Fill in this information to identify your case:				
United States Bankruptcy Court for the:				
MIDDLE DISTRICT OF PENNSYLVANIA	_			
Case number (if known)	Chapter	11	_	
	-			Check if this an amended filing

Official Form 201 Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	Timberview Veterinary Hospital, Inc.	
2.	All other names debtor used in the last 8 years		
	Include any assumed names, trade names and <i>doing business as</i> names	Timber View Veterinary P.C.	
3.	Debtor's federal Employer Identification Number (EIN)	20-1602733	
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
		106 West Cabin Hollow Road Dillsburg, PA 17019	
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
		York County	Location of principal assets, if different from principal place of business
			Number, Street, City, State & ZIP Code
5.	Debtor's website (URL)	http://timberviewvet.com/	
6.	Type of debtor	Corporation (including Limited Liability Company ((LLC) and Limited Liability Partnership (LLP))
		□ Partnership (excluding LLP)	
		□ Other. Specify:	
		· · ·	

Timberview Veterinary Hospital, Inc.

7. Describe debtor's business A. Check of

Debtor

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- □ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- □ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- □ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above
- B. Check all that apply
- Tax-exempt entity (as described in 26 U.S.C. §501)
- D Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- □ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))
- C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <u>http://www.uscourts.gov/four-digit-national-association-naics-codes</u>.

8.	Under which chapter of the	Check d	one:						
Bankruptcy Code is the debtor filing?		🛛 Cha	apter 7						
	contor minigr	Chapter 9							
		Cha	apter 11. C	heck a	ll that apply:				
									wed to insiders or affiliates) nd every 3 years after that).
					business debtor,	attach the mo ederal income	ost recent baland tax return or if a	ed in 11 U.S.C. § 101(5 ce sheet, statement of o all of these documents o	
					A plan is being fi	led with this p	etition.		
					Acceptances of t accordance with			tion from one or more cl	asses of creditors, in
					Exchange Comm	nission accord	ing to § 13 or 18 In for Non-Indivi	for example, 10K and 10 5(d) of the Securities Ex iduals Filing for Bankrup	DQ) with the Securities and change Act of 1934. File the <i>tcy under Chapter 11</i>
					The debtor is a s	hell company	as defined in th	e Securities Exchange	Act of 1934 Rule 12b-2.
		🛛 Cha	pter 12					-	
9.	Were prior bankruptcy	No.				<u>-</u>			
	cases filed by or against the debtor within the last 8 years?	📕 Yes.							
	If more than 2 cases, attach a separate list.		District	Midd	lle District PA	When	5/30/14	Case number	14-02535-RNO
			District	PEN	NSYLVANIA DLE	When	9/12/11	Case number	11-06257-RNO
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?	■ No □ Yes.							
	List all cases. If more than 1, attach a separate list		Debtor					Relationship	
			District			When		Case number, if	known

Official Form 2 Gase 1:16-bk-01442 Mary Petrogramor File dougle Page 2 of 48

Det	otor <u>Timberview Veteri</u>	nary Hos	spital, Inc.	Case number (if know	m)			
11.	Why is the case filed in	Check a	ill that apply:					
	this district?	■ D	ebtor has had its domicile, prir	ncipal place of business, or principal assets				
		-	eceding the date of this petition or for a longer part of such 180 days than in any other district. bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.					
			-					
12.	Does the debtor own or have possession of any	No No						
	real property or personal property that needs	🛛 Yes.	Answer below for each prop	erty that needs immediate attention. Attach	additional sheets if needed.			
	immediate attention?		Why does the property nee	pply.)				
			\square It poses or is alleged to p	ose a threat of imminent and identifiable ha	azard to public health or safety.			
			What is the hazard?					
			□ It needs to be physically s	secured or protected from the weather.				
			It includes perishable goo livestock, seasonal goods	ods or assets that could quickly deteriorate , meat, dairy, produce, or securities-related	or lose value without attention (for example, I assets or other options).			
			Other					
			Where is the property?					
				Number, Street, City, State & ZIP Code	,			
			Is the property insured?					
			□ No					
			Yes. Insurance agency					
			Contact name	···				
			Phone					
	Statistical and admin	istrative i	nformation					
13.	Debtor's estimation of	. 0	Check one:		<u></u>			
	available funds		Funds will be available for distribution to unsecured creditors.					
		_	After any administrative expenses are paid, no funds will be available to unsecured creditors.					
			· · · · · · · · · · · · · · · · · · ·					
14.	Estimated number of creditors	□ 1-49						
		■ 50-99 □ 100-1		□ 5001-10,000 □ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000			
		200-9						
15	Estimated Assets			□ \$1,000,001 - \$10 million				
		■ \$0 - \$	50,000 01 - \$100,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion			
			001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500,	001 - \$1 million	🖾 \$100,000,001 - \$500 million	☐ More than \$50 billion			
16.	Estimated liabilities	□ \$0 - \$		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
			001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$300,000,001 - \$10 billion			
			001 - \$500,000	🗖 \$50,000,001 - \$100 million	🛄 \$10,000,000,001 - \$50 billion			
		□ \$500,0	001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			

Debtor	_Timberview	Veterinary	Hospital,	Inc.
	Name			_

Request for Relief, Declaration, and Signatures

Title President

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17.	Declaration and signature
	of authorized
	representative of debtor

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 6, 2016 MM / DD / YYYY Chin us d Signature of authorized representative of debto

Sara E. Mummert Printed name

18. Signature of attorney

_ llu	NU. UMCO	D	Date April 6, 2016	
Signature of att	prney for debtor		MM / DD / YYYY	
Henry W. Var	Eck			
Printed name		· · · ·		
Mette Evans a	and Woodside			
Firm name	-			
3401 North Fi	ront Street			
Harrisburg, P	A 17110-0950			
Number, Street,	City, State & ZIP Code			
Contact phone	717-232-5000	Email address	hwvaneck@mette.com	
•				
83087				
Bar number and	State		-	

Resolution of Board of Directors of Timberview Veterinary Hospital, Inc.

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Sara E. Mummert, President of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Sara E. Mummert, President of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that Sara E. Mummert, President of this Corporation is authorized and directed to employ Henry W. Van Eck, attorney and the law firm of Mette Evans and Woodside to represent the corporation in such bankruptcy case.

Date April 4, 2016

Saca C Mimmet Signed-

Date April , 2016

Signed

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Best Case Bankruptcy

United States	Bankruptcy	Court
Middle Distr	ict of Pennsylv	ania

Debtor(s)

In re __Timberview Veterinary Hospital, Inc.

Case No. Chapter

11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Sara E. Mummert, declare under penalty of perjury that I am the President of Timberview Veterinary Hospital, Inc., and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the G^{Th} day of f_{c} , 2016.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Sara E. Mummert, President of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Sara E. Mummert, President of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that Sara E. Mummert, President of this Corporation is authorized and directed to employ Henry W. Van Eck, attorney and the law firm of Mette Evans and Woodside to represent the corporation in such bankruptcy case."

Date April 4, 2016

Signed —

Sam Co

Sara E. Mummert

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Best Case Bankruptcy

Fill in this inform	nation to identify the case	
Debtor name	Timberview Veterinary	Hospital, Inc.
United States E	Bankruptcy Court for the:	MIDDLE DISTRICT OF
		PENNSYLVANIA
Case number (if known):	

□ Check if this is an

amended filing

Official Form 204 Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	(for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unllquidated, or disputed	If the claim is fully unsecured, fill in only unsecured claim amount		
		and government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Alpha Marketing 10 Hilltop Drive Mount Holly Springs, PA 17065						\$1,800.00
Antech Diagnostics 17672-A Cowan Ave, Suite 200 Irvine, CA 92614						\$1,400.00
Fox 43 15247 Collections Center Chicago, IL 60693						\$1,150.00
IC System PO Box 64437 Saint Paul, MN 55164-0437						\$835.36
Idexx Laboratories One Idexx Drive Westbrook, ME 04092						\$2,300.00
Lamar Advertising Company PO Box 96030 Baton Rouge, LA 70896						\$1,150.00
Merritt Veterinary Supplies 1520 Pineview Road Columbia, SC 29209						\$27,000.00
PA Department of Revenue Bankruptcy Division PO Box 280946 Harrisburg, PA 17128-0946		90 days or less: Accounts Receivable. In debtor's possession		\$2,799.90	\$2,377.53	\$2,799.90

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

Best Case Bankruptcy

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Case 1:16-bk-01442-MDF

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Debtor <u>Timberview Veterinary Hospital, Inc.</u> Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debls, bank loans, professional services,	Indicate if claim Is contingent, unliquidated, or disputed	claim is partially secure	cured, fill in only unsecur d, fill in total claim amour toff to calculate unsecure	nt and deduction for
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
PA Dept of Labor & Industry Office of Unemp Compensation Tax Sv PO Box 60848 Harrisburg, PA 17106-0848		90 days or less: Accounts Receivable. In debtor's possession		\$19,882.11	\$2,377.53	\$19,882.11
Pennsylvania Department of Revenue Burea Dept. 280946 Harrisburg, PA 17108-0946						\$16,993.82
RoadRunner Pharmacy 711 E Carefree Highway Suite 140 Phoenix, AZ 85085						\$2,000.00
State Workers' Insurance Fund 100 Lackawanna Avenue Scranton, PA 18505-5100		· · · · · · · · · · · · · · · · · · ·				\$4,674.00
US Bancorp/Equipment Financing 1550 American Blvd E Suite 450 Minneapolis, MN		CLO15 15W Surgical Laser In debtor's possession		\$25,251.73	\$4,500.00	\$20,751.73
55425 Vet Aura 480 Forest Ave, Suite 408 Locust Valley, NY						\$1,045.60
11560 Vetstreet Inc. 780 Township Line Road						\$6,000.00
Yardley, PA 19067 Webster Veterinary 28905 Network Place Chicago, IL						\$16,310.00
60673-1289 West Shore Tax Bureau 3607 Rosemont Avenue P.O. Box 656 Camp Hill, PA 17001						\$1,580.00

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 2

Best Case Bankruptcy

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Deblor Timberview Veterinary Hospital, Inc. Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professionat services,	Indicate îf claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
WHTM P.O. Box 5860 Harrisburg, PA 17110 WLYH CW15						\$3,570.00 \$3,000.00
3300 North Sixth Street Harrisburg, PA 17110						
Zoetis PO Box 419022 Boston, MA 02241-9022						\$45,000.00

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 3

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Best Case Bankruptcy

Fill	in this information to identify the case:		
	otor name Timberview Veterinary Hospital, Inc.		
Uni	ted States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA		
Ca	se number (if known)		k if this is an ided filing
	ficial Form 206Sum mmary of Assets and Liabilities for Non-Individuals		12/15
Par	t1: Summary of Assets		
1.	Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
	1a. Real property: Copy line 88 from Schedule A/B	\$	0.00
	1b. Total personal property: Copy line 91A from Schedule A/B	\$	33,017.53
	1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$	33,017.53
Par	2: Summary of Liabilities		
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$	73,849.02
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
	3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$	17,722.34
	3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F	+\$	124,222.30
4,	Total liabilities Lines 2 + 3a + 3b	\$	215,793.66

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Fill in this information to identify the case:

Debtor name Timberview Veterinary Hospital, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known)

Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.
Part 1: Cash and cash equivalents

□ No. Go to Part 2. ■ Yes Fill in the information below. All cash or cash equivalents owned or controlled by the debtor Current v 2. Cash on hand Current v 3. Checking, savings, money market, or financial brokerage accounts (Identify all) Name of institution (bank or brokerage firm) Last 4 digits of account number 3. Checking Account with Integrity Bank 3.1. Last 4 digits of account of account number Checking Account with Integrity Bank (Payroll Account) In debtor's possession	
Cash on hand Checking, savings, money market, or financial brokerage accounts (Identify all) Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number Savings Account with Integrity Bank 3.1. (Tax Account) In debtor's possession Checking Account with Integrity Bank (Payroll Account) In debtor's	
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number Savings Account with Integrity Bank 3.1. (Tax Account) In debtor's possession	interest \$200.00
3.1. (Tax Account) In debtor's possession Checking Account with Integrity Bank (Payroll Account) In debtor's	
(Payroll Account) In debtor's	\$25.00
	\$0.00
4. Other cash equivalents (Identify all)	_
5. Total of Part 1. Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.	\$225.00
Part 2: Deposits and Prepayments 6. Does the debtor have any deposits or prepayments?	
■ No. Go to Part 3. □ Yes Fill in the information below.	
Part 3: Accounts receivable 10. Does the debtor have any accounts receivable?	
\Box No. Go to Part 4.	
	page 1 est Case Bankruptcy DESC

Debtor	Timberview Veterina Name	ary Hospital, Inc.	Cas	e number (If known)	
■ Y	es Fill in the information below	w			
11.	Accounts receivable	•••			
,	11a. 90 days old or less:	87,661.68	-	85,284.15 =	\$2,377.53
		face amount	doubtful or uncolled	ctible accounts	
					1
12.	Total of Part 3. Current value on lines 11a -	+ 11b = line 12. Copy the tota	to line 82.	_	\$2,377.53
Part 4: 13. Doe	Investments s the debtor own any invest	tments?			
	o. Go to Part 5. es Fill in the information belov	N.			
Part 5:	Inventory, excluding a				
18. Doe:	s the debtor own any invent	tory (excluding agriculture a	ssets)?		
	o. Go to Part 6. es Fill in the information belov	Ν.			
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including	goods held for resale			
22.	Other inventory or supplie Inventory - See Attached. In debtor's possession	·S	\$0.00		\$1,300.00
23.	Total of Part 5. Add lines 19 through 22. Co	ppy the total to line 84.		_	\$1,300.00
24.	Is any of the property liste ■ No □ Yes	d in Part 5 perishable?			
25.	Has any of the property lis ■ No □ Yes, Book value	ted in Part 5 been purchase Valuation r	-	he bankruptcy was filed? Current Value	
26.		ted in Part 5 been appraised			
Part 6:	Farming and fishing-re	lated assets (other than title			
		ny farming and fishing-relate	ed assets (other than title	d motor vehicles and land)?	
	 Go to Part 7. Fill in the information below 	Ι.			
	Form 206A/B apyright (c) 1996-2016 Best Case, LLC		Assets - Real and Perso	nal Property	page 2 Best Case Bankruptcy
	Case 1:16-bk-014			ntered 04/06/16 16:1 2 of 48	

_	es the debtor own or lease any office furniture, fixtures, e	quipment, or collectibles	?	
_	No. Go to Part 8. Yes Fill in the information below.			
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Equipment, Furnishings and Supplies - See Attached list. In debtor's possession	\$0.00		\$7,715.0
40.	Office fixtures CLO15 15W Surgical Laser In debtor's possession	\$0.00		\$4,500.0
	Equipment consiting of Idexx VetLab Station with Lasercyte, c.2010; Idexx Snapshot DX, c.2011; Idexx Catalyst, c.2010; Idexx Kodak X-ray cassett reader, Model CR-1417; Tosiba Rotabode X-ray tube, Model E7239X and Sedecal X-ray table and stand, Model A650108, c.2010; Mitel 5000 IP phone System with (18) phones and HX controller unit. In debtor's possession	\$0.00		\$16,400.0
1.	Office equipment, including all computer equipment an communication systems equipment and software	d		
2.	Collectibles Examples: Antiques and figurines; paintings, pooks, pictures, or other art objects; china and crystal; stan collections; other collections, memorabilia, or collectibles			
3.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.		_	\$28,615.00
4.	Is a depreciation schedule available for any of the prop ■ No □ Yes	erty listed in Part 7?		
5.	Has any of the property listed in Part 7 been appraised ■ No □ Yes	by a professional within	the last year?	
art 8:	Machinery, equipment, and vehicles			
	es the debtor own or lease any machinery, equipment, or lo. Go to Part 9. 'es Fill in the information below.	vehicles?		

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Debto	or <u>Timberview Veterinary Hospital, Inc.</u>	Case	e number (If known)	
	Yes Fill in the information below.			
Part 1				
59. Do	es the debtor have any interests in intangibles or intelled	ctual property?		
	No. Go to Part 11.			
	Yes Fill in the information below.			
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations Customer List In debtor's possession	\$0.00		\$500.00
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10.		Γ	\$500.00
	Add lines 60 through 65. Copy the total to line 89.			
67.	Do your lists or records include personally identifiable ■ No □ Yes	e information of customer	s (as defined in 11 U.S.C.§§ 1	101(41A) and 107?
68.	ls there an amortization or other similar schedule avai ■ No □ Yes	ilable for any of the prope	rty listed in Part 10?	
69.	Has any of the property listed in Part 10 been appraise ■ No	ed by a professional within	n the last year?	
Part 11	All other assets All other assets that have not yet bee	n reported on this form?		
Inclu	ude all interests in executory contracts and unexpired leases	not previously reported on	this form.	
N	No. Go to Part 12.			
	Yes Fill in the information below.			

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Schedule A/B Assets - Real and Personal Property

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Case number (If known)

Part 12: Summary

Part <u>12 copy</u> all of the totals from the earlie Type of property		urrent value of ersonal property	Current value of property	real
. Cash, cash equivalents, and financial as Copy line 5, Part 1	sets.	\$225.00)	
Deposits and prepayments. Copy line 9,	Part 2	\$0.00	<u>)</u>	
. Accounts receivable. Copy line 12, Part 3		\$2,377.53	<u>}</u>	
. Investments. Copy line 17, Part 4.		\$0.00	<u>)</u>	
. Inventory. Copy line 23, Part 5.	_	\$1,300.00)	
Farming and fishing-related assets. Cop	y line 33, Part 6.	\$0.00)	
Office furniture, fixtures, and equipment Copy line 43, Part 7.	; and collectibles. —	\$28,615.00	-	
Machinery, equipment, and vehicles. Co	oy line 51, Part 8	\$0.00	<u>_</u>	
Real property. Copy line 56, Part 9		>		\$0.00
Intangibles and intellectual property. Co	oy line 66, Part 10.	\$500.00		
All other assets. Copy line 78, Part 11.	+	\$0.00	_	
Total. Add lines 80 through 90 for each colu	umn	\$33,017.53]+ 91b.	\$0.00
Total of all property on Schedule A/B. Ac	ld lines 91a+91b=92			\$33,017.5

Schedule A/B Assets - Real and Personal Property Official Form 206A/B page 5 Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com Best Case Bankruptcy Case 1:16-bk-01442-MDF Doc 1 Filed 04/06/16 Entered 04/06/16 16:19:56 Desc Main Document Page 15 of 48

TIMBERVIEW VETERINARY HOSPITAL OFFICE EQUIPMENT AND FURNISHINGS

Item Description

Item Details

11 Plastic Chairs Fish Tank 3 round end Tables Radio ΤV brand/serial: Vizio 6 large Shelves 1 small Shelf Refrigerator brand/serial: Danby beverage cooler 2 fabric chairs Pictures & fames 2 brochure racks large plastic storage container Kids Table & Chairs 3 metal trash cans Dog Scale brand/serial: JorVet Clock Mop Bucket/Brooms Electric Open Sign Wood Coat Rack/Umbrella Stand Books Kids Toy **2** Plastic Tables **3** Plastic Chairs Water Cooler (Is this ours???) White Refrigerator Silver Refrigerator small TV Microwave Coffee Maker Keurig Misc Dishes **3 Plastic Trash Cans** cleaning supplies Clothes **IP** Phone Plastic Storage Containers Clock Paper Shredder **Small Filing Cabinet** Office Supplies 2 Plastic Trash Cans

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Electronic Wires and Power Strip Cleaning supplies 2 Office Chairs Wood Stool x 2 2 hanging folder dividers picture frames books 4 computers Battery Backup Pelonis portable heater 3 monitors APC Unit 2 microscopes Refrigerator brand/serial: GE 1 Credit Card Machine DVD Player Blue Ray All in One Printer Label Printer Clock Idexx Snap Reader Lease Idexx PC Lease Idexx Catalyst Lease Idexx Lasercyte Lease **3** IP Phones Lease Small centrifuge Large centrifuge Neat Scanner 4 Computers (Exam Rooms 1-4) 4 Monitors **4** Printers 3 small scales Models office supplies medical tools Pictures/diagrams Clocks (3) 2 Stainless Steel Cages **3** Stainless Steel Tables 1 Oak Table 2 metal Chairs 4 plastic trash cans Plastic Rolling Cart 4 IP Phones Lease 1 desk **1 Office Chairs** Books

brand/serial: LG; Lenovo; HP; and Dell

brand/serial: Dell x 2; and HP x 2

brand/serial: Venfone brand/serial: Sony

brand/serial: Dymo

brand/serial: HP; Dell; HP brand/serial: Dell x 2 brand/serial: Brother x 4 brand/serial: JorVet x 3

2

2 wood shelving units Small refrigerator **Office Supplies** 1 Monitor computer APC Unit Cloths 2 Metal Trash Cans 2 Plastic file bin Electronic wires and power strip Server **IP** Phone bird cage recliner Small metal shelf 7 stainless Steel cages **Plastic Rolling Cart Commercial Washer** Commercial Dryer Laundry Baskets Metal Lock Cabinet Mop Bucket/Brooms **IP** Phone 3 Oxygen Tanks Freezer Betco Floor cleaner/polisher Ladder 3 cat carriers Autoclave 2 Monitors Computer Printer Hydraulic Table Sonic cleaner Dental Unit Surgery Table Surgery Light-stand 5 Stainless Steel Cages Blankets/towels 2 plastic trash cans Controlled Drugs medical tools Shop vac trimmers Electronic wires and power strip medical supplies

brand/serial: Hanns brand/serial: Dell

Lease Lease

Lease Rented through Dressel Welding Owned by Cremation Company

brand/serial: mad brand/serial: Dell x 2 brand/serial: Gateway & Dell brand/serial: Brother

office supplies pet bowls X-Ray Unit/Table Lease Reader with PC Lease Lease Cutting Laser **3 IP Phones** Lease 3 fabric stretchers wood stool 2v-trays 2 anesthesia units EKG unit Fluid pump & pole Doppler bp machine radio Shelving Units (5) in hallway 5 stainless steel cages (in Dog Ward) stainless steel table picture frames dog bowls supplies **IP** Phone Lease fan Large Wood Desk small desk wood shelving unit 2 metal filing cabinets Electronic wires and power strip 1 office chair plastic trash can **IP** Phone Lease office supplies Clock large framed picture misc. containers 2 wood desks metal/wood desk brand/serial: Dell 1 computer 2 monitors brand/serial: Samsung x 2 APC Unit plastic trash can 2 office chairs 4 wireless routers large wired router office supplies metal filing cabinet Electronic wires and power strip

wood shelving unit metal shelving unit metal drawer cabinet bulletin board printer Time Clock Phone System 2 IP phones Wood Cabinet Step Stool Clock Misc. Containers Ingenico Credit Card Machine 3 Lasko fans Ultrasound machine

brand/serial: HP Envy

Lease Lease

940392v1

Inite	ed States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA			
	-				
ase	e number (if known)	<u>_</u>			Check if this is an amended filing
~~					amended ming
	cial Form 206D				
		Who Have Claims Secured by Pr	operty		12/1
	complete and accurate as possible. any creditors have claims secured by	debterio svosoviu?			
		ues of s property r age 1 of this form to the court with debtor's other schedules. I	Debtor has not	ning else to	report on this form
	Yes. Fill in all of the information b			ing clac to	report on this form.
	1: List Creditors Who Have Se				
		to have secured claims. If a creditor has more than one secured	Column A		Column B
claim, list the creditor separately for each clair		n.	Amount of cl	aim	Value of collateral that supports this
1			Do not deduct of collateral.	the value	claim
1	Fox Funding/Biz Advance Now	Describe debtor's property that is subject to a lien	Ur	ıknown	\$2,377.53
	Creditor's Name	90 days or less: Accounts Receivable. In			
	140 Broadway, 46th Floor New York, NY 10005	debtor's possession			
-	Creditor's mailing address	Describe the lien			
		Fourth Priority Lien is the creditor an insider or related party?			
		No			
	Creditor's email address, if known	☐ Yes Is anyone else llable on this claim?			
	Date debt was incurred				
	Last 4 digits of account number	Yes. Fill out Schedule H: Codebtors (Official Form 206H)			
	Do multiple creditors have an Interest In the same property?	As of the petition filing date, the claim is: Check all that apply □ Contingent			
	Yes. Specify each creditor, including this creditor and its relative	Unliquidated			
	priority. 1. Internal Revenue Service 2. PA Dept of Labor &				
	Industry				
	3. PA Department of Revenue				
	4. Fox Funding/Biz				
-	Advance Now				
	Internal Revenue Service	Describe debtor's property that is subject to a lien A/R and All of Debtor's Assets	\$25	,915.28	\$2,377.53
	P.O. Box 628				
	Pittsburgh, PA 15230				
-	Creditor's mailing address	Describe the lien			
		First Priority Tax Lien Is the creditor an insider or related party?			
		No			
-	Creditor's email address, if known	□ Yes			
	Date debt was incurred	is anyone else liable on this claim? ■ No			
		chedule D: Creditors Who Have Claims Secured by Pro	perty		page 1
					Best Case Bank

Debt	tor Timberview Veterinary H	lospital, Inc. Case numb	er (if know)	
	Various Last 4 digits of account number	TYes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Do multiple creditors have an interest in the same property? No Yes. Specify each creditor, including this creditor and its relative priority. Specified on line 2.1	As of the petition filing date, the claim is: Check all that apply Contingent Unliquidated Disputed		
2.3	PA Department of Revenue Creditor's Name Bankruptcy Division	Describe debtor's property that is subject to a lien 90 days or less: Accounts Receivable. In debtor's possession	\$2,799.90	\$2,377.53
	PO Box 280946 <u>Harrisburg, PA 17128-0946</u> Creditor's mailing address	Describe the llen Third Priority Lien Is the creditor an insider or related party?		
	Creditor's email address, if known	■ No □ Yes Is anyone else liable on this claim?		
	Date debt was incurred Last 4 digits of account number	■ No □ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
-	Do multiple creditors have an interest in the same property? □ No ■ Yes. Specify each creditor, including this creditor and its relative priority. Specified on line 2.1	As of the petition filing date, the claim is: Check all that apply Contingent Unliquidated Disputed		
2.4	PA Dept of Labor & Industry Creditor's Name Office of Unemp Compensation Tax Sy	Describe debtor's property that is subject to a lien 90 days or less: Accounts Receivable. In debtor's possession	\$19,882.11	\$2,377.53
_	PO Box 60848 Harrisburg, PA 17106-0848 Creditor's mailing address	Describe the lien Second Priority Lien Is the creditor an insider or related party?		
	Creditor's email address, if known	■ No □ Yes Is anyone else liable on this claim? ■		
	Date debt was incurred Last 4 digits of account number	■ No □ Yes, Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property? No Yes. Specify each creditor, including this creditor and its relative priority. Specified on line 2.1	As of the petition filing date, the claim is: Check all that apply Contingent Unliquidated Disputed		
	US Bancorp/Equipment Financing	Describe debtor's property that is subject to a lien	\$25,251.73	\$4,500.00
		Page of Schedule D: Creditors Who Have Claims Secure	d by Property	page 2 of 3
SULWAR	e Copyright (c) 1996-2016 Best Case, LLC - wy Case 1:16-bk-01442		ed 04/06/16 16:19:56 8	Best Case Bankruptcy

or <u>Timberview Veterinary H</u> Name	lospital, Inc. Ca	ase number (if know)
Creditor's Name 1550 American Blvd E Suite 450	CLO15 15W Surgical Laser In debtor's possession	
Minneapolis, MN 55425		
Creditor's mailing address	Describe the lien	
	UCC Lien Is the creditor an insider or related party?	
Creditor's email address, if known	■ No □ Yes	
	L res Is anyone else liable on this claim?	
Date debt was incurred	M No	
03/29/2010 Last 4 digits of account number	Yes. Fill out Schedule H: Codebtors (Official Form	206H)
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply	
■ No	Conlingent	
Yes. Specify each creditor,	Unliquidated	
including this creditor and its relative priority.	Disputed	

3. Total of the dollar amounts from Part 1, Column A, Including the amounts from the Additional Page, if any.

\$73,849.02

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page. Name and address On which line in Part 1 did La

you enter the related creditor?

Last 4 digits of account number for this entity

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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ebtor name Timberview Veterinary Hos	pital, Inc.	_	
nited States Bankruptcy Court for the:MIDDLE	E DISTRICT OF PENNSYLVANIA		
ase number (if known)			
		Check if t amended	
fficial Form 206E/F			
	no Have Unsecured Claims		12/1
t the other party to any executory contracts or unex rsonal Property (Official Form 206A/B) and on Sche	or creditors with PRIORITY unsecured claims and Part 2 for cr ppired leases that could result in a claim. Also list executory cr dule G: Executory Contracts and Unexpired Leases (Official Fo Part 1 or Part 2, fill out and attach the Additional Page of that F	ontracts on <i>Schedule A/B: As</i> orm 206G). Number the entrie	sets - Real a
art 1: List All Creditors with PRIORITY Uns	ecured Claims		
1. Do any creditors have priority unsecured clair	ns? (See 11 U.S.C. § 507).		
No. Go to Part 2.			
Yes. Go to line 2.			
with priority unsecured claims, fill out and attach	we unsecured claims that are entitled to priority in whole or in the Additional Page of Part 1.		riority amou
Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$0.00	\$0.00
Internal Revenue Service	Check all that apply.		<i>volue</i>
Special Proceedures Branch P.O. Box 628 - Insolv. Unit 2	Li Contingent Dunliquidated		
Pittsburgh, PA 15230			
Date or dates debt was incurred	– Basis for the claim: Business Taxes		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	No		
	□ Yes		
Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$728.52	\$728.52
PA Department of Revenue	Check all that apply.	, , , , , , , , , , , , , , , , ,	+
Bireau of Corporate Taxes			
PO Box 280427 Harrisburg, PA 17128	Unliquidated Disputed		
Date or dates debt was incurred	Basis for the claim:		
Last 4 digits of account number	is the claim subject to offset?		
Specify Code subsection of PRIORITY			
-			

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor Timberview Veterinary Hospital, Inc. Case numb			nber (if known)		
2.3	Priority creditor's name and mailing address Pennsylvania Department of Revenue Burea Dept. 280946 Harrisburg, PA 17108-0946	As of the petition filing date, the claim is: <i>Check all that apply.</i> Contingent Unliquidated Disputed	\$16,993.82 \$16,993.82		
	Date or dates debt was incurred	Basis for the claim:			
	Last 4 digits of account number	Is the claim subject to offset?	_		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	■ No □ Yes			
Part 2: 3.		secured Claims nonpriority unsecured claims. If the debtor has more than 6 cred	ilors with nonpriority unsecured claims, fill		
	out and altach the Additional Page of Part 2.		Amount of claim		
3.1	Nonpriority creditor's name and mailing address "Answering Service Care by Ding-a-Ling Answering Services	As of the petition filing date, the claim is: <i>Check all</i> Contingent	that apply. Unknown		
	777 South State Road 7 Margate, FL 33068	☐ Unliquidated ☐ Disputed Basis for the claim:			
	Date(s) debt was Incurred Last 4 digits of account number	Is the claim subject to offset?			
3.2	Nonpriority creditor's name and mailing address Allied Veterinary Cremation, Ltd 1966 Mastersonville Road Manheim, PA 17545 Date(s) debt was Incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	Ihat apply. \$200.00		
	Nonpriority creditor's name and mailing address Alpha Marketing 10 Hilltop Drive Mount Holly Springs, PA 17065 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	that apply. \$1,800.00		
	Nonpriority creditor's name and mailing address Antech Diagnostics 17672-A Cowan Ave, Suite 200 Irvine, CA 92614 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No □ Yes	that apply. \$1,400.00		
	Nonpriority creditor's name and mailing address Bargain Sheet & Dillsburg Banner 31 South Baltimore St Dillsburg, PA 17019 Date(s) debt was incurred	As of the petition filing date, the claim is: <i>Check all</i> Contingent Unliquidated Disputed Basis for the claim:	that apply. \$100.00		
	Last 4 digits of account number	Is the claim subject to offset?			

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	Timberview Veterinary Hospital, Inc.	Case number (if known)	
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is; Check all that apply.	\$230.00
	Bayer Animal Health	Contingent	
	P.O. Box 390		
	Mission, KS 66201		
	Date(s) debt was Incurred		
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? ■ No □ Yes	
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Cabin Hollow Enterprise, LLC	Conlingent	
	275 Thundergust Mill Road	🖵 Unliquidated	
	Wellsville, PA 17365	Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number		
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim Is: Check all that apply.	
0.0	CILS Inc.		\$736.20
	Laundry Equip Service & Sales		
	36 North 16th St		
	Lebanon, PA 17042		
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$300.00
	Cintas Corporation #395	Contingent	\$500.00
	PO Box 630803		
	Cincinnati, OH 45263-0803		
	Date(s) debt was incurred		
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset?	
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$252.93
	Comcast Business	Contingent	
	One Concast Center	Unliquidated	
	1701 JFK Blvd	Disputed	
	Philadelphia, PA 19103-2838	Basis for the claim:	
	Date(s) debt was incurred		
<u></u>	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$42.00
	DCPAH	Contingent	
	4125 Beaumont Road	🗖 Unliquidated	
	Lansing, MI 48910	Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number		
		Is the claim subject to offset? No Yes	
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$197.48
	Dilisburg Area Authority	Contingent	
	PO Box 370	🗖 Unliquidated	
	Dillsburg, PA 17019	Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	- 	
		is the claim subject to offset? No Yes	<u>-</u>

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Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor <u>Timberview Veterinary Hospital, In</u>	C. Case number (if known)	
3.13 Nonpriority creditor's name and mailing addres Dressel Welding PO Box 225 Brattleboro, VT 05302-0225 Date(s) debt was incurred _	☐ Contingent ☐ Unliquidated ☐ Disputed	\$60.00
Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? I No I Yes	
3.14 Nonpriority creditor's name and mailing addres Fox 43 15247 Collections Center Chicago, IL 60693 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$1,150.00
3.15 Nonpriority creditor's name and mailing address Fox Funding/Biz Advance Now Date(s) debt was incurred Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> Contingent Unliquidated Disputed Basis for the claim:	<u>Unknown</u>
3.16 Nonpriority creditor's name and mailing address Franklintown Borough Municipality 1165 Baltimore Street Dillsburg, PA 17019 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is; <i>Check all that apply.</i> Contingent Unliquidated Disputed Basis for the claim:	\$100.70
3.17 Nonpriority creditor's name and mailing address Frantz Bookkeeping LLC 6 Ewell Drive East Berlin, PA 17316 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$0.00
3.18 Nonpriority creditor's name and mailing address Great America Financial Services PO Box 660831 Dallas, TX 75266-0831 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> Contingent Unliquidated Disputed Basis for the claim:	\$0.00
3.19 Nonpriority creditor's name and mailing address IC System PO Box 64437 Saint Paul, MN 55164-0437 Date(s) debt was incurred Last 4 digits of account number	As of the petition filling date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$835.36

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	Timberview Veterinary Hospital, Inc.	Case number (if known)	
	Nonpriority creditor's name and mailing address Idexx Laboratories One Idexx Drive Westbrook, ME 04092 Date(s) debt was Incurred _	As of the petition filing date, the claim is: <i>Check all that apply.</i> Contingent Unliquidated Disputed Basis for the claim:	\$2,300.00
	Last 4 digits of account number	ls the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address IDrive 26115 Mureau Rd, Suite A Calabasas, CA 91302 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$0.00
	Nonpriority creditor's name and mailing address Intervet Inc. Box 198428 Atlanta, GA 30384-8428 Date(s) debt was Incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	\$300.00
	Nonpriority creditor's name and mailing address Ipath Cloud Solutions 40 Lloyd Ave, Suite 106 Malvern, PA 19355 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	\$0.00
	Nonpriority creditor's name and malling address Lamar Advertising Company PO Box 96030 Baton Rouge, LA 70896 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Is the claim subject to offset? ■ No ☐ Yes	\$1,150.00 <u></u>
, , , ,	Nonpriority creditor's name and mailing address Merritt Veterinary Supplies 1520 Pineview Road Columbia, SC 29209 Date(s) debt was incurred Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Is the claim subject to offset? ■ No ☐ Yes	\$27,000.00
	Nonpriority creditor's name and mailing address MetEd/First Energy PO Box 3687 Akron, OH 44309-3687 Date(s) debt was incurred _ _ast 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$357.49

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Debto	Timberview Veterinary Hospital, Inc.	Case number (if known)	
3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Mills Pet Nutrition	Contingent	φυ.υυ
	PO Box 842257		
	Dallas, TX 75284-2257		
	Date(s) debt was incurred _	•	
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset?	
3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Penn Waste	Contingent	
	PO Box 3066	🗖 Unliquidated	
	York, PA 17402	Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
3.29			
5,2,8	Nonpriority creditor's name and mailing address Premier Comm	As of the petition filing date, the claim is: Check all that apply.	Unknown
	415 N Prince St, Suite 200		
	Lancaster, PA 17603		
		Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the clairn subject to offset? 📕 No 🛛 Yes	
3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Pure Water Technology of Central PA		<u> </u>
	1200 Corporate Blvd, Suite G		
	Lancaster, PA 17601	Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number		
	- <u> </u>	ls the claim subject to offset? ■ No □ Yes	
3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$384.69
	Rauch-Milliken International Inc.		· · · ·
	PO Box 8390		
	Metairie, LA 70011-9090	Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
3.32	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$587.40
	RoadRunner Pharmacy	Contingent	
	711 E Carefree Highway, Suite 140	Unliquidated	
	Phoenix, AZ 85085	Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number	Is the claim subject to offset? 📕 No 🛛 Yes	
3.33	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,000.00
اI	RoadRunner Pharmacy	Contingent	Ψ2,000.00_
	711 E Carefree Highway		
	Suite 140		
	Phoenix, AZ 85085		
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? No Ves	
·		· · · · · · · · · · · · · · · · · · ·	

Schedule E/F: Creditors Who Have Unsecured Claims

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BXM Nonpriority creditor's name and mailing address As of the pation filing date, the claim is: Couck at <i>Indexpoly</i> \$409.55 Scoreboard Sports Marketing Contingent Uriking date, the claim is: Couck at <i>Indexpoly</i> \$409.55 222 A/Renue E East Uriking date, the claim is: Couck at <i>Indexpoly</i> \$409.55 223 Menpriority creditor's name and mailing address As of the pation filing date, the claim is: Couck at <i>Indexpoly</i> \$0.00 335 Monpriority creditor's name and mailing address As of the pation filing date, the claim is: Couck at <i>Indexpoly</i> \$0.00 335 Monpriority creditor's name and mailing address As of the pation filing date, the claim is: Couck at <i>Indexpoly</i> \$0.00 345 Monpriority creditor's name and mailing address As of the pation filing date, the claim is: Couck at <i>Indexpoly</i> \$0.00 585 Nonpriority creditor's name and mailing address As of the pation filing date, the claim is: Couck at <i>Indexpoly</i> \$0.00 595 Nonpriority creditor's name and mailing address As of the pation filing date, the claim is: Couck at <i>Indexpoly</i> \$317.50 595 Single of account number	Debtor	Timberview Veterinary Hospital, Inc.	Case number (if known)	
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Date(s) debt was incurred			Unliquidated	
Last 4 digits of account number		Harrisburg, PA 17110	Disputed	
Last 4 digits of account number		Date(s) debt was incurred	Basis for the claim:	
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Date(s) debt was incurred			Basis for the claim:	
			Is the claim subject to offset? 📕 No 🔲 Yes	
		Last + aigits of account number		

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Debtor	Timberview Veterinary Hospital, Inc.	Case number (if known)	
3.41	Nonpriority creditor's name and mailing address Today's Home & Leisure	As of the petition filing date, the claim is: <i>Check all that apply.</i> ☐ Contingent ☐ Unliquidated	Unknown
	Date(s) debt was incurred	Disputed	
	Last 4 digits of account number	-	
		Basis for the claim:	
		Is the claim subject to offset?	
3.42	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Travelers Insurance		· · · · ·
	One Tower Square	Unliquidated	
	Hartford, CT 06183		
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
3.43	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Verizon	Contingent	
	PO Box 5029		
	Wallingford, CT 06492	Disputed	
	Date(s) debt was Incurred	Basis for the claim:	
	Last 4 digits of account number <u>0001</u>	Is the claim subject to offset?	
11	Nonpriority creditor's name and mailing address Vet Aura 480 Forest Ave, Suite 408	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,045.60
	Locust Valley, NY 11560	Unliquidated Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset?	
3.45	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Veterinary Information Network	Contingent	· · · · · · · · · · · · · · · · · · ·
	777 W Covell Blvd		
	Davis, CA 95616	Disputed	
	Date(s) debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Veterinary Purchasing Group	Conlingent	
		Unliquidated	
	Date(s) debt was incurred	Disputed	
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? No Yes	
3.47	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim Is: Check all that apply.	\$6,000.00
	Vetstreet Inc.		
	780 Township Line Road	Unliquidated	
	Yardley, PA 19067		
I	Date(s) debt was incurred _	Basis for the claim:	
]	Last 4 digits of account number	Is the claim subject to offset? \blacksquare No \Box Yes	
	<u> </u>		

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Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	Timberview Veterinary Hospital, Inc.	Case number (if known)	
3.48	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$16,310.00
	Webster Veterinary		
	28905 Network Place		
	Chicago, IL 60673-1289		
	Date(s) debt was incurred		
		Basis for the claim:	
L	Last 4 digits of account number	Is the claim subject to offset?	
3.49	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
ŀ	Wedgewood Pharmacy	Contingent	
4	405 Heron Drive, Suite 200	Unliquidated	
5	Swedesboro, NJ 08085	Disputed	
Γ	Date(s) debt was incurred		
L	_ast 4 digits of account number	Basis for the claim:	
		ls the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,580.00
	West Shore Tax Bureau	Contingent	
	3607 Rosemont Avenue	Unliquidated	
	P.O. Box 656	Disputed	
	Camp Hill, PA 17001	Basis for the claim:	
D	Date(s) debt was incurred		
	.ast 4 digits of account number	Is the claim subject to offset?	
3.51 N	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,570.00
<u> </u>	NHTM	Contingent	÷-;
F	P.O. Box 5860		
	larrisburg, PA 17110	Disputed	
C	Date(s) debt was incurred		
	.ast 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset?	
3.52 N	lonpriority creditor's name and mailing address	As of the petition filing date, the claîm is: Check all that apply.	\$3,000.00
v	NLYH CW15	Contingent	
3	3300 North Sixth Street		
ŀ	larrisburg, PA 17110	Disputed	
D	Date(s) debt was incurred		
	ast 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? No Yes	
3.53 N	lonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$432.00
γ	/P		
	PO Box 601141		
F	Pasadena, CA 91189-1141		
D	Date(s) debt was incurred	Basis for the claim:	
L	ast 4 digits of account number		
		Is the claim subject to offset? No Yes	
3.54 N	lonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$45,000.00
Z	oetis	Contingent	
Р	PO Box 419022		
B	Proton BIA 022/4 0022		
	Boston, MA 02241-9022		
D	ate(s) debt was incurred	Basis for the claim: _	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and altorneys for unsecured creditors.

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	Main Do	cument Page	32 01 48	

Debtor Timberview Veterinary Hospital, Inc.

Case number (if known)

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (If any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1 5b. Total claims from Part 2

5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.

		 Total of claim amounts
5a.		\$ 17,722.34
5b.	+	\$ 124,222.30
5c,		\$ 141,944.64

Official Form 206 E/F

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Fill in this	information t	o identif	y the case:
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Debtor name Timberview Veterinary Hospital, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known)

Official Form 206G

Check if this is an amended filing

12/15

Official Form 206G Schedule G: Executory Contracts and Unexpired Leases

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

INO. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B: Assets - Real and Personal (Official Form 206A/B).

all contracts and unexpired leas		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease		
State what the contract or lease is for and the nature of the debtor's interest	business. 106 West Cabin Hollow Road, Dillsburg, PA 17019. Year to year commencing			
State the term remaining		Cabin Hollow Enterprise, LLC		
List the contract number of any government contract		275 Thundergust Mill Road Wellsville, PA 17365		
State what the contract or lease is for and the nature of the debtor's interest	Equipment Lease for phone system. See Attached. 60 months \$560.61			
State the term remaining		Great America Financial Services		
List the contract number of any government contract		PO Box 660831 Dallas, TX 75266-0831		
	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any	State what the contract or lease is for and the nature of the debtor's interestCommercial Lease Lease for facility used by Debtor as a place of business. 106 West Cabin Hollow Road, Dillsburg, PA 17019. Year to year commencing September 1, 2010.State the term remainingList the contract number of any government contractState what the contract or lease is for and the nature of the debtor's interestEquipment Lease for phone system. See Attached. 60 months \$560.61State the term remainingList the contract number of any government contract		

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Main Document

Schedule G: Executory Contracts and Unexpired Leases

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Page 1 of 1 Best Case Bankruptcy Desc

ENTOR	ecomm	- Rental Aç	reement		ETAP
RENT	EE (hereinafter also referred to as 'You'	or Your)	<u></u>	Agreament No.	649699
Full Logal N		······································			s
Address		7	City	Slate	Zp
2054 O	d York Road	Chy	Dillsburg	PA	17019-9624 State
	Inications Systems Com	Unj			Arbie.
			READ CAREFULLY B	EFORE SIGNING	
haniny	Type, Make, Model Number of Equipment				Serial #
1	Mitel 5000 phone system with voice	mail and phones			
46	Cable Runs (Volce & Data)				<u> </u>
		poyments	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
<u> </u>		See atlached schedule	for additional equipme	ani.	
	MENT LOCATION (if other than abov	e) CHỹ	SL	ate	County
106 W	est Cebin Hollow Road	Dilleburg	·	PA 1	7019
60	MONTHLY RENTAL PAYMEN	18 OF \$ \$560.61	(plus tex) SECU	IRITY DEPOSIT \$ 560.6	<u>1</u>
THAT ORIGI OUT OF AGREE	T LOCATED WITHIN RENTOR'S OR RENTO THIS AGREEMENT AND EACH SCHEDULE M NALFACSINGLE SIGNATURE/SECOND PAGE (ginal signature, BY BIGNING THIS PAGE, EMENT. EMENT IS SUBJECT TO THE TERMS AND CO (YOU ACKNOWLEDGE HAVING READ. THIS	AY BE ASSIGNED, AS BET FI 1. The original of this Agreement YOU ACKNOWLEDGE THAT NOTITIONS PRINTED ON THIS AGREEMENT IS NOT HIND	ORTH IN PARAGRAPH 17 H II shall be lifet copy which be I YOU RECEIVED AND HU SIDE AND ON THE REVERS	EREOF. AVE READ THE SECOND SE SIDE, ALL OF WHICH PE	Your elgnature and which be PAGE OF THIS TWO-PA RTAIN TO THIS AGREEME
	THE EXECUTION OF THIS AGREEMENT, IN (Ay Sisted Abdvs)		HAVE BEEN FULFILLED. RENTEE: (As Steled Ab	ova)	11
i .	HALL Dela Acce	pled;	er x Mulak	humant	Date: <u>9/9/10</u>
	- J. Califichia - C		Signatu	Mike Mummert	Managor
I Name A			Print Name & Tille:		
essionee undersign arity of se ins of the A undersign DER OR	on of Rento: estering hits the above Agreement i of Rentor, the prompt payment and performance nod agreeds): (a) that this is a guaranise of payme sking to collect from Renties: (b) to wave all def greethent without noise to the underlight, and soft administration, successors and sestions. If RELATED TO THIS GUARANTY WILL BE AD ND WILL BE GOVERNED BY THE LAW OF TH (b) ANY RIGHT TO TRANSPER VENUE, EACH i	of all of Rentae's obligations und init and not of collection and that insees and notices, including the (d) to pay all of Rentar's costs of HE ABOVE AGREEMENT IS A UNDICATED IN THE FADERAI AT STATE THE UNDERSIGNE	undersigned, joinly and seven let the above Agreement and Rehior or its assignee may pri- as of protest, presentment and collection. T ussigned by RENTOR, THE L. OR STATE COURT WHAI D HEREBY CONSENT(8) TO ES ANY RIGHT TO A TRUAL B	all existing and brune Agreeme boosed directly against the under i domand. (c) hell Render may his guessice eurives the bar E UNDERSIGNED AGREE(s) RE THE ASSIGNEE'S CORP PERSONAL JURISDICTION	nia between Rento and Rean Imigned willout disposing of actend or otherweet diange thrupicy of the Rennes and N THAT ANY DISPUTE ARISH ORATE HEAD GUARTERS AND VENUE IN THAT COU
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- TTLE. Rentor or Rentor's Assignes is the owner of and he_ site to the Equipment. NET AGREEMENT. YOU AGREE THAT YOU ARE UNCONDITIONALLY OBLIGATED TO PAY ALL RENT AND OTHER AMOUNTS DUE FOR THE ENTIRE AGREEMENT. TERM NO MATTER WHAT HAPPENS, EVEN IP THE EQUIPMENT IS DAMAGED OR DESTROYED, IF IT IS DEFECTIVE OR IF YOU NO LONGER GAN USE IT. YOU ARE NOT ENTITLED TO REDUCE OR BET-OFF AGAINST RENT OR OTHER AMOUNTS DUE TO US OR TO ANYONE TO WHOM WE TRANSPER THIS AGREEMENT, WHETHER NGGLOEDCE ON OTHERWISE. THIS AGREEMENT IS A "FINANCE LEASE" AS DEFINED IN MATTICLE 2A OF THE UNIFORN COMMERCIAL CODE. DISCLAIMER OF WARRANTIES, THE EQUIPMENT IS BEING RENTED TO YOU IN "ASIS" GONDITION, NO INDIVIDUAL IS AUTHORIZED TO CHANGE ANY PROVISION OF THIS AGREEMENT. YOU AGREE THAT WE HAVE NOT MANUFACTURED THE EQUIPMENT AND THAT YOU HAVE SELECTED THE EQUIPMENT BEING RENTED TO YOU IN "ASIS" GONDITION, NO INDIVIDUAL IS AUTHORIZED TO CHANGE ANY PROVISION OF THIS AGREEMENT. YOU AGREE THAT WE HAVE NOT MANUFACTURED THE EQUIPMENT AND THAT YOU HAVE SELECTED THE EQUIPMENT BEING RENTED TO YOU IN "ASIS" ON CHANGE WITHOUT AND THAT WE HAVE NOT MARE ANY EXPRESS OR IMPLIED REPRESENTATIONS OR WARRANTIES WHATSDEVER, INCLUDING WITHOUT LIMITATION, ANY CLAIM THAT YOU MAY HAVE OR ASSERT, AGAINST THE VENDOR OR EQUIPMENT MANUFACTURER, THE EQUIPMENT'S MERCHANTABLITY, FITNESS FOR A PRATICULAR PURPOSE, SUITABILITY, OESION, CONDITION, DURABLITY, OPERATION, GUIALITY OF MATERIALE OR WORKMANSHEP, OR COMPLETION ON A PRATICULAR PURPOSE, SUITABILITY, OESION, CONDITION, DURABLITY, OPERATION, GUIALITY OF MATERIALE OR WORKMANSHEP, OR COMPLETION PROVIDE YOU APPLIES, SUITABILITY, DESION, CONDITION, DURABLITY, OPERATION, GUIALITY OF MATERIALE OR WORKMANSHEP, OR COMPLETIONS OR A PRATICULAR PURPOSE, SUITABILITY, OESION, CONDITION, DURABLITY, OPERATION, GUIALITY OF MATERIALE OR WORKMANSHEP, OR COMPLETIONS OR A PRATICULAR PURPOSE, SUITABILITY, OESION, CONDITION, DURABLITY, OPERATION, GUIALITY OF MATERIALE OR WORKMANSHEP, OR COMPLIANCE WITH SPECIFICATIONS OR APPLICABLE 7
- TERM, RENT AND SECURITY DEPOSIT. Psyments are due monthly, beginning the date Equipment is delivered to You, or any later date designated by Us and continuing on the same day of each bilowing month unit fully paid. We may charge You a reasonable les to cover documentation and investigation costs. Any security deposit is retundable to You when the Agreement expires, provided all Agreement terms and conditions have been property fulfilled by You. Security deposits and rents may be comminged and do not earn
- USE AND MAINTENANCE. You agree that the Equipment will be used for business purpose only. You will keep the Equipment in good repair, condition and working order, except ordinary weer and tear, and will furnish all parts and servicing required. Equipment supplies and maintenance are not part of this Agreement. You may modify the Equipment only with 9.
- 18.
- USE AND MAINTENANCE: You sprey that the Equipment will be used for business purpose only. You will keep the Equipment in good regatr, condition and working required. Equipment supplies and maintenance are not part of this Agreement, You may modify the Equipment only with Our prior written consent. LOCATION, INSPECTRON AND RETURN OF EQUIPMENT. You will not move the Equipment from its location noted in this Agreement without Our prior written consent. We will have the right to ensite the premises where the Equipment is located in prior to confirm the subtance, condition, to such place as is designated by Us. "Average Seleable Condition" means the Equipment is found in the select of the Equipment at the application of the Agreement farm, the Agreement term bit Agreement term bits docted to prior to use by another renew without the need of any repair or returbishment. Should You jail to return the Equipment is in the Agreement term, the Agreement term bits docted to prior to use by another renew without the had of any repair or returbishment. Should You jail to return the Equipment at your separate on an annual basis unit the agreement is returned in the money provided horein. If the Equipment is lost or damaged, Our sole obligation will be in the ond of the Agreement term, the Agreement, repair the Equipment, repair to returbishment. Now and not done agreement without the second term agreement without the second term agreement with equipment, repair to returbishment by the contrary. RISK OF LOSS. We will been the risk of direct physical lost or damage to the Equipment, accept as provided herein. If the Equipment is lost or damaged, Our sole obligation will be to a Our decition in Our sole business judgment, repair the Equipment, accept as provided herein. If the Equipment is lost or damaged, or caused from You'n beginerio in maintaining adjete proof of loss is a form acceptable to Us. In ne event shall two be labits for learning the response on your premiser. You will not the respinant protein with the Equi REPLACING THE EQUIPMENT.
- INDEMNITY. We are not reapposible for any losses or injuries caused by the instellation or use of the Equipment, and You agree to indemnity. Us with respect to all claims for losses imposed on, incurred by or associed against ux, including attorney's fast and costs of datance, prus Interset, where such claims in any way relate to the Equipment. Furthermore, You agree, if requested by Rentor, to defend Us spannet any claims for losses or injuries caused by the Equipment. TAXES, You agrees to per all taxes, less and governmental charges melled to this Agreement or, bit Our option, a monthly Personal Property Tax Fee set by Us, if We pay any of the above for You, You agree to elemburse Us on demand, plus therest.
- 13.
- 14.
- 15.
- TAKES, You sprea to pay all taxes, leas and governmental charges related to this Agreement or, bit Our option, a monthly Personal Property Tax Fee set by Us, If We pay any of the above for You. You agree to remouns Us on demand, plus hisraet. OELINGUENT AMOUNTS AND ADVANCES. If any min or additional emounts or other sums required to be peld by You under this Agreement are not peld when due, such overdue emount will accrue interest, from the due date until peld, at the lower one and one-half percent (1.3%) per month or the highest rate allowed by sopiloable law. In addition, You will pey Us a Tatle obarget "equals to: 1) the genetar of the for each doit or overdue or kempt-sit doites (22.00); or 2) the highest tawait charge, witheherer is less. This late Charge will be due and payable with the next monthly renial payment due, in the event that We have to make advance payments of any kind to preserve the lassed property, or to discharge any tax, the amount advanced by Us will be repayable by You to Us, together with interest until paid. SOFTWARE. We do not own any advance (Software') final head together with interest until paid. DOFTWARE. We do not own any advance to software's (Software') induced in the description of the Equipment. We are not responsible for the Software or the obligations awad by either You or the Licensor under any License Agreement locked the Software. You understand that We cannot immaler the Software to You. Except as provided in the same advance to a patient of the Software and the receipt of written notice from Us; (c) the filing by or spainst You of a patific me, covenent or condition of this Agreement and such fature continues for the notice from the software are pained by You take take there only a set as a going concern; (e) any representation or warranty made by Tou bars. Software are context with the software are under any charge advance pay as a going concern; (e) any representation or warranty made by You there form, covenent or condition of this Agreement and such fat 16.
- Assignment volume to come events and the segn or sublease the Equipment or this Agreement. WE MAY SELL OR ASSIGN THIS AGREEMENT OR OUR RIGHTS IN THE EQUIPMENT. IN WHOLE OR IN PART, TO A THER PARTY WITHOUT OTICE TO YOU, YOU AGREE THAT IF WE BELL OR ASSIGN AN INTEREST IN THIS AGREEMENT. THE ASSIGNE WILL HAVE OUR RIGHTS BUT HAVE OUR OBLIGATIONS AND WILL NOT BE SUBJECT TO ANY CLAIM, DEFENSE OR BET-OFF THAT YOU COULD ASSERT AGAINST US OR ANY OTHER PARTY.
 AMSCELLANEOUS. If a count finds any provision of this Agreement to be unenforceable, the similarity is fill remain in effect. All of Your written notices to Us must be sent by certified that. Notwithstanding terms and conditions contained in any purchase order relating to the Equipment, the lemms and conditions of this Agreement will be sent by certified that. Notwithstanding terms and conditions contained in any purchase order relating to the Equipment, the lemms and conditions of this Agreement will be as a count finds any provision of this Agreement will be as a count finds any provision of the Agreement of the any purchase order relating to the Equipment. It is lemms and conditions of this Agreement will be as a count finds any provision of the Agreement on the party of the any purchase order relating to the Equipment. It is lemms and conditions of this Agreement will be as a count find. Notwithstanding terms and conditions contained in any purchase order relating to the Equipment. The lemms and conditions of this Agreement will be as a count find to be an any condition of this Agreement will be as a count find to any provide terms and conditions contained in any purchase order relating to the Equipment.
- prevail. RENTEE WAIVERS. You weive notices of Our Intent to accelerate the rent, the acceleration of the mint and of the enforcement of Our rights. WE AND YOU EACH AGREE TO WAIVE AND TO TAKE ALL REQUIRED STEPS TO WAIVE ALL RIGHTS TO A JURY TRIAL. To the extent You are permitted by law, You welve at rights and remedies You have by Article 2A (Sections 508-522) of the Uniform Commercial Code, Including but not limited to Your rights to: (i) cancel or repudiete the Agreement; (ii) reject or revoke acceptance of the Equipment; (iii) recover damages from Us for any breach of warrenty or for any other reading and (iv) grant a security interest in any Equipment in Your possession. To the extent You are permitted to by law, You also welve any rights You now or later may have under any statute or otherwise which require Us to a content/as use any Equipment to reduce Our damages or which may otherwise timit or modify any of Our rights for remedies. Any statute or otherwise which require Us to a content/as use any Equipment to reduce Our damages or which may otherwise timit or modify any of Our rights for emedies. Any statute or otherwise which require Us to asset, damages, delay or failure to deliver the started within one (1) year after the event which caused it. We will not be liable for epocific performance of the Agreement or for any loases, damages, delay or failure to deliver the Equipment. You authorize Us to sign on Your behall and fire at any time sny documents in connection with the UCC:

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Page 2 of 2

Agreement No. 649699

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ications Syst omer) It is he	SEP 1 6 2010 SCHEDULE A n Purchase and Maintenance Agreement (the "Agreement") made this 9 th day of September 2010
ications Syst omer) It is he	SCHEDULE A
ications Syst omer) It is he	0 Sontomber 2010
ications Syst omer) It is he	
omer") it is he	em Corporation (the 'Company') and Timberview Vet
	ersby agreed as follows:
The System:	The System to which the Agreement pertains and for which the Customer is obligated to pay the Total Customer ists of the equipment listed below:
QTY	DESCRIPTION
-	
· 3 ·	Connecting Block, 50 Pair
्म् 	Brackel Universal 5U Wallmount
т Т	Bracket for 66M150
1. 11	
L. E	DEM Cable Adapter-15' Ground Bar Kit
4. 	2'x 3'x 3'4" Plywood
	이 것이 같은 것은 것 같은 것은 것이 하는 것이 같이
4	Speel w/Screw
1	Paperwork Holder
4	Phy, Tclephone-700A4
<u>i</u>	Flash Drive
j.	66M150 Cover
ļ:	Patch Cord, Cal5-568B; 14'
J.	UPS-700 VA
	Tripp Lite Super7 Plug Strip
	Base Package Includes: HK Controlle: Classis w. Processor Module, Power Supply, Power Cord. Basic Volcensil (4-port), 512 MB Compact Flash, PRI License, R4.0 Software CD w. License, 16 Category D Lic, &
	Dynamic Extension.
2	Loop Start Module (LSM-4)
8	Plug, Telephone-700A4
7	Group D IP Endpoint License
9	Required for CS5000 v2.4 Mite) IP Endpoints Mitel 5324 IP Phone
6	Milei 5340 IP Phone
V	Minimum System Requirements:
1.1	3300 ICP, Release 7.0 (UR2), Teleworker Release 4.2. Ethernet/AC Power Adapters
	sold separately. Will be supported on SX-200 ICP Release 4.0
)	Milel 5304 IP Phone
	Two-line x 20-character backlit display with auto-dimming, Nine one-touch programmable multi-function keys &
1	Dual mode: MiNet and SIP support
1 .	SWA for CS5000 Software Assurance for CS5000. This is a variable cost item and pricing must be adjusted manually. Also a copy
	of Mitel Software Assurance Quote from Mitel must be given to Jack Henry as part of job package
ï	HP Procurve 2610 24-PWR
·	24 - 10/100BaseT Ethemet 802.3af+ 2 10/100/1000Base-T + 2 SFP (empty) Fiber Ports. (Stackable)
0	Mitel JP Conference Succe
*	Dark Gray
0	Mitel 3310 IP Confer, Module For use on 5330, 5340 and 5235 IP Phones.

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JESCRIPTION

Mitel Cordless Headset & Mod. 0

QTY

SEP 1 6 2010

September 09, 2010 DATE CUSTOMER Gere Habig M

CUSTOMER OUN CUSTOMER

September 09, 2010 lu i DATE OLON REPRESENTATIVE'S BIONATURE

Amber Grunden ECONAL REPRESENTATIVE'S NAME

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Amendment

This is an amendment (hereafter 'Amendment') to that certain Agreement No. 649699 (the 'Agreement') by and between Timberview Vetinerary Hospital, Inc. ('Rentee') and E Communications Systems Corp ('Rentor'). All capitalized terms used in this Amendment, which are not otherwise defined herein, shall have the meanings given to such terms as in the Agreement. Rentor and Rentee have mutually agreed that the following modifications be made to the Agreement. Each section of the Agreement designated with an "X" below shall be deleted in its entirety and replaced with the following designated section(s):

DE	DESCRIPTION OF EQUIPMENT								
Qu	S.	Type, Make, Model Number and Included eccessories	Serial Number #						
		Cabling							
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			ni Navista (n. 1990) Navista (n. 1990)						
		ning an	<u></u>						
		90 Day deferred payments							

\boxtimes	BCHEDULE OF PAYMENTS	
		BECURITY DEPOSIT 1560.61
	80 MONTHLY RENTAL PAYMENTS OF 592.42 (Am and	ADVANCE RENTAL PAYMENT \$ (plus lax) Amount exceeding one rental payment shall be applied to test payment(s)
	ante a contra apresar a contra	during term or to any renewal term.

Except as specifically modified by this Amendment, all other terms and conditions of the Agreement remain in full force and effect. If, and to the extent there is a conflict between the terms of this Amendment and the terms of the Agreement, the terms of this Amendment shall control. A facsimile copy of this Amendment bearing authorized signatures may be treated as an original. This Amendment is not binding until accepted by Rentor.

E Communications Systems Corp.	Timberview Vetinerary Hospital, Inc.		
By MBILDANA	By: X Nichtlein		
	Mitte Mummert		
Name & Tille of Signer	Name & Title of Signer		
Date Accepted:	Data: 19/21/10		
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Miller Hem Correct Stress Correct S	ecor		×			To Rental Agree	ument No. <u>649699</u>
Miller Hem Correct Stress Correct S	RENTEE (ha	reinafter referred to as 'Yo	u" or "Your")				
Additions Open	Full Logal Name				·		
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Case 1:16-bk-01442-MDF Doc 1 Filed 04/06/16 Entered 04/06/16 16:19:56 Desc Main Document Page 41 of 48

Fill in this information to identify the case:						
Debtor name Timberview Veterina	ary Hospital, Inc.					
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA					
Case number (if known)						

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form. Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2. Column 1: Codebtor Column 2: Creditor

2.1	Name	Mailing Addre	State	Zip Code	Name	Check all schedules that apply: D E/F G G
2.2		Street City	State	Zip Code		D E/F G
2.3		Street City	State	Zip Code		□ D □ E/F □ G
2.4		City	State	Zip Code		□ D □ E/F □ G

Official Form 206H Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com Schedule H: Your Codebtors

Page 1 of 1 Best Case Bankruptcy

Case 1:16-bk-01442-MDF Doc 1 Filed 04/06/16 Entered 04/06/16 16:19:56 Desc Main Document Page 42 of 48

Fill in this information to identify the case:						
Debtor name	w Veterina	ry Hospital, Inc.				
United States Bankruptcy Co	ourt for the:	MIDDLE DISTRICT OF PENNSYLVANIA				
Case number (if known)	<u> </u>					

Check if this is an amended filing

Official Form 202 **Declaration Under Penalty of Perjury for Non-Individual Debtors** 12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- П Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 6, 2016

Signature of individual signing on behalf of debto

Sara E. Mummert Printed name

President

Position or relationship to debtor

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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Best Case Bankruptcy

United States Bankruptcy Court Middle District of Pennsylvania

In re Timberview Veterinary Hospital, Inc.

Debtor(s)

Case No. Chapter

11

VERIFICATION OF CREDITOR MATRIX

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

Date: April 6, 2016

Sara & Mummet President

Signer/Title

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TIMBERVIEW VETERINARY HOSPITAL, INSEVER ANIMAL HEALTH 106 WEST CABIN HOLLOW ROAD P.O. BOX 390 DILLSBURG, PA 17019 MISSION, KS 66201

HENRY W. VAN ECK METTE EVANS AND WOODSIDE 3401 NORTH FRONT STREET HARRISBURG, PA 17110-0950

"ANSWERING SERVICE CARE BY DING-A-LING ANSWERING SERVICES 777 SOUTH STATE ROAD 7 MARGATE, FL 33068

ALLIED VETERINARY CREMATION, LTD CINTAS CORPORATION #395 1966 MASTERSONVILLE ROAD PO BOX 630803 MANHEIM, PA 17545 CINCINNATI, OH 45263-0803

ALPHA MARKETING 10 HILLTOP DRIVE MOUNT HOLLY SPRINGS, PA 17065

ANTECH DIAGNOSTICS 17672-A COWAN AVE, SUITE 200 **IRVINE, CA 92614**

DE LAGE LANDEN FINANCIAL SERVICEBNTERONAL REVENUE SERVICE 1111 OLD EAGLE SCHOOL ROAD P.O. BOX 628 PITTSBURGH, PA 15230

ARTHUR M. FIELD, ESQUIRE DILLSBURG AREA AUTHORITY INTERVET INC. 1309 BRIDGE STREET PO BOX 370 BOX 198428 NEW CUMBERLAND, PA 17070 DILLSBURG, PA 17019 ATLANTA, GA 30384-8428

BANK OF AMERICA P.O. BOX 982234 EL PASO, TX 79998-2234 DRESSEL WELDING PO BOX 225 BRATTLEBORO, VT 05302-0225

IPATH CLOUD SOLUTIONS 40 LLOYD AVE, SUITE 106 MALVERN, PA 19355

BANK OF AMERICA BUSINESS CARD FOX 43 LAMAR ADVERTISING COMPANY P.O. BOX 15796 15247 COLLECTIONS CENTER PO BOX 96030 WILMINGTON, DE 19886-5796 CHICAGO, IL 60693 BATON ROUGE, LA 70896

BARGAIN SHEET & DILLSBURG BANNEROX FUNDING/BIZ ADVANCE NOW 31 SOUTH BALTIMORE ST 140 BROADWAY, 46TH FLOOR DILLSBURG, PA 17019 NEW YORK, NY 10005

MERIAL 3239 SATELLITE BLVD NW **DULUTH, GA 30096**

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FRANTZ BOOKKEEPING LLC 6 EWELL DRIVE EAST BERLIN, PA 17316

GREAT AMERICA FINANCIAL SEI PO BOX 660831 DALLAS, TX 75266-0831

IC SYSTEM PO BOX 64437 SAINT PAUL, MN 55164-0437

IDEXX LABORATORIES ONE IDEXX DRIVE WESTBROOK, ME 04092

IDRIVE 26115 MUREAU RD, SUITE A CALABASAS, CA 91302

LEBANON, PA 17042

CABIN HOLLOW ENTERPRISE, LLC

275 THUNDERGUST MILL ROAD

LAUNDRY EQUIP SERVICE & SALES

WELLSVILLE, PA 17365

36 NORTH 16TH ST

CILS INC.

COMCAST BUSINESS ONE CONCAST CENTER

PHILADELPHIA, PA 19103-2838

1701 JFK BLVD

WAYNE, PA 19087

MERRITT VETERINARY SUPPLIES	SHOPES LANDSCAPE MAINT, INC.	WEBSTER VETERINARY
1520 PINEVIEW ROAD	595 OLD YORK ROAD	28905 NETWORK PLACE
COLUMBIA, SC 29209	WELLSVILLE, PA 17365	CHICAGO, IL 60673-1289
METED/FIRST ENERGY	SMIGEL, ANDERSON & SACKS, LLP	WEDGEWOOD PHARMACY
PO BOX 3687	100 LACKAWANNA AVE	405 HERON DRIVE, SUITE 200
AKRON, OH 44309-3687	HARRISBURG, PA 17110	SWEDESBORO, NJ 08085
MILLS PET NUTRITION PO BOX 842257 DALLAS, TX 75284-2257	STATE WORKERS' INSURANCE FUND 100 LACKAWANNA AVENUE SCRANTON, PA 18505-5100	WEST SHORE TAX BUREAU 3607 ROSEMONT AVENUE P.O. BOX 656 CAMP HILL, PA 17001
MWI VETERINARY	SUBURBAN PROPANE02374	WHTM
14659 COLLECTIONS CENTER DRIVE	PO BOX J	P.O. BOX 5860
CHICAGO, IL 60693	WHIPPANY, NJ 07981-0409	HARRISBURG, PA 17110
PA DEPARTMENT OF REVENUE BIREAU OF CORPORATE TAXES PO BOX 280427 HARRISBURG, PA 17128	THE PENNSYLVANIA PERSONNEAL AU VISERV, INC. 5555 NORTH LAMAR BLVD, STE L-149 AUSTIN, TX 78751	3300 NORTH SIXTH STREET
PENN WASTE PO BOX 3066 YORK, PA 17402	US BANCORP/EQUIPMENT FINANCING 1550 AMERICAN BLVD E SUITE 450 MINNEAPOLIS, MN 55425	YP PO BOX 601141 PASADENA, CA 91189-1141
PENNSYLVANIA DEPARTMENT OF RE ^V	/ENELTE ABURRAEA	ZOETIS
DEPT. 280946	480 FOREST AVE, SUITE 408	PO BOX 419022
HARRISBURG, PA 17108-0946	LOCUST VALLEY, NY 11560	BOSTON, MA 02241-9022

PREMIER COMM 415 N PRINCE ST, SUITE 200 LANCASTER, PA 17603 VETERINARY INFORMATION NETWORK 777 W COVELL BLVD DAVIS, CA 95616

RAUCH-MILLIKEN INTERNATIONAL INC. VETERINARY PURCHASING GROUP PO BOX 8390 METAIRIE, LA 70011-9090

ROADRUNNER PHARMACYVETSTREET INC.711 E CAREFREE HIGHWAY, SUITE 140 780 TOWNSHIP LINE ROADPHOENIX, AZ 85085YARDLEY, PA 19067

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United States Bankruptcy Court Middle District of Pennsylvania

In re _______ Timberview Veterinary Hospital, Inc.

Debtor(s)

Case No. _____

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for <u>Timberview Veterinary Hospital, Inc.</u> in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

April 6, 2016

Date

Henry W. Van Eck Signature of Attorney or Litigant Counsel for <u>Timberview Veterinary Hospital, Inc.</u> Mette Evans and Woodside 3401 North Front Street Harrisburg, PA 17110-0950 717-232-5000 hwvaneck@mette.com

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Best Case Bankruptcy

United States Bankruptcy Court Middle District of Pennsylvania

In re Timberview Veterinary Hospital, Inc. Case No. Debtor(s) Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of Security Class Number of Securities Kind of Interest business of holder Sarah E. Mummert

275 Thundergust Mill Road Wellsville, PA 17365

Common/Votin 100 g

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

April 6, 2016 Date

Signature

Pres; den 1 Sara E. Mummert

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

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