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Fill in this information to identify the case:					
Debtor name Cherc	okee Pharmacy & Medical Supply, Inc.				
United States Bankru	ptcy Court for the: EASTERN DISTRICT OF TENNESSEE	☐ Check if this is an			
Case number (if know	vn):	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, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	If the claim is fully unsecured, fill in only unsecured claim amount. If		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express 4315 S 2700 W Salt Lake City, UT 84184-0440						\$4,250.00
Anda 901 North Glebe Road Suite 1000 Arlington, VA 22203						\$120,114.90
Betts & Assoc 44 Broad St Ste 200 Atlanta, GA 30303						\$256,000.00
Blue Mountain Arts, Inc. P.O. Box 4549 Boulder, CO 80306						\$1,061.00
Cherokee Advance Care 1690 25th St NW Ste B Cleveland, TN 37311						\$4,933.02
Cherokee Pharmacy & Medical Supply of Dalton Inc 1506 N Thornton Ave Chattanooga, TN 37402						\$27,242.05
Classic City Roasters Inc Jittery Joes 1480 Baxter St Suite C Athens, GA 30606						\$1,516.55

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Debtor Cherokee Pharmacy & Medical Supply, Inc.

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, professional services,	Indicate if claim is contingent, unliquidated, or disputed	If the claim is fully unsecured, fill in only unsecured claim amount. If		
		processional convices,	шоршов	Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Cleveland Utility						\$1,262.49
2450 Guthrie Ave						
NW						
Cleveland, TN 37311						
CMDA						\$1,467.17
43157 W Nine Mile						
Road						
PO Box 995						
Novi, MI 48376-0095						
Emporos Systems						\$1,719.24
Corp						
8514 McAlpine Park						
Drive						
Charlotte, NC 28211						
FFF Enterprises						\$5,877.97
41093 County						
Center Dr						
Temecula, CA 92591						***
Harting, Bishop &						\$6,714.71
Arrendale, PLLC						
1040 William Way						
NW						
Cleveland, TN 37312						AT 744 40
HealthSource						\$7,714.48
Distributors, LLC 7200 Rutherford						
Road						
Suite 150						
Baltimore, MD 21244						
JM Smith Corp dba			Disputed			\$495,000.00
Smith Drug Co			Disputed			φ495,000.00
c/o James A. Haltom						
One Nashville Place						
150 Fourth Avenue,						
North						
Nashville, TN 37219						
Kringle Candle						\$1,001.56
Company						41,001100
31 Kringle Drive						
Bernardston, MA						
01337						
McKesson						\$90,558.87
Corporation DC						
#8126						
One Post Street						
San Francisco, CA						
94104						
Parata Financial Co.						\$86,586.75
2600 Meridian						
Parkway						
Durham, NC 27713						

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Debtor	Cherokee Pharmacy & Medical Supply, 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 Deduction for value of collateral or setoff		
Paul Forshee 2712 Brooks Drive SW Rocky Face, GA 30740						\$200,000.00
Paul Forshee 2712 Brooks Drive SW Rocky Face, GA 30740						\$1,800.00
Wells Fargo Leasing Customer Service MAC N0005-055 800 Walnut St Des Moines, IA 50309-3605		Copier XXXX0524		\$2,750.00	\$0.00	\$2,750.00