

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN 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 Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-3741545 76-0808088

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 4619A National Pike Markleysburg, PA 15459 P.O. Box 5 Markleysburg, PA 15459 Fayette County Location of principal assets, if different from principal place of business

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor **Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc.** Case number (if known)
Name

7. Describe debtor's business

A. Check one:

- 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)
- 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 <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

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 _____

Debtor **Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc.**
 Name _____ Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A 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 real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related 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 administrative information

13. Debtor's estimation of available funds *Check one:*

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

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc.**
Name _____ Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

Executed on May 2, 2016
MM / DD / YYYY

X /s/ Kevin W. Hay
Signature of authorized representative of debtor
Title President

Kevin W. Hay
Printed name

18. Signature of attorney

X /s/ Daniel R. White
Signature of attorney for debtor

Date May 2, 2016
MM / DD / YYYY

Daniel R. White
Printed name

Zebley Mehalov & White, P.C.
Firm name

**P.O. Box 2123
Uniontown, PA 15401**
Number, Street, City, State & ZIP Code

Contact phone 724-439-9200 Email address COZ@ZebLaw.com OR dwhite@ZebLaw.com

78718
Bar number and State

Fill in this information to identify the case:

Debtor name **Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc.**

United States Bankruptcy Court for the: **WESTERN 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 12/15

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	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if 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
Ace Answering Service 270 Walker Drive State College, PA 16801		Call service.				\$1,198.02
Bates Tire & Auto Salvage 134 Bates Road Markleysburg, PA 15459		Ambulance repairs.				\$3,437.67
First National Bank of PA 4140 East State Street Hermitage, PA 16148-3487		1999 Dodge ambulance.		\$50,208.52	\$7,000.00	\$43,208.52
First National Bank of PA 4140 East State Street Hermitage, PA 16148-3487		2011 Ford ambulance.		\$19,608.03	\$8,000.00	\$11,608.03
Glisan's & Glisan's 4615 National Pike Markleysburg, PA 15459		Delinquent rent for Marclaysburg station.				\$2,500.00
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		Unpaid quarterly 941 taxes				\$27,114.00
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		Unpaid quarterly 941 taxes				\$15,605.00

Debtor **Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc.**

Case number (if known)

Name

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, professional services,	Indicate if 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
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		Unpaid quarterly 941 taxes	Contingent Unliquidated Disputed			\$93,581.30
Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		Unpaid quarterly 941 taxes				\$41,293.00
J&J Emergency Vehicles 951 Point Marion Road Morgantown, WV 26508		Rental of ambulance.				\$4,500.00
JG Service--Sunoco Station 4142 National Pike Farmington, PA 15437		Fuel for ambulances.				\$5,093.60
Moore Medical P.O. Box 4066 Farmington, CT 06032-4066		Medical supplies.				\$2,089.27
New Centerville Fire Department 3054 Kingwood Road Rockwood, PA 15557		Delinquent rent for New Centerville station.				\$1,600.00
New Centerville Fire Department 3054 Kingwood Road Rockwood, PA 15557		1997 Ford ambulance.		\$13,500.00	\$8,000.00	\$5,500.00
PA Department of Labor & Industry Office of UC Tax Services 651 Boas Street Harrisburg, PA 17121-0750		941 taxes				\$41,195.00
PA Department of Revenue Bankruptcy Division P.O. Box 280946 Harrisburg, PA 17128-0946		Unpaid PA withholding				\$35,513.00

Debtor **Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc.**

Case number (if known)

Name

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, professional services,	Indicate if 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
QCol, Inc. P.O. Box 7 Markleysburg, PA 15459-0007		Internet, phone, TV service.				\$2,046.76
Somerset Trust Company 151 West Main Street P.O. Box 777 Somerset, PA 15501-0777		2012 Ford ambulance.		\$16,812.11	\$10,000.00	\$6,812.11
Somerset Trust Company 151 West Main Street P.O. Box 777 Somerset, PA 15501-0777		Unsecured line of credit				\$50,000.00
UPMC WorkPartners 600 Grant Street Pittsburgh, PA 15219		Workers compensation insurance.				\$14,890.00

**United States Bankruptcy Court
Western District of Pennsylvania**

In re Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc.
Debtor(s)

Case No. _____
Chapter 11

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 Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc. 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*]

May 2, 2016

Date

/s/ Daniel R. White

Daniel R. White 78718

Signature of Attorney or Litigant

Counsel for **Marclay EMS, Inc., Successor to Marclay Community Ambulance, Inc.**

Zebley Mehalov & White, P.C.

P.O. Box 2123

Uniontown, PA 15401

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