B1 (Official Form	n 1)(4/10)										
United States Bankruptcy Cou Middle District of Tennessee										Volun	tary Petition	
	Name of Debtor (if individual, enter Last, First, Middle): Cumberland View Clinic, LLC						Namo	e of Joint De	ebtor (Spouse	e) (Last, Firs	t, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):								used by the a maiden, and		in the last 8 yeas):	ırs	
Last four digits of (if more than one, state 87-0813672	e all)	ec. or Indi	vidual-Taxpa	yer I.D. (ITIN) No./C	Complete I		Cour digits o e than one, state		r Individual-	Taxpayer I.D. (I	TIN) No./Complete EIN
Street Address of 1749 Highwa Clarksville,	ay 48	(No. and S	Street, City, a	and State)	:	ZIP Cod		t Address of	Joint Debtor	(No. and St	treet, City, and S	State): ZIP Code
						37040	-					Zir Code
County of Reside	ence or of	f the Princ	cipal Place of	Business		07040	Coun	tv of Reside	ence or of the	Principal P	lace of Business	:
Montgomery			1					•				
		((11	<u>``</u>		M-:1		of Laint Dala			1 1) .
Mailing Address	of Debto	or (11 diffei	rent from str	eet addres	s):		Man	ng Address	of Joint Debi	for (if differe	ent from street ad	ddress):
					_	ZIP Cod	e					ZIP Code
Location of Princ			Dahar									
(if different from												
Т	Гуре of L	Debtor			Nature o	f Busines	5	Chapter of Bankruptcy Code Under Which				
	rm of Org					one box)			the	Petition is F	iled (Check one	e box)
((Check on	e box)			th Care Bus		a dafinad	Chapt			15 D	
Individual (in	ncludes Jo	oint Debto	ors)		le Asset Re 1 U.S.C. § 1		s defined	Chapt			f a Foreign Main	on for Recognition
See Exhibit D) on page	e 2 of this	form.	🗖 Rail	road	- (-)		Chapt			e	on for Recognition
Corporation (includes	LLC and	LLP)		kbroker			Chapt		_	1	main Proceeding
Partnership				 Commodity Broker Clearing Bank 				6115	0	i u i orongii ritori	inanii 1 iooooanig	
D Other (If debto	or is not or	ne of the at	ove entities,	Othe						Natur	e of Debts	
check this box a	and state t	ype of enti	ty below.)	I —	Tax-Exempt Entity		v				k one box)	
					(Check box, if applicable)				are primarily co		, I	Debts are primarily
					tor is a tax-e er Title 26 o				1 in 11 U.S.C.		v for	business debts.
					e (the Intern				onal, family, or			
	Filin	o Fee (C)	neck one boy	·)		Charl			Char	oter 11 Debi	tors	
Full Filing Fee		g i cc (ci	ieek one ool	.)			one box: Debtor is a s	mall business	-		.C. § 101(51D).	
Ũ		. 11 .	(1. 11)		1						U.S.C. § 101(51D)).
Filing Fee to be attach signed ap						CIICCK					1 1 1 1 1	1
debtor is unable Form 3A.	e to pay fe	e except in	installments.	Rule 1006(b). See Offici	al 🛛		tor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) ess than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).				
						Check	all applicab	le boxes:				
Filing Fee waiv attach signed ap								lan is being filed with this petition. eptances of the plan were solicited prepetition from one or more classes of creditors,				
									S.C. § 1126(b).		n one or more clas	sses of creditors,
Statistical/Admin	inistrativ	e Inform	ation						,	THI	S SPACE IS FOR	COURT USE ONLY
Debtor estimation				for distri	bution to un	secured ci	editors.					
Debtor estima							tive expens	es paid,				
there will be r			for distribut	on to uns	ecured cred	itors.				-		
Estimated Numbe												
1- 50-)_	100-	200-	1,000-	5,001-	10,001-	25,001-	50,001-	OVER			
49 99		199	999	5,000	10,000	25,000	50,000	100,000	100,000	4		
Estimated Assets		-	-			-	п	-	-			
\$0 to \$50	0,001 to	\$100,001 to	\$500,001	\$1,000,001	\$10,000,001	\$50,000,001		1 \$500,000,001				
\$50,000 \$10	00,000	\$500,000		to \$10 million	to \$50 million	to \$100 million	to \$500 million	to \$1 billion	\$1 billion			
Estimated Liabilit										1		
\$0 to \$50		\$100.001 to		\$1,000,001	\$10,000,001	\$50,000,001	\$100,000,00	1 \$500,000,001	More then			
		\$100,001 to \$500,000	to \$1	\$1,000,001 to \$10 million	to \$50	to \$100	to \$500	to \$1 billion				
			million	million	million	million	million			1		

B1 (Official For	m 1)(4/10)	-	Page 2	
Voluntar	y Petition	Name of Debtor(s): Cumberland View Clinic, LL	~	
(This page mu	st be completed and filed in every case)		.0	
	All Prior Bankruptcy Cases Filed Within Last	t 8 Years (If more than two, attach a	dditional sheet)	
Location Where Filed:	- None -	Case Number:	Date Filed:	
Location Where Filed:		Case Number:	Date Filed:	
Pe	nding Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If more that	n one, attach additional sheet)	
Name of Debt Melinda L.	or: Phillips-Freeman	Case Number: 311-0038	Date Filed: 1/04/11	
District: Middle Dist	rict of TN	Relationship: Chief Manager	Judge: Harrison	
	Exhibit A		xhibit B	
forms 10K a pursuant to S and is reques	beleted if debtor is required to file periodic reports (e.g., nd 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 sting relief under chapter 11.) A is attached and made a part of this petition.	(To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X Signature of Attorney for Debtor(s) (Date)		
	 	l ibit C		
	or own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.	pose a threat of imminent and identifiabl	e harm to public health or safety?	
☐ Exhibit If this is a joi	leted by every individual debtor. If a joint petition is filed, ear D completed and signed by the debtor is attached and made in int petition: D also completed and signed by the joint debtor is attached a	a part of this petition.	a separate Exhibit D.)	
	Information Regardin	ng the Debtor - Venue		
-	(Check any ap Debtor has been domiciled or has had a residence, principa days immediately preceding the date of this petition or for	al place of business, or principal asse		
	There is a bankruptcy case concerning debtor's affiliate, ge	e 1 .	•	
	Debtor is a debtor in a foreign proceeding and has its princ this District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or th sought in this District.	cipal place of business or principal as in the United States but is a defenda	ssets in the United States in an action or	
	Certification by a Debtor Who Reside (Check all app		rty	
	Landlord has a judgment against the debtor for possession		, complete the following.)	
	(Name of landlord that obtained judgment)			
	(Address of landlord)			
	Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment f			

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

(Official Form 1)(4/10)	Page Name of Debtor(s):
Voluntary Petition	Cumberland View Clinic, LLC
This page must be completed and filed in every case)	, ,
Sign	atures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).	 I declare under penalty of perjury that the information provided in this petitic is true and correct, that I am the foreign representative of a debtor in a foreig proceeding, and that I am authorized to file this petition. (Check only one box.) □ I request relief in accordance with chapter 15 of title 11. United States Co Certified copies of the documents required by 11 U.S.C. §1515 are attached
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapt of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
	X
X	X Signature of Foreign Representative
X	
	Printed Name of Foreign Representative
X Signature of Joint Debtor	
	Date
Telephone Number (If not represented by attorney)	Signature of Non-Attorney Bankruptcy Petition Preparer
	Signature of from Frioritey Bankruptey Feation Freparer
Date	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for
Signature of Attorney*	compensation and have provided the debtor with a copy of this document
Signature of Autorney	and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated
X /s/ Steven L. Lefkovitz	pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services
Signature of Attorney for Debtor(s)	chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a
Steven L. Lefkovitz 5953	debtor or accepting any fee from the debtor, as required in that section.
Printed Name of Attorney for Debtor(s)	Official Form 19 is attached.
LEFKOVITZ & LEFKOVITZ	
Firm Name	Printed Name and title, if any, of Bankruptcy Petition Preparer
618 CHURCH ST., #410	
NASHVILLE, TN 37219	Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition
Address	preparer.)(Required by 11 U.S.C. § 110.)
Email: slefkovitz@lefkovitz.com 615-256-8300 Fax: 615-255-4516	
Telephone Number	
April 11, 2011	
Date	Address
*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a	X
certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	
	Date
Signature of Debtor (Corporation/Partnership)	Duit
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition	Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.
on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Names and Social-Security numbers of all other individuals who prepared assisted in preparing this document unless the bankruptcy petition prepared not an individual:
X /s/ Melinda L. Phillips-Freeman	
Signature of Authorized Individual	
Melinda L. Phillips-Freeman	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
Printed Name of Authorized Individual	
Chief Manager	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Pulse of Pankruptcy Proceedure may result in
Title of Authorized Individual	title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.
April 11, 2011	

In r	re Cumberland View Clinic, LLC	Case No.	
	Debtor(s)	Chapter	11
	DISCLOSURE OF COMPENSATION OF ATTOR	NEY FOR DE	BTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am compensation paid to me within one year before the filing of the petition in bankruptcy, be rendered on behalf of the debtor(s) in contemplation of or in connection with the bank	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		3,500.00
	Prior to the filing of this statement I have received		3,500.00
	Balance Due		0.00
2.	The source of the compensation paid to me was:		
	Debtor Dther (specify):		
3.	The source of compensation to be paid to me is:		
	Debtor Dther (specify):		
4.	■ I have not agreed to share the above-disclosed compensation with any other person u	nless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons wh copy of the agreement, together with a list of the names of the people sharing in the c		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects	of the bankruptcy ca	ase, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in deterb. Preparation and filing of any petition, schedules, statement of affairs and plan which rc. Representation of the debtor at the meeting of creditors and confirmation hearing, andd. [Other provisions as needed]	may be required;	
	Negotiations with secured creditors to reduce to market value; exer reaffirmation agreements and applications as needed; preparation a 522(f)(2)(A) for avoidance of liens on household goods.		
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following s Representation of the debtors in any dischargeability actions, judic any other adversary proceeding.		es, relief from stay actions or
	CERTIFICATION		
this	I certify that the foregoing is a complete statement of any agreement or arrangement for p s bankruptcy proceeding.	ayment to me for re	presentation of the debtor(s) in

Dated: April 11, 2011	/s/ Steven L. Lefkovitz
	Steven L. Lefkovitz 5953
	LEFKOVITZ & LEFKOVITZ
	618 CHURCH ST., #410
	NASHVILLE, TN 37219
	615-256-8300 Fax: 615-255-4516
	slefkovitz@lefkovitz.com

In re Cumberland View Clinic, LLC

Debtor(s)

Case No. Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [*or* chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Maxine Smith c/o Batson Nolan Po Box 0 Clarksville, TN 37041	Maxine Smith c/o Batson Nolan Po Box 0 Clarksville, TN 37041			22,400.00
Hillcrest Clinic 355 East Main Street Erin, TN 37061	Hillcrest Clinic 355 East Main Street Erin, TN 37061			5,000.00
Delta Pharma 114 Mulberry Street Ripley, MS 38663	Delta Pharma 114 Mulberry Street Ripley, MS 38663			1,974.50
Lam Corp Po Box 12140 Burlington, NC 27216	Lam Corp Po Box 12140 Burlington, NC 27216			1,611.73

Case No.

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Debtor(s)

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the Chief Manager of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date April 11, 2011

Signature /s/ Melinda L. Phillips-Freeman Melinda L. Phillips-Freeman Chief Manager

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

In	re
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Cumberland View Clinic, LLC

Debtor

Chapt	er	11	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	58,650.00		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	1		30,986.23	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedu	iles	9			
	Te	otal Assets	58,650.00		
			Total Liabilities	30,986.23	

In re

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Cumberland View Clinic, LLC

Debtor

Case No._____

Chapter_____11____

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

□ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	
4. Total from Schedule F	
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	

In re Cumberland View Clinic, LLC

Case No.

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	--	---	--	----------------------------

None

Sub-Total >	0.00	(Total of this page)

0.00

Total >

In re Cumberland View Clinic, LLC

Case No.

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	Х			
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Cumberland Bank and Trust/US Bank	-	500.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.		Utilities deposit	-	150.00
4.	Household goods and furnishings, including audio, video, and computer equipment.	Х			
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Х			
6.	Wearing apparel.	Х			
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.	х			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		No insurance has cash value	-	Unknown
10.	Annuities. Itemize and name each issuer.	Х			

650.00

2 continuation sheets attached to the Schedule of Personal Property

Cumberland View Clinic, LLC In re

Case No.

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

Type of Property	N O N E Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
 Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). U.S.C. § 521(c).) 	x		
 Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. 	x		
 Stock and interests in incorporated and unincorporated businesses. Itemize. 	x		
14. Interests in partnerships or joint ventures. Itemize.	X		
 Government and corporate bonds and other negotiable and nonnegotiable instruments. 	x		
16. Accounts receivable.	unpaid accounts receivables from patients (list to be provided)	-	55,000.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	x		
 Other liquidated debts owed to debtor including tax refunds. Give particulars. 	x		
 Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. 	x		
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	x		
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	x		
		Sub-Tot	al > 55,000.00

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Sub-Total > (Total of this page)

In re Cumberland View Clinic, LLC

Case No.

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	х			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	х			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26.	Boats, motors, and accessories.	Х			
27.	Aircraft and accessories.	Х			
28.	Office equipment, furnishings, and supplies.		Dell Computer, Monitor, printer, desk, computers, exam tables, refrigerators, crash cart, autoclave, copier, fax, waiting room furniture, tv, misc equipment	-	3,000.00
29.	Machinery, fixtures, equipment, and supplies used in business.	х			
30.	Inventory.	Х			
31.	Animals.	Х			
32.	Crops - growing or harvested. Give particulars.	Х			
33.	Farming equipment and implements.	х			
34.	Farm supplies, chemicals, and feed.	Х			
35.	Other personal property of any kind not already listed. Itemize.	x			

3,000.00

58,650.00

(Report also on Summary of Schedules)

Cumberland View Clinic, LLC

Case No.

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests. List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community". If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.) Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding secured claims to report on this Schedule D. Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H V J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONT - NGEN	UNLLQULDA	D I S P U F E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.				Т	D A T E D			
				\square	U			
Account No.	-		Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.	┢	\vdash	vanue \$					
			Value \$					
0 continuation sheets attached				ubt				
			(Total of th					
				Т	ota	1	0.00	0.00

(Report on Summary of Schedules)

Cumberland View Clinic, LLC

Case No.

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

□ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

□ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

□ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

□ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

□ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

Cumberland View Clinic, LLC

Case No.

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

							_	
CREDITOR'S NAME,	C	ž	Hust	pand, Wife, Joint, or Community	- CO	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R		Ч Ч С	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNLLQULDA	I S P U T E D	AMOUNT OF CLAIM
Account No.					T			
Delta Pharma 114 Mulberry Street Ripley, MS 38663			-			ED		1,974.50
Account No.								
Hillcrest Clinic 355 East Main Street Erin, TN 37061			-					
Account No.		_						5,000.00
Lam Corp Po Box 12140 Burlington, NC 27216			-					
Account No.		-	_		+			1,611.73
Maxine Smith c/o Batson Nolan Po Box 0 Clarksville, TN 37041			-					22,400.00
						tat		22,400.00
0 continuation sheets attached				(Total o	Sub this			30,986.23
				(Report on Summary of		Fota dula		30,986.23

0

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Cumberland View Clinic, LLC

Case No.

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Hillcrest Clinic 355 East Main Street Erin, TN 37061 preceptors agreement

lease on building to be assumed

Maxine Smith c/o Batson Nolan Po Box 0 Clarksville, TN 37041 .

In re Cumberland View Clinic, LLC

Case No.

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

In re Cumberland View Clinic, LLC Case No. Chapter 11

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS	S:		
1. Gross Income For 12 Months Prior to Filing:	\$	162,000.00	
PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INC	COME:		
2. Gross Monthly Income		\$	16,700.00
PART C - ESTIMATED FUTURE MONTHLY EXPENSES:			
3. Net Employee Payroll (Other Than Debtor)	\$	3,383.08	
4. Payroll Taxes		449.95	
5. Unemployment Taxes		269.41	
6. Worker's Compensation		86.60	
7. Other Taxes		1,000.00	
8. Inventory Purchases (Including raw materials)		1,124.58	
9. Purchase of Feed/Fertilizer/Seed/Spray		0.00	
10. Rent (Other than debtor's principal residence)		2,200.00	
11. Utilities		974.00	
12. Office Expenses and Supplies		136.00	
13. Repairs and Maintenance		0.00	
14. Vehicle Expenses		0.00	
15. Travel and Entertainment		0.00	
16. Equipment Rental and Leases		0.00	
17. Legal/Accounting/Other Professional Fees		0.00	
18. Insurance		282.00	
19. Employee Benefits (e.g., pension, medical, etc.)		174.00	
20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petitio	on Business Debts (Specify):		
DESCRIPTION Lab work	TOTAL 307,400.00		
	001,400.000		
21. Other (Specify):			
DESCRIPTION	TOTAL		
22. Total Monthly Expenses (Add items 3-21)		\$	317,479.62
PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:			
23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)		\$	-300,779.62

Cumberland View Clinic, LLC In re

Debtor(s)

Case No. Chapter

11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chief Manager of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **11** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date April 11, 2011

Signature /s/ Melinda L. Phillips-Freeman Melinda L. Phillips-Freeman **Chief Manager**

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

United States Bankruptcy Court

Middle District of Tennessee

In re	Cumberland View Clinic, LLC	

Debtor(s)

Case No. Chapter

11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$48,800.00	2011 YTD: Debtor Gross receipts
\$162,200.00	2010: Debtor Gross receipts
\$124,675.00	2009: Debtor Gross receipts

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None Com

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS	DATES OF		AMOUNT STILL
OF CREDITOR	PAYMENTS	AMOUNT PAID	OWING

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850^{*}. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	DATES OF	PAID OR	
NAME AND ADDRESS OF CREDITOR	PAYMENTS/	VALUE OF	AMOUNT STILL
	TRANSFERS	TRANSFERS	OWING

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Maxine Smith v. Debtor	Detainer Suit	Montgomery General Sessions Court	jdmt granted
AND CASE NUMBER	PROCEEDING	AND LOCATION	DISPOSITION
CAPTION OF SUIT	NATURE OF	COURT OR AGENCY	STATUS OR

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER		DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN		AND VALUE OF PERTY
	6. Assignments and receiverships	S		
None	this case. (Married debtors filing up	erty for the benefit of creditors made with nder chapter 12 or chapter 13 must include buses are separated and a joint petition is	le any assignment b	diately preceding the commencement of by either or both spouses whether or not a
NAME A	AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF AS	SIGNMENT OR SETTLEMENT
None			13 must include information concerning	
	AND ADDRESS CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
	7. Gifts			
None ■	and usual gifts to family members a aggregating less than \$100 per reci	ions made within one year immediately p aggregating less than \$200 in value per in pient. (Married debtors filing under chap tot a joint petition is filed, unless the spot RELATIONSHIP TO	dividual family me ter 12 or chapter 13	ember and charitable contributions 3 must include gifts or contributions by
	N OR ORGANIZATION	DEBTOR, IF ANY	DATE OF GIFT	
	8. Losses			
None	List an isses from the, when, outer casualty of gambing within one year initiation preceding the commencement of this case of			
	PTION AND VALUE PROPERTY	DESCRIPTION OF C LOSS WAS COVERE BY INSURANCE		R IN PART
	9. Payments related to debt coun	seling or bankruptcy		
None				luding attorneys, for consultation bankruptcy within one year immediately
OF LEFKO 618 CH	AND ADDRESS PAYEE VITZ & LEFKOVITZ URCH ST., #410 ILLE, TN 37219	DATE OF PAYMENT NAME OF PAYOR IF OT THAN DEBTOR	,	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$3,500.00

10.	Other	transfers

10 0/1

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME A	ND ADDRESS OF TRANSFEREE,		DESCRIBE PROPERTY TRANSFERRED
RI	ELATIONSHIP TO DEBTOR	DATE	AND VALUE RECEIVED
None	b. List all property transferred by the de	ebtor within ten years imm	nediately preceding the commencement of this case to a self-set

None
 b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME A	ND ADDRESS OF INSTITUTIC	TYPE OF ACCOUNT, LAS DIGITS OF ACCOUNT N N AND AMOUNT OF FINAL	UMBER,	AMOUNT AND DATE OF SALE OR CLOSING
	12. Safe deposit boxes			
None	immediately preceding the com	ox or depository in which the debtor has or had nencement of this case. (Married debtors filing u ouses whether or not a joint petition is filed, unl	under chapter 12 or	chapter 13 must include boxes or
	ND ADDRESS OF BANK HER DEPOSITORY	OF THOSE WITH ACCESS	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
None NAME A	commencement of this case. (M	litor, including a bank, against a debt or deposit arried debtors filing under chapter 12 or chapter etition is filed, unless the spouses are separated DATE OF SETOFF	13 must include in	formation concerning either or both
	14. Property held for another	person		
None		her person that the debtor holds or controls.		
NAME A	ND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPER	TY LOCATIO	N OF PROPERTY
	15. Prior address of debtor			
None		hree years immediately preceding the comment vacated prior to the commencement of this case		
ADDRES	S	NAME USED		DATES OF OCCUPANCY

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

	NAME AND ADDRESS OF	DATE OF	ENVIRONMENTAL
SITE NAME AND ADDRESS	GOVERNMENTAL UNIT	NOTICE	LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

	NAME AND ADDRESS OF	DATE OF	ENVIRONMENTAL
SITE NAME AND ADDRESS	GOVERNMENTAL UNIT	NOTICE	LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS NAME

19. Books, records and financial statements

ADDRESS

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

ADDRESS

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go *directly to the signature page.*)

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS Debtor

None

NAME

b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

None

NAME

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS

	20. Inventories			
None	a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.			
DATE OI	FINVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)	
None	b. List the name and address	of the person having possession of the records of e	each of the two inventories reported in a., above.	
DATE OF INVENTORY NAME AND ADDRESSES OF CUSTO RECORDS		ESSES OF CUSTODIAN OF INVENTORY		

DATES SERVICES RENDERED	

NATURE OF BUSINESS

DATES SERVICES RENDERED

ADDRESS

DATE ISSUED

BEGINNING AND

ENDING DATES

7

	21 . Current Partners, Officers, Directors and Shareholders					
None	a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.					
NAME A	ND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST			
None	b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.					
Melinda	AND ADDRESS Phillips-Freeman ghway 48 North I 37061	TITLE Chief manager	NATURE AND PERCENTAGE OF STOCK OWNERSHIP 100% of stock			
	22 . Former partners, officers, di	rectors and shareholders				
None	a. If the debtor is a partnership, list commencement of this case.	each member who withdrew from the partnersh	ip within one year immediately preceding the			
NAME		ADDRESS	DATE OF WITHDRAWAL			
None						
NAME A	ND ADDRESS	TITLE	DATE OF TERMINATION			
	23 . Withdrawals from a partner	ship or distributions by a corporation				
None			edited or given to an insider, including compensation equisite during one year immediately preceding the			
OF RECI RELATIO Melinda 6171 Hig Cumber	2 ADDRESS IPIENT, ONSHIP TO DEBTOR Phillips-freeman ghway 48 N Iand Furnace, TN 37051 f manager	DATE AND PURPOSE OF WITHDRAWAL salary	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 5000/month			
	24. Tax Consolidation Group.					
None	If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.					
NAME C	OF PARENT CORPORATION		TAXPAYER IDENTIFICATION NUMBER (EIN)			
	25. Pension Funds.					
None	If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.					
NAME C	OF PENSION FUND		TAXPAYER IDENTIFICATION NUMBER (EIN)			

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date April 11, 2011

Signature

Ire /s/ Melinda L. Phillips-Freeman Melinda L. Phillips-Freeman Chief Manager

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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

In re

Cumberland View Clinic, LLC

Debtor

Case No.		

Chapter <u>11</u>

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known addressSecurityNumberKind ofor place of business of holderClassof SecuritiesInterest

Micheklle L. Phillips-Freeman 6171 Highway 48 North Cumberland Furnace, TN 37051 all of interest in Debtor

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date April 11, 2011

Signature <u>/s/ Melinda L. Phillips-Freeman</u> Melinda L. Phillips-Freeman Chief Manager

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

In re Cumberland View Clinic, LLC

Debtor(s)

Case No. Chapter

11

VERIFICATION OF CREDITOR MATRIX

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

Date: April 11, 2011

/s/ Melinda L. Phillips-Freeman Melinda L. Phillips-Freeman/Chief Manager Signer/Title Cumberland View Clinic, LLC -CUMBERLAND VIEW CLINIC, LLC 1749 HIGHWAY 48 CLARKSVILLE TN 37040

STEVEN L. LEFKOVITZ LEFKOVITZ & LEFKOVITZ 618 CHURCH ST., #410 NASHVILLE, TN 37219

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DELTA PHARMA 114 MULBERRY STREET RIPLEY MS 38663

HILLCREST CLINIC 355 EAST MAIN STREET ERIN TN 37061

LAM CORP PO BOX 12140 BURLINGTON NC 27216

MAXINE SMITH C/O BATSON NOLAN PO BOX 0 CLARKSVILLE TN 37041

In re Cumberland View Clinic, LLC

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 <u>Cumberland View Clinic, LLC</u> in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■None [*Check if applicable*]

April 11, 2011

Date

/s/ Steven L. Lefkovitz Steven L. Lefkovitz 5953 Signature of Attorney or Litigant Counsel for Cumberland View Clinic, LLC LEFKOVITZ & LEFKOVITZ 618 CHURCH ST., #410 NASHVILLE, TN 37219 615-256-8300 Fax:615-255-4516 slefkovitz@lefkovitz.com