

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF TENNESSEE, NORTHERN DIVISION

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 Community Healthcare, PLLC

2. All other names debtor used in the last 8 years FDBA Knoxville Integrated Healthcare

3. Debtor's federal Employer Identification Number (EIN) 26-4640201

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 7035 Middlebrook Pike Knoxville, TN 37909-1156 7035 Middlebrook Pike Knoxville, TN 37909-1156

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 Community Healthcare, PLLC
Name

Case number (if known) _____

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>.

621111

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 **Community Healthcare, PLLC**
 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 type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" 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 checked="" 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 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 Community Healthcare, PLLC
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 February 16, 2017
MM / DD / YYYY

X /s/ Riley Senter, MD
Signature of authorized representative of debtor
Title Managing Member

Riley Senter, MD
Printed name

18. Signature of attorney

X /s/ Keith Edmiston
Signature of attorney for debtor

Date February 16, 2017
MM / DD / YYYY

Keith Edmiston
Printed name

Edmiston Cambron, PLLC
Firm name

7031 Middlebrook Pike
Knoxville, TN 37909-1156
Number, Street, City, State & ZIP Code

Contact phone (865) 248-6038 Email address kedmiston@edmistoncambron.com

018366
Bar number and State

Fill in this information to identify the case:

Debtor name Community Healthcare, PLLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE, NORTHERN DIVISION

Case number (if known) _____

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)
- Other document that requires a declaration _____

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

Executed on February 16, 2017

X /s/ Riley Senter, MD
Signature of individual signing on behalf of debtor

Riley Senter, MD
Printed name

Managing Member
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Community Healthcare, PLLC
 United States Bankruptcy Court for the: EASTERN DISTRICT OF
TENNESSEE, NORTHERN
DIVISION
 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
GCA Education Services ATT: John Donovan, Attorney 4702 Western Ave Ste 101 Knoxville, TN 37921-3343	John Donovan	Rent	Disputed			\$29,952.16
Intuit Outsource Payroll c/o Richard James & Asscs. 4317 NE Thurston Way Ste 270 Vancouver, WA 98662-6673		Payroll Services				\$27,624.98
Fora Financial 242 W 36th St Fl 14 New York, NY 10018-7542	(212) 947-0100x461	Loan	Disputed			\$24,807.74
IBIS Capital Group 45 John F Kennedy Dr Stony Point, NY 10980-3204		Loan				\$24,273.00
Confirmatrix Laboratory, Inc 1770 Cedars Rd Ste 200 Lawrenceville, GA 30045-6702		Vendor				\$24,143.25
Eagle Eye Medical Solutions 1314 E Sonterra Blvd San Antonio, TX 78258-4278		Vendor				\$17,000.00

Debtor Community Healthcare, PLLC
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, professional services, and government)	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
KUB PO Box 59017 Knoxville, TN 37950-9017		Utilities				\$9,048.00
ThermoFisher Scientific Microgenics Corporation 7055 Collection Center Dr Chicago, IL 60693-0070		Services				\$8,036.93
PSS World Medical, Inc 4106 Royal Dr NW Ste 600 Kennesaw, GA 30144	(800) 845-3870	Vendor				\$6,313.37
Physicians Advocates 2042 Town Center Blvd # 154 Knoxville, TN 37922-6677		Vendor				\$3,995.00
The Hartford 301 Woods Park Dr Clinton, NY 13323-1139		Insurance				\$2,699.04
Sentinel Insurance Company 1 Hartford Plz Hartford, CT 06115-1707		Insurance				\$2,699.04
Chattanooga Gas PO Box 4569 Atlanta, GA 30302-4569		Utilities				\$2,576.00
City of Chattanooga Waste Resources Divis PO Box 591 Chattanooga, TN 37401-0591		Utilities				\$2,384.75
Traveler's Bradley Insurance Agency PO Box 12215 Knoxville, TN 37912-0215		Insurance				\$2,352.00

Debtor Community Healthcare, PLLC
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, professional services, and government)	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
Henry Schein 135 Duryea Rd Melville, NY 11747-3834		Vendor				\$1,800.00
Richard James & Associates, Inc 4317 NE Thurston Way Ste 270 Vancouver, WA 98662-6673		Collections				\$1,547.01
Comcast/Xfinity ATTN: Bankruptcy 1701 John F Kennedy Blvd Philadelphia, PA 19103-2838		Utilities				\$1,519.77
Verliance, Inc. 43525 Ridge Park Dr Ste 300 Temecula, CA 92590-3682		Collections				\$1,400.00
London & Amburn, PC 607 Market St Ste 900 Knoxville, TN 37902-2226		Professional Fees				\$1,360.00

Fill in this information to identify the case:

Debtor name Community Healthcare, PLLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE, NORTHERN DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. <i>Schedule A/B: Assets-Real and Personal Property</i> (Official Form 206A/B)	
1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>2,615,530.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>2,615,530.00</u>

Part 2: Summary of Liabilities

2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 206D) Copy the total dollar amount listed in Column A Amount of claim, from line 3 of <i>Schedule D</i>		\$ <u>0.00</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (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>	\$ <u>0.00</u>	
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 <i>Schedule E/F</i>	+\$ <u>212,228.73</u>	
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>212,228.73</u>	

Fill in this information to identify the case:

Debtor name Community Healthcare, PLLC
 United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE, NORTHERN DIVISION
 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

1. Does the debtor have any cash or 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 value of debtor's interest

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?

- No. Go to Part 4.
- Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

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
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19. **Raw materials**

20. **Work in progress**

Debtor Community Healthcare, PLLC Case number (If known) _____
Name

21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Lab Room 1: medications		\$1,500.00	Estimate	\$1,500.00
	Exam Room 2: medical supplies		\$250.00	Estimate	\$250.00
	Lab Room 1: phlebotomy supplies		\$750.00	Estimate	\$750.00
	Lab 2: lab supplies		\$500.00	Estimate	\$500.00

23. Total of Part 5. \$3,000.00
Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?
 No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?
 No
 Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?
 No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, 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 1: hutch (100), desk (50), bookshelf (50), 2 file cabinets (75), lamp (25)	\$300.00	Estimate	\$300.00
Office 2: recliner (150), desk (100)	\$250.00	Estimate	\$250.00
Office 3: recliner (150), 2 desks (200), file cabinet (50), 3 small chairs (30)	\$430.00	Estimate	\$430.00

Debtor Community Healthcare, PLLC Case number (If known) _____
Name

Waiting Room 1: 29 small chairs (250), 1 sculpture (50) 1 table (25), 1 sofa table (100)	\$425.00	Estimate	\$425.00
Kitchen: 3 filing cabinets (150)	\$150.00	Estimate	\$150.00
Office 4: 2 desk chairs (125), bookshelf (50), filing cabinet (50), 2 guest chairs (25)	\$250.00	Estimate	\$250.00
Closet: 2 file cabinets (75)	\$75.00	Estimate	\$75.00
Office 5: desk chair (50), visitor chair (10), end table (15), coat tree (25)	\$100.00	Estimate	\$100.00
Office 6: desk (100), 3 desk chairs (200), small table (25), small cabinet (25)	\$350.00	Estimate	\$350.00
Waiting Room 2: 12 chairs (200), 1 rug (50), 2 small tables (50)	\$300.00	Estimate	\$300.00
Exam Room 1: desk (75), small filing cabinet (25)	\$100.00	Estimate	\$100.00
Lab Room 1: small desk (50) 2 visitor chairs (25)	\$75.00	Estimate	\$75.00
Lab Room 2: small cart (25), 2 tables (50)	\$75.00	Estimate	\$75.00
Exam Room 2: plastic sink (10), cabinet (25)	\$35.00	Estimate	\$35.00
Reception Office: large computer desk (100), 2 desks (75)	\$175.00	Estimate	\$175.00
Staff Bathroom: long counter/cabinet	\$50.00	Estimate	\$50.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
Office 1: copier (200), 2 computers (100)	\$300.00	Estimate	\$300.00
Office 2: computer (100), fax (25), telephone (25), printer (150)	\$400.00	Estimate	\$400.00
Electronics Room: large copier (1000), larger computer system (750), 2 computers (200), shredder (25)	\$1,975.00	Estimate	\$1,975.00

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

<u>Waiting Room 1: monitor</u>	<u>\$25.00</u>	<u>Estimate</u>	<u>\$25.00</u>
<u>Office 4: printer (50), telephone (25)</u>	<u>\$75.00</u>	<u>Estimate</u>	<u>\$75.00</u>
<u>Closet: wet/dry vacuum</u>	<u>\$25.00</u>	<u>Estimate</u>	<u>\$25.00</u>
<u>Office 6: large printer/copier (1000), computer (100), telephone (25)</u>	<u>\$1,125.00</u>	<u>Estimate</u>	<u>\$1,125.00</u>
<u>Office 7: computer</u>	<u>\$100.00</u>	<u>Estimate</u>	<u>\$100.00</u>
<u>Exam Room 1: computer (100), shredder (50), heater (50)</u>	<u>\$200.00</u>	<u>Estimate</u>	<u>\$200.00</u>
<u>Lab Room 2: 2 computers (200), small stereo system (75)</u>	<u>\$275.00</u>	<u>Estimate</u>	<u>\$275.00</u>
<u>Reception Office: 2 computers (200), fax (75), shredder (50)</u>	<u>\$325.00</u>	<u>Estimate</u>	<u>\$325.00</u>
<u>Hallway 2: vacuum cleaner</u>	<u>\$50.00</u>	<u>Estimate</u>	<u>\$50.00</u>
<u>Closet: small refrigerator</u>	<u>\$75.00</u>	<u>Estimate</u>	<u>\$75.00</u>
<u>Kitchen: microwave (20), refrigerator (100), coffee maker (10), toaster (10)</u>	<u>\$140.00</u>	<u>Estimate</u>	<u>\$140.00</u>

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. **\$8,230.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

Debtor Community Healthcare, PLLC Case number (If known) _____
Name

- No. Go to Part 10.
- Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual 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 <u>Customer list</u>	<u>\$500,000.00</u>	<u>Estimate</u>	<u>\$800,000.00</u>
64. Other intangibles, or intellectual property			
65. Goodwill <u>Goodwill/going concern</u>	<u>\$800,000.00</u>	<u>Estimate</u>	<u>\$800,000.00</u>

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

<u>\$1,600,000.00</u>

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
- Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable
Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)
Description (for example, federal, state, local)

Debtor Community Healthcare, PLLC Case number (If known) _____
Name

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)
Without limitation, claim against Innovative Primary Care et al for theft, statutory and common law unfair competition, Lanham Act, violation of Tennessee Uniform Trade Secrets Act, violation of federal computer acts and trade secrets acts, etc. Potential Defendants: Innovative Primary Care LLC, Christie Piccirilli; Dr. Vijay Singh; Ravi Duntuluri; Brandy Saylor; Alexis Black Johnson \$1,000,000.00

Nature of claim	<u>Business Litigation</u>
Amount requested	<u>\$1,000,000.00</u>

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

Hallway 2: defrillator \$1,000.00

Electronics room: 2 blood pressure cuffs (50), wheelchair (75) \$125.00

Office 3: model of spine \$75.00

Closet: small centrifuge \$200.00

Exam Room 1: exam table (750), blood pressure unit (100), digital thermometer (125), otoscope (150), model of spine (75), stethoscope (50) \$1,250.00

Lab Room 1: lab drawing chair (200), lab refrigerator (100), centrifuge (200) \$500.00

Exam Room 2: exam table (750), ekg (1000), otoscope (150), oxygen tank (50), blood pressure unit (100) \$1,150.00

78. Total of Part 11. \$1,004,300.00
Add lines 71 through 77. Copy the total to line 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?
 No
 Yes

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$3,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$8,230.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$1,600,000.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$1,004,300.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,615,530.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,615,530.00</u>

Fill in this information to identify the case:

Debtor name Community Healthcare, PLLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE, NORTHERN DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name Community Healthcare, PLLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE, NORTHERN DIVISION

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address A.R.M. Solutions, Inc PO Box 2929 Camarillo, CA 93011-2929 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>8264</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$414.66</u>
3.2	Nonpriority creditor's name and mailing address Accurate Fire Equipment Co. PO Box 6246 Knoxville, TN 37914-0246 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number __	<u>\$65.55</u>
3.3	Nonpriority creditor's name and mailing address Affordable Network Solutions 7716 Cedarcrest Rd Knoxville, TN 37938-4478 Date(s) debt was incurred <u>10/2016</u> Last 4 digits of account number __	<u>unknown</u>
3.4	Nonpriority creditor's name and mailing address Better Business Bureau PO Box 31377 Knoxville, TN 37930-1377 Date(s) debt was incurred <u>8/2016</u> Last 4 digits of account number <u>5230</u>	<u>\$860.00</u>

Debtor Community Healthcare, PLLC Case number (if known) _____
Name _____

3.5 Nonpriority creditor's name and mailing address **Business Yellow Pages** As of the petition filing date, the claim is: *Check all that apply.* \$1,188.00
 PO Box 300596
 Austin, TX 78703-0010
 Date(s) debt was incurred _____
 Last 4 digits of account number 6900
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address **Chattanooga Gas** As of the petition filing date, the claim is: *Check all that apply.* \$2,576.00
 PO Box 4569
 Atlanta, GA 30302-4569
 Date(s) debt was incurred _____
 Last 4 digits of account number 6518
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address **City of Chattanooga Waste Resources Divis** As of the petition filing date, the claim is: *Check all that apply.* \$2,384.75
 PO Box 591
 Chattanooga, TN 37401-0591
 Date(s) debt was incurred 2016
 Last 4 digits of account number 3382
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address **Clover Check Acceptance** As of the petition filing date, the claim is: *Check all that apply.* \$50.10
Telecheck Services, Inc
 PO Box 60028
 City of Industry, CA 91716-0028
 Date(s) debt was incurred _____
 Last 4 digits of account number 6104
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address **Comcast** As of the petition filing date, the claim is: *Check all that apply.* \$355.04
 PO Box 2127
 Norcross, GA 30091-2127
 Date(s) debt was incurred 10/2016
 Last 4 digits of account number 7218
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.10 Nonpriority creditor's name and mailing address **Comcast/Xfinity** As of the petition filing date, the claim is: *Check all that apply.* \$1,519.77
ATTN: Bankruptcy
 1701 John F Kennedy Blvd
 Philadelphia, PA 19103-2838
 Date(s) debt was incurred 2015
 Last 4 digits of account number 5225
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.11 Nonpriority creditor's name and mailing address **Compass Heating & Air Conditioning, Inc** As of the petition filing date, the claim is: *Check all that apply.* \$160.00
 3042 N Central St
 Knoxville, TN 37917-5137
 Date(s) debt was incurred 2016
 Last 4 digits of account number 1192
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: fax 865-971-4727
 Is the claim subject to offset? No Yes

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

3.12 Nonpriority creditor's name and mailing address **Confirmatrix Laboratory, Inc** As of the petition filing date, the claim is: *Check all that apply.* \$24,143.25
 1770 Cedars Rd Ste 200
 Lawrenceville, GA 30045-6702
 Date(s) debt was incurred 2016
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.13 Nonpriority creditor's name and mailing address **Curry Copy Center** As of the petition filing date, the claim is: *Check all that apply.* \$430.25
 112 N 17th St
 Knoxville, TN 37921-6750
 Date(s) debt was incurred 3/2016
 Last 4 digits of account number 8755
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.14 Nonpriority creditor's name and mailing address **Eagle Eye Medical Solutions** As of the petition filing date, the claim is: *Check all that apply.* \$17,000.00
 1314 E Sonterra Blvd
 San Antonio, TX 78258-4278
 Date(s) debt was incurred 5/2016-7/2016
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.15 Nonpriority creditor's name and mailing address **EOS CCA** As of the petition filing date, the claim is: *Check all that apply.* \$511.44
 PO Box 981002
 Boston, MA 02298-1002
 Date(s) debt was incurred 2016
 Last 4 digits of account number 7263
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.16 Nonpriority creditor's name and mailing address **EPB Electric** As of the petition filing date, the claim is: *Check all that apply.* \$1,233.58
 PO Box 182254
 Chattanooga, TN 37422-7254
 Date(s) debt was incurred _____
 Last 4 digits of account number 7008
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.17 Nonpriority creditor's name and mailing address **FirstPoint Collection Resources, Inc** As of the petition filing date, the claim is: *Check all that apply.* \$0.00
 225 Commerce PI
 Greensboro, NC 27401-2426
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.18 Nonpriority creditor's name and mailing address **FM George Safe & Lock** As of the petition filing date, the claim is: *Check all that apply.* \$130.00
 PO Box 3398
 Knoxville, TN 37927-3398
 Date(s) debt was incurred 9/2016
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

3.19 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$24,807.74
Fora Financial
 Contingent
 Unliquidated
 Disputed
242 W 36th St Fl 14
New York, NY 10018-7542
Date(s) debt was incurred 2016 **Basis for the claim:** __
Last 4 digits of account number __ Is the claim subject to offset? No Yes

3.20 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$56.26
Fyr-Fyter Sales & Service
 Contingent
 Unliquidated
 Disputed
3301 Rudy St
Knoxville, TN 37921-1927
Date(s) debt was incurred 7/2016 **Basis for the claim:** __
Last 4 digits of account number __ Is the claim subject to offset? No Yes

3.21 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$29,952.16
GCA Education Services
ATT: John Donovan, Attorney
4702 Western Ave Ste 101
Knoxville, TN 37921-3343
Date(s) debt was incurred 2/2016 **Basis for the claim:** __
Last 4 digits of account number __ Is the claim subject to offset? No Yes

3.22 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$1,800.00
Henry Schein
 Contingent
 Unliquidated
 Disputed
135 Duryea Rd
Melville, NY 11747-3834
Date(s) debt was incurred 7/2016 **Basis for the claim:** __
Last 4 digits of account number 6844 Is the claim subject to offset? No Yes

3.23 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$24,273.00
IBIS Capital Group
 Contingent
 Unliquidated
 Disputed
45 John F Kennedy Dr
Stony Point, NY 10980-3204
Date(s) debt was incurred 2015 **Basis for the claim:** __
Last 4 digits of account number __ Is the claim subject to offset? No Yes

3.24 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$27,624.98
Intuit Outsource Payroll
 Contingent
 Unliquidated
 Disputed
c/o Richard James & Asscs.
4317 NE Thurston Way Ste 270
Vancouver, WA 98662-6673
Date(s) debt was incurred __ **Basis for the claim:** __
Last 4 digits of account number 1506 Is the claim subject to offset? No Yes

3.25 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$281.51
Johnson's Office Equipment
 Contingent
 Unliquidated
 Disputed
PO Box 1103
Seymour, TN 37865-1103
Date(s) debt was incurred 6/2016-10/2016 **Basis for the claim:** __
Last 4 digits of account number __ Is the claim subject to offset? No Yes

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

3.26 Nonpriority creditor's name and mailing address **Johnsons Office Equipment** As of the petition filing date, the claim is: *Check all that apply.* \$700.47
 PO Box 1103
 Seymour, TN 37865-1103
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.27 Nonpriority creditor's name and mailing address **Junk Bee Gone LLC** As of the petition filing date, the claim is: *Check all that apply.* \$150.00
 2137 Wilson Rd
 Knoxville, TN 37912-6020
 Date(s) debt was incurred 2016
 Last 4 digits of account number 2278
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.28 Nonpriority creditor's name and mailing address **Kabbage Finance** As of the petition filing date, the claim is: *Check all that apply.* unknown
 925 B Peachtree St NE Ste 1688
 Atlanta, GA 30309
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.29 Nonpriority creditor's name and mailing address **Knoxville Tox & Medical** As of the petition filing date, the claim is: *Check all that apply.* \$810.00
 1010 Sandy Ct
 Maryville, TN 37803-7533
 Date(s) debt was incurred 8/2016
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.30 Nonpriority creditor's name and mailing address **Knoxville Tox & Medical** As of the petition filing date, the claim is: *Check all that apply.* \$270.00
 1010 Sandy Ct
 Maryville, TN 37803-7533
 Date(s) debt was incurred 2016
 Last 4 digits of account number 2016
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.31 Nonpriority creditor's name and mailing address **KUB** As of the petition filing date, the claim is: *Check all that apply.* \$9,048.00
 PO Box 59017
 Knoxville, TN 37950-9017
 Date(s) debt was incurred 2016
 Last 4 digits of account number 8210
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.32 Nonpriority creditor's name and mailing address **LCUB** As of the petition filing date, the claim is: *Check all that apply.* \$124.53
 PO Box 449
 Lenoir City, TN 37771-0449
 Date(s) debt was incurred 2015
 Last 4 digits of account number 9788
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

3.33 Nonpriority creditor's name and mailing address **London & Amburn,PC** As of the petition filing date, the claim is: *Check all that apply.* \$1,360.00
 607 Market St Ste 900
 Knoxville, TN 37902-2226
 Date(s) debt was incurred 2016
 Last 4 digits of account number 173M
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.34 Nonpriority creditor's name and mailing address **Malone's** As of the petition filing date, the claim is: *Check all that apply.* \$80.00
 PO Box 22331
 Knoxville, TN 37933-0331
 Date(s) debt was incurred 9/2016
 Last 4 digits of account number 0998
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.35 Nonpriority creditor's name and mailing address **MedPro Disposal** As of the petition filing date, the claim is: *Check all that apply.* \$415.37
 PO Box 5683
 Carol Stream, IL 60197-5683
 Date(s) debt was incurred 7/2016-9/2016
 Last 4 digits of account number _____
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.36 Nonpriority creditor's name and mailing address **MedPro Disposal** As of the petition filing date, the claim is: *Check all that apply.* \$1,205.37
 PO Box 5683
 Carol Stream, IL 60197-5683
 Date(s) debt was incurred 2016
 Last 4 digits of account number 0164
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.37 Nonpriority creditor's name and mailing address **Physicians Advocates** As of the petition filing date, the claim is: *Check all that apply.* \$3,995.00
 2042 Town Center Blvd # 154
 Knoxville, TN 37922-6677
 Date(s) debt was incurred 6/2016
 Last 4 digits of account number 0610
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.38 Nonpriority creditor's name and mailing address **Point of Contact Distributors, LLC** As of the petition filing date, the claim is: *Check all that apply.* \$690.00
 1101 Spy Glass Way
 Knoxville, TN 37922-5244
 Date(s) debt was incurred 2016
 Last 4 digits of account number 1005
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.39 Nonpriority creditor's name and mailing address **PSS World Medical, Inc** As of the petition filing date, the claim is: *Check all that apply.* \$6,313.37
 4106 Royal Dr NW Ste 600
 Kennesaw, GA 30144
 Date(s) debt was incurred 2016
 Last 4 digits of account number 2727
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: fax 800-299-6129
 Is the claim subject to offset? No Yes

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

3.40 Nonpriority creditor's name and mailing address **Receivables Management** As of the petition filing date, the claim is: *Check all that apply.* \$182.00
 Contingent
 Unliquidated
 Disputed
PO Box 361598
Columbus, OH 43236-1598
 Date(s) debt was incurred 2015 Basis for the claim: __
 Last 4 digits of account number __ Is the claim subject to offset? No Yes

3.41 Nonpriority creditor's name and mailing address **Richard James & Associates, Inc** As of the petition filing date, the claim is: *Check all that apply.* \$1,547.01
 Contingent
 Unliquidated
 Disputed
4317 NE Thurston Way Ste 270
Vancouver, WA 98662-6673
 Date(s) debt was incurred __ Basis for the claim: __
 Last 4 digits of account number 2126 Is the claim subject to offset? No Yes

3.42 Nonpriority creditor's name and mailing address **Sentinel Insurance Company** As of the petition filing date, the claim is: *Check all that apply.* \$2,699.04
 Contingent
 Unliquidated
 Disputed
1 Hartford Plz
Hartford, CT 06115-1707
 Date(s) debt was incurred __ Basis for the claim: __
 Last 4 digits of account number 3688 Is the claim subject to offset? No Yes

3.43 Nonpriority creditor's name and mailing address **Shred It USA** As of the petition filing date, the claim is: *Check all that apply.* \$0.00
 Contingent
 Unliquidated
 Disputed
28883 Network PI
Chicago, IL 60673-1288
 Date(s) debt was incurred __ Basis for the claim: __
 Last 4 digits of account number __ Is the claim subject to offset? No Yes

3.44 Nonpriority creditor's name and mailing address **Sonitrol Security Systems of Knoxville,** As of the petition filing date, the claim is: *Check all that apply.* \$400.16
 Contingent
 Unliquidated
 Disputed
PO Box 3444
Knoxville, TN 37927-3444
 Date(s) debt was incurred 2016 Basis for the claim: fax 865-637-3933
 Last 4 digits of account number 3838 Is the claim subject to offset? No Yes

3.45 Nonpriority creditor's name and mailing address **Stanley Convergent Security Solutions, I** As of the petition filing date, the claim is: *Check all that apply.* \$143.81
 Contingent
 Unliquidated
 Disputed
9998 Crosspoint Blvd Ste 300
Indianapolis, IN 46256-3307
 Date(s) debt was incurred __ Basis for the claim: __
 Last 4 digits of account number 6600 Is the claim subject to offset? No Yes

3.46 Nonpriority creditor's name and mailing address **Stericycle** As of the petition filing date, the claim is: *Check all that apply.* \$607.30
 Contingent
 Unliquidated
 Disputed
4010 Commercial Ave
Northbrook, IL 60062-1829
 Date(s) debt was incurred __ Basis for the claim: __
 Last 4 digits of account number 2055 Is the claim subject to offset? No Yes

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

3.47 Nonpriority creditor's name and mailing address **Stericycle** As of the petition filing date, the claim is: *Check all that apply.* \$607.30
 Contingent
 Unliquidated
 Disputed
4010 Commercial Ave
Northbrook, IL 60062-1829
 Date(s) debt was incurred 2016 Basis for the claim: __
 Last 4 digits of account number 5035 Is the claim subject to offset? No Yes

3.48 Nonpriority creditor's name and mailing address **Sterling Payment Technologies** As of the petition filing date, the claim is: *Check all that apply.* \$131.90
 Contingent
 Unliquidated
 Disputed
1111 N Westshore Blvd Ste 500
Tampa, FL 33607
 Date(s) debt was incurred 9/2016 Basis for the claim: __
 Last 4 digits of account number 3100 Is the claim subject to offset? No Yes

3.49 Nonpriority creditor's name and mailing address **Sterling Payment Technologies** As of the petition filing date, the claim is: *Check all that apply.* \$131.90
 Contingent
 Unliquidated
 Disputed
1111 N Westshore Blvd Ste 500
Tampa, FL 33607
 Date(s) debt was incurred 2016 Basis for the claim: __
 Last 4 digits of account number 3100 Is the claim subject to offset? No Yes

3.50 Nonpriority creditor's name and mailing address **The Hartford** As of the petition filing date, the claim is: *Check all that apply.* \$2,699.04
 Contingent
 Unliquidated
 Disputed
301 Woods Park Dr
Clinton, NY 13323-1139
 Date(s) debt was incurred 9/2016 Basis for the claim: __
 Last 4 digits of account number 3688 Is the claim subject to offset? No Yes

3.51 Nonpriority creditor's name and mailing address **ThermoFisher Scientific Microgenics Corporation** As of the petition filing date, the claim is: *Check all that apply.* \$8,036.93
 Contingent
 Unliquidated
 Disputed
7055 Collection Center Dr
Chicago, IL 60693-0070
 Date(s) debt was incurred __ Basis for the claim: __
 Last 4 digits of account number __ Is the claim subject to offset? No Yes

3.52 Nonpriority creditor's name and mailing address **Traveler's Bradley Insurance Agency** As of the petition filing date, the claim is: *Check all that apply.* \$2,352.00
 Contingent
 Unliquidated
 Disputed
PO Box 12215
Knoxville, TN 37912-0215
 Date(s) debt was incurred __ Basis for the claim: __
 Last 4 digits of account number 1197 Is the claim subject to offset? No Yes

3.53 Nonpriority creditor's name and mailing address **Twin Spires Self Storage** As of the petition filing date, the claim is: *Check all that apply.* \$302.00
 Contingent
 Unliquidated
 Disputed
8507 Walbrook Dr
Knoxville, TN 37923-3116
 Date(s) debt was incurred 2016 Basis for the claim: __
 Last 4 digits of account number K035 Is the claim subject to offset? No Yes

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

3.54 Nonpriority creditor's name and mailing address **Ulrich Printing** As of the petition filing date, the claim is: *Check all that apply.* \$67.55
2944 Middlebrook Pike Contingent
Knoxville, TN 37921-5604 Unliquidated
Date(s) debt was incurred 10/2016 Disputed
Last 4 digits of account number Basis for the claim:
Is the claim subject to offset? No Yes

3.55 Nonpriority creditor's name and mailing address **Van Elkins & Associates, CPA** As of the petition filing date, the claim is: *Check all that apply.* unknown
800 S Gay St # 2150 Contingent
Knoxville, TN 37929-9709 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

3.56 Nonpriority creditor's name and mailing address **Verliance, Inc.** As of the petition filing date, the claim is: *Check all that apply.* \$1,400.00
43525 Ridge Park Dr Ste 300 Contingent
Temecula, CA 92590-3682 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

3.57 Nonpriority creditor's name and mailing address **Verliance, Inc.** As of the petition filing date, the claim is: *Check all that apply.* \$1,346.07
RE: Answering Specialists, Inc. Contingent
43525 Ridge Park Dr Ste 300 Unliquidated
Temecula, CA 92590-3682 Disputed
Date(s) debt was incurred 2016 Basis for the claim:
Last 4 digits of account number 3432 Is the claim subject to offset? No Yes

3.58 Nonpriority creditor's name and mailing address **Wally Anderson** As of the petition filing date, the claim is: *Check all that apply.* unknown
7031 Middlebrook Pike Contingent
Knoxville, TN 37909-1156 Unliquidated
Date(s) debt was incurred January 2017 Disputed
Last 4 digits of account number Basis for the claim:
Is the claim subject to offset? No Yes

3.59 Nonpriority creditor's name and mailing address **Waste Management** As of the petition filing date, the claim is: *Check all that apply.* \$298.31
PO Box 9001054 Contingent
Louisville, KY 40290-1054 Unliquidated
Date(s) debt was incurred 6/2016 Disputed
Last 4 digits of account number 1146 Basis for the claim:
Is the claim subject to offset? No Yes

3.60 Nonpriority creditor's name and mailing address **Waste Management of Tenn-Knoxville** As of the petition filing date, the claim is: *Check all that apply.* \$512.64
PO Box 43410 Contingent
Phoenix, AZ 85080-3410 Unliquidated
Date(s) debt was incurred 2016 Disputed
Last 4 digits of account number 1146 Basis for the claim:
Is the claim subject to offset? No Yes

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

3.61 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$595.62
WOW
 Contingent
 Unliquidated
 Disputed
1241 Og Skinner Dr
West Point, GA 31833-1789
 Date(s) debt was incurred 9/2016 **Basis for the claim:** ____
 Last 4 digits of account number 7069 Is the claim subject to offset? No Yes

3.62 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* \$1,188.00
Yellow Pages United
 Contingent
 Unliquidated
 Disputed
PO Box 53282
Atlanta, GA 30355-1282
 Date(s) debt was incurred 7/2016 **Basis for the claim:** ____
 Last 4 digits of account number 1628 Is the claim subject to offset? No Yes

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 attorneys for unsecured creditors.

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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AmerAssist PO Box 26095 Columbus, OH 43226-0095	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain ____	<u>0164</u>
4.2	Credit Management LP 4200 International Pkwy Carrollton, TX 75007-1912	Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain ____	<u>7069</u>
4.3	GCA Services Group 1350 Euclid Ave Ste 1500 Cleveland, OH 44115-1832	Line <u>3.21</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	Intuit Outsource Payroll Corporate Headquarters 2700 Coast Ave Mountain View, CA 94043-1140	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain ____	<u>2126</u>
4.5	MedPro Waste Disposal 1548 Bond St Ste 106 Naperville, IL 60563-6509	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain ____	<u>0164</u>
4.6	Mowery Insurance 9050 Executive Park Dr Knoxville, TN 37923-4699	Line <u>3.42</u> <input type="checkbox"/> Not listed. Explain ____	<u>3688</u>
4.7	Receivables Management PO Box 361598 Columbus, OH 43236-1598	Line <u>3.56</u> <input type="checkbox"/> Not listed. Explain ____	—
4.8	Stericycle 4010 Commercial Ave Northbrook, IL 60062-1829	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain ____	<u>8264</u>

Debtor Community Healthcare, PLLC Case number (if known) _____
Name

	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
4.9	TeleCheck Merchant Services PO Box 6701 Hagerstown, MD 21741-6701	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	<u>6104</u>
4.10	Yellow Pages United PO Box 53282 Atlanta, GA 30355-1282	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	<u>6900</u>

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.	\$ <u>0.00</u>
5b. +	\$ <u>212,228.73</u>
5c.	\$ <u>212,228.73</u>

IN RE:

Case No. _____

Community Healthcare, PLLC

Chapter 11

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) under penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of my(our) knowledge.

Date: February 16, 2017 Signature: _____
Community Healthcare, PLLC Debtor

Date: _____ Signature: _____
Joint Debtor, if any

Date: February 16, 2017 Signature: /s/ Keith Edmiston
Keith Edmiston 018366 Attorney (if applicable)

A.R.M. Solutions, Inc
PO Box 2929
Camarillo, CA 93011-2929

Accurate Fire Equipment Co.
PO Box 6246
Knoxville, TN 37914-0246

Affordable Network Solutions
7716 Cedarcrest Rd
Knoxville, TN 37938-4478

AmerAssist
PO Box 26095
Columbus, OH 43226-0095

Better Business Bureau
PO Box 31377
Knoxville, TN 37930-1377

Business Yellow Pages
PO Box 300596
Austin, TX 78703-0010

Chattanooga Gas
PO Box 4569
Atlanta, GA 30302-4569

City of Chattanooga Waste Resources Divis
PO Box 591
Chattanooga, TN 37401-0591

Clover Check Acceptance
Telecheck Services, Inc
PO Box 60028
City of Industry, CA 91716-0028

Comcast
PO Box 2127
Norcross, GA 30091-2127

Comcast/Xfinity
ATTN: Bankruptcy
1701 John F Kennedy Blvd
Philadelphia, PA 19103-2838

Compass Heating & Air Conditioning, Inc
3042 N Central St
Knoxville, TN 37917-5137

Confirmatrix Laboratory, Inc
1770 Cedars Rd Ste 200
Lawrenceville, GA 30045-6702

Credit Management LP
4200 International Pkwy
Carrollton, TX 75007-1912

Curry Copy Center
112 N 17th St
Knoxville, TN 37921-6750

Eagle Eye Medical Solutions
1314 E Sonterra Blvd
San Antonio, TX 78258-4278

EOS CCA
PO Box 981002
Boston, MA 02298-1002

EPB Electric
PO Box 182254
Chattanooga, TN 37422-7254

FirstPoint Collection Resources, Inc
225 Commerce Pl
Greensboro, NC 27401-2426

FM George Safe & Lock
PO Box 3398
Knoxville, TN 37927-3398

Fora Financial
242 W 36th St Fl 14
New York, NY 10018-7542

Fyr-Fyter Sales & Service
3301 Rudy St
Knoxville, TN 37921-1927

GCA Education Services
ATT: John Donovan, Attorney
4702 Western Ave Ste 101
Knoxville, TN 37921-3343

GCA Services Group
1350 Euclid Ave Ste 1500
Cleveland, OH 44115-1832

Henry Schein
135 Duryea Rd
Melville, NY 11747-3834

IBIS Capital Group
45 John F Kennedy Dr
Stony Point, NY 10980-3204

Intuit Outsource Payroll
c/o Richard James & Asscs.
4317 NE Thurston Way Ste 270
Vancouver, WA 98662-6673

Intuit Outsource Payroll
Corporate Headquarters
2700 Coast Ave
Mountain View, CA 94043-1140

Johnson's Office Equipment
PO Box 1103
Seymour, TN 37865-1103

Johnsons Office Equipment
PO Box 1103
Seymour, TN 37865-1103

Joseph and Walker Nowell
721 Highway 321 N
Lenoir City, TN 37771-5003

Junk Bee Gone LLC
2137 Wilson Rd
Knoxville, TN 37912-6020

Kabbage Finance
925 B Peachtree St NE Ste 1688
Atlanta, GA 30309

Knoxville Tox & Medical
1010 Sandy Ct
Maryville, TN 37803-7533

KUB
PO Box 59017
Knoxville, TN 37950-9017

LCUB
PO Box 449
Lenoir City, TN 37771-0449

London & Amburn, PC
607 Market St Ste 900
Knoxville, TN 37902-2226

Malone's
PO Box 22331
Knoxville, TN 37933-0331

MedPro Disposal
PO Box 5683
Carol Stream, IL 60197-5683

MedPro Waste Disposal
1548 Bond St Ste 106
Naperville, IL 60563-6509

Mowery Insurance
9050 Executive Park Dr
Knoxville, TN 37923-4699

Physicians Advocates
2042 Town Center Blvd # 154
Knoxville, TN 37922-6677

Point of Contact Distributors, LLC
1101 Spy Glass Way
Knoxville, TN 37922-5244

PSS World Medical, Inc
4106 Royal Dr NW Ste 600
Kennesaw, GA 30144

Receivables Management
PO Box 361598
Columbus, OH 43236-1598

Richard James & Associates, Inc
4317 NE Thurston Way Ste 270
Vancouver, WA 98662-6673

Sentinel Insurance Company
1 Hartford Plz
Hartford, CT 06115-1707

Shred It USA
28883 Network Pl
Chicago, IL 60673-1288

Sonitrol Security Systems of Knoxville,
PO Box 3444
Knoxville, TN 37927-3444

Stanley Convergent Security Solutions, I
9998 Crosspoint Blvd Ste 300
Indianapolis, IN 46256-3307

Stericycle
4010 Commercial Ave
Northbrook, IL 60062-1829

Sterling Payment Technologies
1111 N Westshore Blvd Ste 500
Tampa, FL 33607

TeleCheck Merchant Services
PO Box 6701
Hagerstown, MD 21741-6701

The Hartford
301 Woods Park Dr
Clinton, NY 13323-1139

ThermoFisher Scientific
Microgenics Corporation
7055 Collection Center Dr
Chicago, IL 60693-0070

Traveler's
Bradley Insurance Agency
PO Box 12215
Knoxville, TN 37912-0215

Twin Spires Self Storage
8507 Walbrook Dr
Knoxville, TN 37923-3116

Ulrich Printing
2944 Middlebrook Pike
Knoxville, TN 37921-5604

Van Elkins & Associates, CPA
800 S Gay St # 2150
Knoxville, TN 37929-9709

Verliance, Inc.
43525 Ridge Park Dr Ste 300
Temecula, CA 92590-3682

Verliance, Inc.
RE: Answering Specialists, Inc.
43525 Ridge Park Dr Ste 300
Temecula, CA 92590-3682

Wally Anderson
7031 Middlebrook Pike
Knoxville, TN 37909-1156

Waste Management
PO Box 9001054
Louisville, KY 40290-1054

Waste Management of Tenn-Knoxville
PO Box 43410
Phoenix, AZ 85080-3410

WOW
1241 Og Skinner Dr
West Point, GA 31833-1789

Yellow Pages United
PO Box 53282
Atlanta, GA 30355-1282