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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	Lifestat Ambulance Service, Inc.	
_	All other names debtor		
2.	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)	25-1604838	
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
		301 Salt Street	
		Saltsburg, PA 15681-1122	
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
		Indiana	Location of principal assets, if different from principal
		County	place of business
			Number, Street, City, State & ZIP Code
5.	Debtor's website (URL)	lifestatambulance.com	
6.	Type of debtor	■ Corporation (including Limited Liability Compan	v (LLC) and Limited Liability Partnership (LLP)\
			y (LEO) and Emined Elability I district only (LEI))
		Partnership (excluding LLP)	
		Other. Specify:	

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Deb	Eliootat Allibaianioo C	Service, Inc.	Document	Page 2 of 7	number (if known)			
	Name							
7.	Describe debtor's business	A. Check one:						
		■ Health Care Busine	ess (as defined in 11 l	U.S.C. § 101(27A))				
		☐ Single Asset Real I	Estate (as defined in	11 U.S.C. § 101(51B))			
		☐ Railroad (as define	d in 11 U.S.C. § 101(44))				
		☐ Stockbroker (as de						
		☐ 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 (a		S.C. 8501)				
				- /	ent vehicle (as defined in 15 U.S.C. §80a-3)			
		☐ Investment advisor			,			
		C NAICS (North Amou	ican Industry Classifi	cation System) 4 digi	code that heet describes debter			
		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	Check one:						
	Bankruptcy Code is the	☐ Chapter 7						
	debtor filing?	☐ Chapter 9						
		Chapter 11. Check all that apply:						
				e noncontingent liquid	lated debts (excluding debts owed to insiders	or affiliates)		
		_	Bobiol o agglogan		ect to adjustment on 4/01/19 and every 3 years	,		
		-			s defined in 11 U.S.C. § 101(51D). If the debt			
					balance sheet, statement of operations, cash n or if all of these documents do not exist, follo			
			procedure in 11 U.					
			A plan is being file	d with this petition.				
				e plan were solicited 1 U.S.C. § 1126(b).	prepetition from one or more classes of credite	ors, in		
					ports (for example, 10K and 10Q) with the Se			
					3 or 15(d) of the Securities Exchange Act of 1 n-Individuals Filing for Bankruptcy under Chap			
		_	(Official Form 201)	•				
			The debtor is a she	ell company as define	ed in the Securities Exchange Act of 1934 Rul	e 12b-2.		
		☐ Chapter 12						
9.	Were prior bankruptcy							
Э.	cases filed by or against	No.						
	the debtor within the last 8 years?	☐ Yes.						
	If more than 2 cases, attach a separate list.	District		When	Case number			
	separate list.	District			Case number			
10.	Are any bankruptcy cases pending or being filed by a	■ No						
	business partner or an affiliate of the debtor?	☐ Yes.						

When

List all cases. If more than 1,

attach a separate list

Debtor

District

Relationship

Case number, if known

Case 17-70646-JAD Doc 1 Filed 08/31/17 Entered 08/31/17 14:07:51 Desc Main Page 3 of 7 Case number (if known) Document Debtor Lifestat Ambulance Service, Inc. Why is the case filed in Check all that apply: this district? 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 ■ No have possession of any Answer below for each property that needs immediate attention. Attach additional sheets if needed. real property or personal ☐ Yes. property that needs immediate attention? 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 Insurance agency ☐ Yes. Contact name Phone Statistical and administrative information 13. Debtor's estimation of Check one: 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. Estimated number of **1**,000-5,000 **1** 25,001-50,000 1-49 creditors **5001-10,000 5**0,001-100,000 □ 50-99 **1**0.001-25.000 ■ More than 100.000 □ 100-199 **200-999** 15. Estimated Assets **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 16. Estimated liabilities **□** \$0 - \$50.000 □ \$1,000,001 - \$10 million □ \$500.000.001 - \$1 billion □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000**

□ \$500,001 - \$1 million

□ \$100,000,001 - \$500 million

☐ More than \$50 billion

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Debtor Lifestat Ambulance Service, Inc

Name

Reau	ıest	for	Relief.	Declaration,	and	Signatures
wequ	1031	101	iteliei,	Deciaration,	and	Oignatures

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.

Email address

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.

John C. Kravetsky

Date August 31, 2017

MM / DD / YYYY

kenny.steinberg@steidl-steinberg.com

Printed name

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

Executed on August 31, 2017 MM / DD / YYYY

X	/s/	John	C.	Krav	ets	ky

Signature of authorized representative of debtor

Title President

18.	Signature	of	attornev
	Oignata c	٠.	attorney

X /s/ Christopher M. Frye

Signature of attorney for debtor

Christopher M. Frye

Printed name

Steidl & Steinberg

Firm name

28th Floor - Gulf Tower 707 Grant Street Pittsburgh, PA 15219-1908

Number, Street, City, State & ZIP Code

412-391-8000

208402

Bar number and State

Contact phone

Voluntary Petition for Non-Individuals Filing for Bankruptcy

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Fill in this inform	mation to identify the case	(
Debtor name	Lifestat Ambulance Sei	rvice, Inc.		
United States E	Bankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLVANIA		☐ Check if this is an
Case number (if known):		-	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	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.			
		and government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim	
Apollo Trust PO Box 247 Apollo, PA 15613		Loan secured by a CD with a balance of \$35,000.00		\$35,312.00	\$35,000.00	\$312.00	
First National Bank 4140 E. State Street Hermitage, PA 16148		UCC on business assets		\$117,023.00	\$0.00	\$117,023.00	
Ford Credit PO Box 152271 Irving, TX 75015		2014 Ford Expedition		\$30,919.00	\$21,892.00	\$9,027.00	
Ford Credit PO Box 152271 Irving, TX 75015		2014 Ford Escape		\$18,065.00	\$10,337.00	\$7,728.00	
Pennsylvania Department of Labor & Industry c/o Office of Chief Counsel 914 Penn Avenue 6th Floor Pittsburgh, PA 15222		UC taxes				\$98,000.00	
Pennsylvania Department of Revenue Bankruptcy Division PO Box 280946 Harrisburg, PA 17128-0946		Withholdding taxes				\$70,000.00	
Stryker Flex Financial 1901 Romence Road Parkway Portage, MI 49002		2 medical stretchers		\$42,000.00	\$20,000.00	\$22,000.00	

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Debtor	Lifestat Ambulance Service, 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
Univest Capital, Inc. PO Box 1329 Bensalem, PA 19020-1329		Cardiac monitors		\$60,000.00	\$50,000.00	\$10,000.00
WebBank c/o Can Capital Asset Servicing, Inc. 115 North 400 West Suite 301 Salt Lake City, UT 84103		UCC on Business Assets		\$125,000.00	\$0.00	\$125,000.00

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United States Bankruptcy Court Western District of Pennsylvania

In re	Lifestat Ambulance Service, Inc.		Case No.	
		Debtor(s)	Chapter	11
	CORPORATE	E OWNERSHIP STATEMENT (1	RULE 7007.1)	
recusa follow	ant to Federal Rule of Bankruptcy Pro. I, the undersigned counsel for Lifest ring is a (are) corporation(s), other that of any class of the corporation's(s') equals to be a supersigned by the corporation of the corporation	at Ambulance Service, Inc. in the an the debtor or a governmental unit	above captioned t, that directly o	d action, certifies that the or indirectly own(s) 10% or
■ Nor	ne [Check if applicable]			
Augus	st 31, 2017	/s/ Christopher M. Frye		
Date		Christopher M. Frye 208402 Signature of Attorney or Litigat	nt	
		Counsel for Lifestat Ambulance		
		Steidl & Steinberg 28th Floor - Gulf Tower		
		707 Grant Street Pittsburgh, PA 15219-1908		
		412-391-8000 Fax:412-391-0221 kenny.steinberg@steidl-steinber	rg.com	