*1*201708270097392*1751233841*AARP1~	36.00		
8/30	***************************************	Met Life Ins. CO Hcclaimpmt 1MI007204745	118.40		
		Trn*1*007990007204745*1135581829~	110.10		
8/30	***************************************	08/30Bankcard Deposit -0425162301	232.00		
8/30		Deposit	222.36		
8/30		Deposit Made In A Branch/Store	2,640.00		
8/30		Purchase authorized on 08/29 Amazon Mktplace Pm		32.99	
		Amzn.Com/Bill WA S387240733591432 Card 8701			
8/30		Purchase authorized on 08/30 Amazon Mktplace Pm		10.00	
0.40.0		Amzn.Com/Bill WA S307241625124887 Card 8701			
8/30		Bill Pay Lexus Financial Recurringxxxxxxtl427 on 08-30		460.00	5,836.06
3/31		Unitedhealthcare Hcclaimpmt xxxxx7266	167.00		
B/31		Trn*1*1295946566*1412014834*000052133\	470.00		
0/3		Met Life Ins. CO Hcclaimpmt 1MI007232554 Trn*1*007990007232554*1135581829~	172.60		
3/31		Cigna Hcclaimpmt 082917 1386815785	402.00		
3/3/		Trn*1*74710684*1591031071\	402.00		
3/31		08/31Bankcard Deposit -0425162301	3,035.70		
3/31		Purchase authorized on 08/29 Glove World 610-4616100 PA	0,000.70	142.50	
		S387240716988192 Card 8701		112.00	
3/31		Purchase authorized on 08/30 Amazon Mktplace Pm		7.99	·····
		Amzn.Com/Bill WA S467241623924759 Card 8701			
3/31		Purchase authorized on 08/30 Amazon Mktplace Pm	***************************************	65.67	***************************************
*******		Amzn.Com/Bill WA S307241751994567 Card 8701			
3/31		Recurring Payment authorized on 08/30 Carriage Trade Cle		689.30	
····		215-3573400 PA S587242427887390 Card 8701			
3/31		Purchase authorized on 08/30 Amazon Mktplace Pm		17.70	
VO.4		Amzn.Com/Bill WA S587242600839150 Card 8701			
3/31		Purchase authorized on 08/31 Wholefds Jen 101 1575 Fai		151.05	
		Jenkintown PA P00467243736518648 Card 8701			

Filed 09/29/17 Entered 09/29/17 20:00:02 Case 16-14743-mdc Doc 156 Desc Main **Doccument**t Pragge 9450 off 14021.

Account number:

8017 ■ August 1, 2017 - August 31, 2017 ■ Page 9 of 11



Transaction history (continued)

	Check		Deposits/	Withdrawals/	Ending daily
Date	Number	Description	Credits	Debits	balance
8/31		Bill Pay Independence Blu on-Line xxxxxxxx03000 on 08-31		1,675.98	
8/31	1990	Check	***************************************	600.00	
8/31	1988	Check		243.00	***************************************
8/31		Transactions Fee		8.00	····
8/31		Cash Deposited Fee		50.70	5,961.47
Ending ba	lance on 8/31				5,961.47
Totals			\$125,871.05	\$120,525.61	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
1911	8/11	1,500.00	1957	8/9	2,000.00	1973	8/17	600.00
1921 *	8/1	1,420.00	1958	8/7	1,530.00	1974	8/18	1,268.00
1938 *	8/7	770.00	1959	8/18	1,000.00	1975	8/18	500.00
1941 *	8/3	2,000.00	1960	8/9	1,500.00	1976	8/25	2,000.00
1943 *	8/21	1,000.00	1961	8/21	2,000.00	1977	8/21	300.00
1944	8/7	1,000.00	1962	8/10	600.00	1978	8/21	119.00
1945	8/22	1,348.00	1963	8/11	1,325.00	1979	8/21	234.00
1946	8/4	3,000.00	1964	8/11	500.00	1980	8/23	600.00
1949 *	8/7	2,000.00	1965	8/14	250.00	1982 *	8/25	864.00
1950	8/14	2,000.00	1967 *	8/11	2,168.00	1983	8/25	500.00
1951	8/3	600.00	1968	8/11	4,000.00	1984	8/28	300.00
1952	8/4	1,305.00	1969	8/17	258.00	1985	8/28	3,648.00
1953	8/7	500.00	1970	8/14	2,800.00	1986	8/28	287.00
1954	8/4	250.00	1971	8/28	2,000.00	1988 *	8/31	243.00
1955	8/9	245.00	1972	8/16	2,000.00	1990 *	8/31	600.00
1956	8/18	770.00						

^{*} Gap in check sequence.

Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

Fee period 08/01/2017 - 08/31/2017	Standard monthly service fee \$14.00	You paid \$0.00	
How to avoid the monthly service fee	Minimum required	This fee period	
Have any ONE of the following account requirements		•	
· Average ledger balance	\$7,500.00	\$4,510.00	
· Qualifying transaction from a linked Wells Fargo Business Payroll Services acc	count 1	12 🗹	
 Qualifying transaction from a linked Wells Fargo Merchant Services account 	1	23 🗹	
 Total number of posted Wells Fargo Debit Card purchases and/or payments 	10	72 🗹	
- Enrollment in a linked Direct Pay service through Wells Fargo Business Online	1	0 🗆	
· Combined balances in linked accounts, which may include	\$10,000.00		
- Average ledger balances in business checking, savings, and time accounts			

Business to Business ACH: If this is a business account, this transaction has a return time frame of one business day from post date. This time frame does not apply to consumer accounts.

Doc 156 Case 16-14743-mdc Filed 09/29/17 Entered 09/29/17 20:06:02 **Desc Main** Pragge 9471 off 14021 **Doccument**t



Monthly service fee summary (continued)

How to avoid the monthly service fee

- Most recent statement balance in eligible Wells Fargo business credit cards and lines of credit, and combined average daily balances from the previous month in eligible Wells Fargo business and commercial loans and lines of credit
- For complete details on how you can avoid the monthly service fee based on your combined balances please refer to page 7 of the Business Account Fee and Information Schedule at www.wellsfargo.com/biz/fee-information

wxwx

Minimum required

This fee period

Account transaction fees summary

		Units	Excess	Service charge per	Total service
Service charge description	Units used	included	units	excess units (\$)	charge (\$)
Cash Deposited (\$)	24,400	7,500	16,900	0.0030	50.70
Transactions	216	200	16	0.50	8.00

Total service charges \$58.70

IMPORTANT ACCOUNT INFORMATION

Beginning in August 2017, we are enhancing the description of certain non-consumer ACH debit entries to include "Business to Business ACH". This entry description may appear on your statements and online banking transaction histories. The terms governing these entries remain the same and are found in the Business Account Agreement section titled "Funds transfer service" under the subsection "ACH transactions". Under ACH rules, a Business to Business ACH debit entry has a return time frame of one business day from the date the entry posted to your account. In order for the Bank to meet this deadline, you are required to notify us to return any Business to Business ACH debit entry as unauthorized by the cutoff time which is currently 3:00 PM Central Time. If you do not notify us within one business day from the date the unauthorized entry is posted to your account, we will not be able to return it without the cooperation and agreement of the originating bank and the originator of the debit entry. Any other effort to recover the funds must occur solely between you and the originator of the entry.

Filed 09/29/17 Entered 09/29/17 20:00:02 Case 16-14743-mdc Doc 156 Desc Main **Doccument**t Pragge 9432 of 14021

Account number: 8017

■ August 1, 2017 - August 31, 2017 ■ Page 11 of 11



General statement policies for Wells Fargo Bank

■ Notice: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery, P.O. Box 5058, Portland, OR 97208-5058.

You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

Account Balance Calculation Worksheet	Number	Items Outstanding	Amount
Use the following worksheet to calculate your overall account balance.			
2. Go through your register and mark each check, withdrawal, ATM			
transaction, payment, deposit or other credit listed on your statement.			
Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn			
from your account during this statement period.			
Use the chart to the right to list any deposits, transfers to your account,			
outstanding checks, ATM withdrawals, ATM payments or any other			
withdrawals (including any from previous months) which are listed in			
your register but not shown on your statement.			
ENTER	17 17 17 17 17 17 17 17 17 17 17 17 17 1		-
A. The ending balance shown on your statement			
Shown on your statement	***************************************		
ADD			
3. Any deposits listed in your \$			
register or transfers into \$			ar many
your account which are not		***************************************	
shown on your statement. + \$			
CALCULATE THE SUBTOTAL			
(Add Parts A and B)			
TOTAL \$			
SUBTRACT			
. The total outstanding checks and withdrawals from the chart above \$			
withdrawais from the chart above			
ALCULATE THE ENDING BALANCE			
(Part A + Part B - Part C)			
This amount should be the same			
as the current balance shown in			
your check register			

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EXHIBIT E - LIQUIDATION ANALYSIS

Debtor's Estimated Liquidation Value of Assets

A	Cash On Hand		$$4,885^3$		
В	Accounts Receivable (Assuming 100% Collection)	1	\$222,920		
C			\$0		
Γ	•		\$18,900		
Е	. Machinery & Equipment		\$23,400		
F	¥ 1 1		\$10,000		
C			\$0		
H			\$0		
I	. Investment Property		\$0		
J	. Lawsuits Or Other Claims Against Third Parties		\$0		
K	Other		\$0		
	TOTAL ASSETS AT LIQUIDATION VALUE		\$280,105		
Less:		\$ 642,097.80			
Secured	l creditors (Bank of America) recoveries				
Less:		\$ 25,000			
Chapter	7 trustee fees and expenses (including costs of sale)				
Less:		\$ 61,000			
WARN	Notices and payroll for WARN period				
Less:		\$ 165,000 ⁶			
Chapter	· 11 administrative expenses				
Less:		\$ 19,760.17 ⁷			
Priority claims, excluding administrative expense claims					
1.)	Balance for unsecured claims	\$ 0			
2.)	Total dollar amount of unsecured claims	\$ 599,225.998			
	age that Unsecured Creditors Would Receive Or Retain in er 7 Liquidation:	0 %			
Est. An	nt. Unsecured Creditors Will Receive under the Plan:	\$ 100,0009; 16.67%	,)		

³ As of July 31, 2017.

Approximately \$20,0000 of the accounts receivable are outstanding more than 90 days.

Due to healthcare reimbursement limitations, this unit has remained in storage since 2014. Debtor's attempts to sell the mobile unit have been unsuccessful as there is not a market for this asset under the present healthcare legislation.

Approximate amount owed through September 29, 2017 to all retained professionals.

Debtor's audit was recently completed and Debtor will be working with the taxing authorities to determine total amount to be paid for tax obligations.

⁸ Amount excludes claims in Classes 3 through 6, which are separately classified, in order to show the true distribution to Class 7.

Does not include amounts being paid to Classes 3 through 6 under the Plan. Assumes gross revenues of \$2,500,000 in each of calendar years 2018 and 2019.

Case 16-14743-mdc Doc 150 Filed 09/29/17 Entered 09/29/17 20:06:34 Desc Main Document Page 100 of 101

EXHIBIT F - CASH ON HAND ON EFFECTIVE DATE OF PLAN:

Cash on hand on effective date of the Plan:	\$ 112,869
Less -	
Amount of administrative expenses payable on effective date of the Plan	\$325
Amount of statutory costs and charges	\$4,875
Amount of cure payments for executory contracts	\$25,000
Other Plan Payments due on effective date of the Plan	\$30,260.17
Balance after paying these amounts	\$52,408.83

The sources of the cash Debtor will have on hand by the effective date of the Plan are estimated as follows:

Cash in Debtor's bank account now \$4,885

Net earnings between now and effective date of the Plan

Borrowing

Capital Infusion

Other

Total \$112,869

Includes receipt of initial EB-5 Investment in the amount of \$100,000.

EXHIBIT G – PROJECTIONS OF CASH FLOW AND EARNINGS FOR POST-CONFIRMATION PERIOD

(TO BE FILED)