

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:  
**EASTERN DISTRICT OF TEXAS**

Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

**Official Form 201**

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

**04/16**

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 the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name QMACS, Inc

2. All other names debtor used in the last 8 years dba Questcare Practice Management Services, Inc.

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 7 5 - 2 7 3 3 3 0 5

4. Debtor's address

<b>Principal place of business</b>	<b>Mailing address, if different from principal place of business</b>
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2929 North Central Expressway  
 Number Street  
Suite 300

\_\_\_\_\_  
 Number Street  
 P.O. Box

Richardson TX 75080  
 City State ZIP Code

\_\_\_\_\_  
 City State ZIP Code

Dallas  
 County

**Location of principal assets, if different from principal place of business**

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

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 QMACS, Inc 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>

\_\_\_\_\_

**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. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

**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 for distribution to unsecured creditors.

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

- |  |  |  |  |
|--|--|--|--|
| <b>14. Estimated number of creditors</b> | <input checked="" type="checkbox"/> 1-49       | <input type="checkbox"/> 1,000-5,000                         | <input type="checkbox"/> 25,001-50,000                 |
|  | <input type="checkbox"/> 50-99                 | <input type="checkbox"/> 5,001-10,000                        | <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               |  |  |
| <b>15. Estimated assets</b>              | <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        |
| <b>16. Estimated liabilities</b>         | <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        |

**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 11/30/2017  
MM / DD / YYYY

**X /s/ D. Michael McLean** D. Michael McLean  
Signature of authorized representative of debtor Printed name  
Title Chief Financial Officer

**18. Signature of attorney** **X /s/ Robert T. DeMarco** Date 11/30/2017  
Signature of attorney for debtor MM / DD / YYYY

**Robert T. DeMarco**  
Printed name  
**DeMarco Mitchell, PLLC**  
Firm name  
**1255 West 15th St., 805**  
Number Street

**Plano** **TX** **75075**  
City State ZIP Code

**(972) 578-1400** **robert@demarcomitchell.com**  
Contact phone Email address  
**24014543** \_\_\_\_\_  
Bar number State

**Fill in this information to identify the case**

Debtor name QMACS, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

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

<b>2.</b>	Cash on hand		<u>\$0.00</u>
<b>3.</b>	Checking, savings, money market, or financial brokerage accounts <i>(Identify all)</i>		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>Checking account (Self-Insured Dental Plan)</u>	<u>Checking account</u>	<u>7 1 7 3</u> <u>\$138.51</u>
3.2.	<u>Money Market Account</u>	<u>Checking account</u>	<u>2 8 0 1</u> <u>\$81,907.80</u>
3.3.	<u>Trust Account for medical refund on behalf of Questcare.</u>		
	<u>Balance - \$15,487.13</u>	<u>Checking account</u>	<u>5 6 6 4</u> <u>\$0.00</u>
3.4.	<u>Checking account</u>	<u>Checking account</u>	<u>0 6 7 2</u> <u>\$55,896.21</u>
3.5.	<u>Checking account</u>	<u>Checking account</u>	<u>4 6 3 3</u> <u>\$181.07</u>
3.6.	<u>Trust Account for Doctors White and Waxenbaum</u>		
	<u>Balance: \$1,078.49</u>	<u>Checking account</u>	<u>5 9 7 7</u> <u>\$0.00</u>
3.7.	<u>Trust Account for Chelsea Clinic</u>		
	<u>Balance: \$5,168.92</u>	<u>Checking account</u>	<u>5 9 8 5</u> <u>\$0.00</u>

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
 Name

**4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$138,123.59**

**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.

Current value of  
debtor's interest

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. <u>Dallas Cowboys Seat Licenses (Down Payment)</u>	<b>\$32,145.00</b>
7.2. <u>OSG Security Deposit</u>	<b>\$48,750.00</b>
7.3. <u>Landlord Security Deposit</u>	<b>\$39,309.00</b>

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$120,204.00**

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

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

Current value of  
debtor's interest

**11. Accounts receivable**

11a. 90 days old or less:	<u><b>\$397,202.00</b></u>	-	<u><b>\$19,586.00</b></u>	= .....	→	<b>\$377,616.00</b>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u><b>\$235,695.00</b></u>	-	<u><b>\$152,653.00</b></u>	= .....	→	<b>\$83,042.00</b>
	face amount		doubtful or uncollectible accounts			

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$460,658.00**

**Part 4: Investments**

**13. Does the debtor own any investments?**

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

Debtor QMACS, Inc  
Name

Case number (if known) \_\_\_\_\_

	Valuation method used for current value	Current value of debtor's interest
<b>14. Mutual funds or publicly traded stocks not included in Part 1</b> Name of fund or stock:		
<b>15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture</b> Name of entity: _____ % of ownership: _____		
<b>16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1</b> Describe:		
<b>17. Total of Part 4</b> Add lines 14 through 16. Copy the total to line 83.		<b>\$0.00</b>

**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 MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
<b>20. Work in progress</b>				
<b>21. Finished goods, including goods held for resale</b>				
<b>22. Other inventory or supplies</b>				
<b>23. Total of Part 5</b> Add lines 19 through 22. Copy the total to line 84.				<b>\$0.00</b>

**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 or fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.  
 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
<b>28. Crops--either planted or harvested</b>			

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
 Name

- 29. Farm animals *Examples:* Livestock, poultry, farm-raised fish
- 30. Farm machinery and equipment (Other than titled motor vehicles)
- 31. Farm and fishing supplies, chemicals, and feed
- 32. Other farming and fishing-related property not already listed in Part 6

33. Total of Part 6.  
 Add lines 28 through 32. Copy the total to line 85.

<b>\$0.00</b>
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34. Is the debtor a member of an agricultural cooperative?
- No
- Yes. Is any of the debtor's property stored at the cooperative?
- No
- Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?
- No
- Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?
- No
- Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?
- No
- Yes

**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			
See attached Exhibit "A"			\$148,548.65
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
IBM P8284 Model 22a(Medic Server)-\$14,318.72			
AIX 7.1 Software-\$2,050.			
36 month software support-\$1,611.60			
36 month hardware warranty-\$2,920.47			
Cisco Core Switch & equipment-\$7,827.98			
Desktops, Laptops, Monitors-\$7,791.60			
Cisco WAN Routers-\$15,666.08			
<b>T820 SAN-\$23,680.</b>			
<b>T820 VM License-\$5,200.</b>			
36 month software support-\$1,560.			
36 month hardware warranty-\$8,800.			
T820 Replication License-\$2,600.			
36 month replication support-\$780.			
<b>Allscripts Professional Services(Medic Move)</b>			<b>\$23,680.00</b>
			<b>\$0.00</b>



Debtor QMACS, Inc  
Name

Case number (if known) \_\_\_\_\_

Netgear Readynas 2120 Rackmnt 4x4TB,  
 HP Storeeasy 1440 16TB SATA Storage  
 Aruba 7030-US Controller  
 Aruba Airwave WRLS MGT Ste 1SRV 50D  
 Aruba 8 Access Point LIC  
 Aruba SEC Software BND 8AP  
 Aruba 1YR NBD SUP F/7030-US  
 2 Aruba 1YR NBD SUP F/IAP-205-US  
 Aruba 1 YR Support F/LIC-SEC-8  
 2 Aruba Instant IAP-205 Indoor WAP  
 6 Aruba Campus AP-205 Indoor WAP  
 4 HP 146GB 6G SAS 15K SFF  
 2 HP Ethernet 1 GB 2P 361T Adapter  
 2 HP DL380 GEN9 E5-2640V3 SRV 16GB  
 2 HPE 3Y 24x7 DL38X FC SVC  
 2 System's BIOS/Firmware UPG  
 2 CDW Burn 12 hours  
 20 HP S-Buy 8GB 1Rx4 PC4-2133P-R Kit  
 2 CDW Hardware Install Server  
 6 HP 2920-48G-POE+ 740W Switch/S-Buy  
 2 Cisco Direct ASA5512-FPWR-K9  
 2 CIS DIR 1YR SNET 8x5xNBD  
 2 CISCO Direct ASA551-SEC-PL  
 T820 Base SW License & 1 yr HW Warranty  
 1 Gold Support, T820, HW+Base SW-3yrs  
 MACH1 Two Day  
 Win7(Win8.1 Pro COA)  
 Intel Core i7-5600U 2.60GHz  
 13.1 XGA  
 16GB (8x8)  
 256GB SSD  
 Intel WiFi a/b/g/n/ac, TPM, Bluetooth, Dual Pass

**\$46,869.60**

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.

<b>\$264,702.63</b>
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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.

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
 Name

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	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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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. <u>2012 Nissan Sentra, 2012 Nissan Sentra</u>	<u>\$9,108.00</u>	<u>kbb</u>	<u>\$9,108.00</u>
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**48. Watercraft, trailers, motors, and related accessories** Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

**49. Aircraft and accessories**

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$9,108.00**

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- No
- Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No
- Yes

**Part 9: Real property**

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

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

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	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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**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- No
- Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No
- Yes

**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.

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
 Name

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>Client List</u>			<u>Unknown</u>
64. Other intangibles, or intellectual property			
65. Goodwill			
<u>Goodwill</u>	<u>\$0.00</u>		<u>Unknown</u>
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			<u>\$0.00</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)			
<u>Obligor is D. Michael McLean</u>	<u>\$73,767.00</u>	– <u>\$73,767.00</u> = →	<u>\$0.00</u>
	Total face amount	doubtful or uncollectible amount	
<u>Obligor is Mary Simms</u>	<u>\$698,570.00</u>	– <u>\$698,570.00</u> = →	<u>\$0.00</u>
	Total face amount	doubtful or uncollectible amount	
<u>Obligor is Margie McLean</u>	<u>\$339,088.00</u>	– <u>\$339,088.00</u> = →	<u>\$0.00</u>
	Total face amount	doubtful or uncollectible amount	

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
 Name

- 74. Causes of action against third parties (whether or not a lawsuit has been filed)
- 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*

Cowboys Season Tickets (6) \$120,000.00

78. Total of Part 11. \$120,000.00  
 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

**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>\$138,123.59</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$120,204.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$460,658.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</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>\$264,702.63</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$9,108.00</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>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+\$120,000.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$1,112,796.22</u>	<u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$1,112,796.22</u>

QMACS, Inc.

**Furniture, Fixtures and Computer Equipment Inventory**  
**Nov 21, 2017**

Quantity	Item Description	FMV
1	Executive Desk U-Shaped w/NON-matching hutch	\$500.00
1	Table-top Varidesk -- adjustable	\$100.00
1	Round Conference Table	\$100.00
1	Vari-Desk Brand Desk Chair/Stool	\$100.00
3	Guest Chair - Pleather w/casters	\$300.00
1	Executive Desk Chair	\$250.00
2	7' Book shelf	\$95.00
1	3' Book shelf	\$95.00
1	Wooden book rack/sofa table	\$35.00
1	Wooden Side Table	\$50.00
1	Mini-Refrigerator	\$10.00
1	Microwave	\$10.00
1	Keurig Coffee Maker	\$10.00
1	32" Flat Screen TV	\$100.00
1	Printer - B/W Laser	\$25.00
1	Executive Desk - U-shaped	\$400.00
1	Office Chair - Pleather w/casters	\$95.00
1	Guest Chair - pleather	\$125.00
1	2 drawer lateral file cabinet - metal	\$100.00
1	Filing Cabinet	\$200.00
1	CPU Set-Up	\$100.00
1	MFP Printer - B/W Laser	\$50.00
1	Office Desk - L-Shaped	\$400.00
1	Glass Desk	\$75.00
1	Office Chair - Pleather w/casters	\$95.00
1	Office Chair - Cloth w/casters	\$95.00
1	5' Bookcase	\$75.00
1	Small Round Side Table	\$10.00
1	Small Printer Cart w/Casters	\$25.00
1	Laptop	\$100.00
1	Laptop Docking Station	\$25.00
1	Printer - B/W Laser	\$25.00
1	Executive Desk -- U-Shaped	\$500.00
1	Office Chair - Cloth w/casters	\$50.00
2	Guest Chairs - Wood/Leather	\$200.00
1	Credenza Cabinet w/Glass Topper	\$175.00
1	5 Drawer Filing Cabinet	\$275.00
1	5' Lateral File Cabinet - Locking	\$100.00
1	3' Lateral File Cabinet Locking	\$50.00
1	6' Bookshelf	\$95.00
1	TV/Printer Stand	\$75.00
1	Laptop	\$100.00
1	Laptop Docking Station	\$25.00

**EXHIBIT "A"**

QMACS, Inc.

**Furniture, Fixtures and Computer Equipment Inventory  
Nov 21, 2017**

1	MFP Printer - Color Laser	\$25.00
1	Executive Desk - U-shaped w/Matching Hutch	\$500.00
1	Round Conference Table - Wooden/Glass	\$300.00
1	Small Side Table - Marble/Wood	\$100.00
1	Sofa Table - Wooden	\$400.00
2	5' Lateral File Cabinet - Locking	\$550.00
1	Executive Chair - Leather w/Casters	\$400.00
1	Desk Chair - Leather w/Casters	\$100.00
2	Guest Chair - Cloth & Wood	\$250.00
2	Guest Chair - Cloth & Wood w/Casters	\$250.00
1	Bookcase	\$100.00
1	Small Printer Cart w/casters	\$50.00
1	Microwave	\$10.00
1	Refrigerator	\$10.00
1	Printer - B/W Laser	\$25.00
1	10' Conference Table - Wood	\$5,000.00
12	Executive Chair - Leather w/Casters	\$2,400.00
1	Credenza Cabinet	\$1,000.00
1	Portable Dry Erase Board w/Casters	\$750.00
1	CPU Set-Up	\$100.00
1	Executive Desk - U-shaped w/Matching Hutch	\$400.00
1	Home Office Desk w/Hutch	\$125.00
1	Round Conference Table - Wooden/Glass	\$100.00
2	Guest Chair - Cloth/Wood w/Casters	\$150.00
1	Guest Chair - Pleather w/casters	\$75.00
1	2-Drawer File Cabinet - Metal	\$50.00
1	2 drawer lateral file cabinet - metal	\$100.00
1	4' Bookcase	\$50.00
1	Small Side Table - Wood	\$25.00
1	Printer - B/W Laser	\$50.00
1	Fax Machine	\$15.00
1	Office Desk - L-Shaped Glass	\$350.00
1	Small Desk - Glass	\$100.00
1	Office Chair - Pleather w/casters	\$15.00
1	Office Chair - Cloth w/casters	\$15.00
2	Guest Chairs - Pleather	\$150.00
1	2-Drawer File Cabinet - Metal	\$25.00
1	3-Drawer File Cabinet - Metal	\$25.00
1	2 drawer lateral file cabinet - metal	\$25.00
1	4' Bookcase	\$40.00
1	Laptop	\$100.00
1	Laptop Docking Station	\$25.00
1	Desktop Document Scanner	\$50.00
1	Printer - B/W Laser	\$40.00

QMACS, Inc.

**Furniture, Fixtures and Computer Equipment Inventory**  
**Nov 21, 2017**

1	Executive Desk - U-shaped w/Matching Hutch	\$500.00
1	Office Desk - L-shaped	\$400.00
1	Round Conference Table	\$100.00
7	Chairs	\$150.00
2	Storage Cabinets	\$100.00
1	Side Table	\$50.00
1	Folding Table	\$50.00
1	Refrigerator	\$10.00
1	Microwave	\$10.00
1	Desktop Document Scanner	\$50.00
2	Printer - B/W Laser	\$25.00
1	Executive Desk - U-shaped w/Matching Hutch	\$400.00
1	7' Conference Table	\$500.00
6	Conference Chairs - Leather w/Casters	\$150.00
1	Guest Chair - Wood/Pleather	\$95.00
1	Office Chair - Pleather w/casters	\$95.00
1	6' Couch - Cloth	\$600.00
2	7' Bookshelf	\$190.00
1	6' Bookshelf	\$80.00
1	Laptop	\$100.00
1	Laptop Docking Station	\$25.00
1	Printer - B/W Laser (large capacity)	\$100.00
1	Partial Desk	\$75.00
1	Partial Desk	\$75.00
1	Office Chair - Cloth w/casters	\$40.00
1	Guest Chair - Pleather w/casters	\$75.00
1	Guest Chair - Pleather	\$75.00
1	6' Bookshelf	\$40.00
1	4' Bookcase	\$20.00
1	2 drawer lateral file cabinet - metal	\$40.00
1	Printer - B/W Laser	\$25.00
1	4' Folding Table	\$75.00
1	Plastic Step-Ladder	\$25.00
1	Step-Stool - Plastic	\$25.00
1	6' Folding Table	\$30.00
2	7' Wire Shelving Unit	\$40.00
1	6' Storage Cabinet w/Doors - Metal	\$40.00
1	Computer Shelf	\$75.00
1	Dolly	\$35.00
1	Side Table	\$40.00
1	HCFA Printer	\$150.00
1	Xerox MF Copy Machine	\$1,500.00
1	Pitney Bowes Mail Machine - EOL	\$500.00
1	Credenza Cabinet	\$125.00

QMACS, Inc.

**Furniture, Fixtures and Computer Equipment Inventory**  
**Nov 21, 2017**

1	Bench	\$100.00
1	Coat Stand	\$50.00
2	Main Desks	\$350.00
3	Chairs	\$90.00
2	Filing Cabinets	\$50.00
2	Bookcases	\$60.00
1	Side Table	\$75.00
1	Printer Stand	\$35.00
1	MFPrinter - Color InkJet	\$100.00
2	Folding Tables	\$100.00
3	Bar Height Tables	\$150.00
12	Bar Height Chairs	\$240.00
4	Tables	\$300.00
8	Chairs	\$200.00
1	Bar Stool	\$60.00
1	Ping Pong Table	\$150.00
1	Jukebox	\$100.00
1	Decorative Shelving Unit	\$100.00
1	Decorative Storage Box	\$50.00
1	Folding Chair Stand	\$125.00
69	olding Chairs	\$345.00
3	Refrigerators	\$750.00
4	Microwaves	\$160.00
31	Cubicles	\$4,650.00
10	Chairs	\$500.00
2	Storage Cabinets	\$100.00
1	Large Copy Machine	\$750.00
3	Filing Cabinets	\$150.00
3	Folding Table	\$90.00
2	Dolly	\$50.00
4	Scanner	\$1,200.00
2	Printers	\$100.00
1	Fax Machine	\$40.00
54	Additional Chair	\$270.00
5	Cubicles	\$750.00
1	Conference Table	\$400.00
1	Additional Desk	\$150.00
1	Bookcase	\$75.00
1	Table	\$40.00
2	Side Table	\$100.00
12	Chairs	\$360.00
1	Decorative Chair	\$75.00
3	Printer - B/W Laser	\$150.00
4	Cubicles	\$600.00



QMACS, Inc.

**Furniture, Fixtures and Computer Equipment Inventory  
Nov 21, 2017**

2	Chairs	\$190.00
1	Printer - B/W Laser	\$25.00
1	Main Desk	\$500.00
1	Additional Standing Desk	\$250.00
2	Chairs	\$250.00
1	Couch	\$1,000.00
3	Side Table	\$900.00
1	Credenza Cabinet	\$500.00
1	Study Table	\$500.00
2	Chairs	\$800.00
1	Main Desk	\$250.00
1	Table	\$40.00
3	Chairs	\$225.00
1	Bookcase	\$50.00
1	Filing Cabinet	\$40.00
1	Refrigerator	\$10.00
1	Printer	\$50.00
1	Main Desk	\$500.00
1	Table	\$350.00
7	Chairs	\$350.00
1	Side Table	\$100.00
1	Bookcase	\$50.00
1	Laptop	\$100.00
1	Laptop Docking Station	\$25.00
1	Printer	\$50.00
1	Main Desk	\$300.00
4	Chairs	\$1,200.00
1	Bookcase	\$50.00
2	Side Table	\$100.00
1	Printer	\$25.00
1	Main Desk	\$400.00
1	Chairs	\$95.00
2	Cubicle Units (Not Used)	\$300.00
8	Filing Cabinet	\$400.00
1	Bookcase	\$50.00
1	Whiteboard	\$150.00
1	Refrigerator	\$10.00
1	Printer	\$25.00
33	Cubicles	\$4,950.00
6	Chairs	\$450.00
5	Filing Cabinet	\$250.00
1	Envelope Stand	\$40.00
1	End Table	\$40.00
1	Printer Stand	\$25.00

QMACS, Inc.

**Furniture, Fixtures and Computer Equipment Inventory  
Nov 21, 2017**

3	Printer	\$150.00
2	Fax Machine	\$150.00
3	Large Shelving Units	
6	Folding Table	\$150.00
1	Large Color Printer	\$2,000.00
1	Printer	\$25.00
1	HCFA Printer	\$150.00
1	Ladder	\$40.00
1	Storage Cabinet	\$50.00
2	Chairs	\$100.00
1	Side Table	\$50.00
17	Cubicles	\$2,550.00
9	Chairs	\$225.00
1	Additional Desk	\$200.00
8	Filing cabinet	\$400.00
1	Bookcase	\$50.00
1	Large Shelving Unit	\$95.00
1	Refrigerator	\$10.00
1	Printer	\$25.00
2	Fax Machine	\$50.00
3	3 Main Desks	\$750.00
3	3 Chairs	\$285.00
1	Storage Cabinet	\$75.00
1	Desk Top	\$75.00
1	Cart	\$50.00
3	Chairs	\$120.00
1	Main Desk	\$350.00
1	Bookcase	\$65.00
1	Chairs	\$95.00
1	Main Desk	\$300.00
1	Additional Desk	\$250.00
2	Chairs	\$190.00
1	Table	\$100.00
3	Filing Cabinet	\$150.00
1	Printer	\$50.00
5	Large Shelving Units	\$250.00
3	Filing Cabinet	\$150.00
1	Bookcase	\$75.00
2	Folding Table	\$50.00
1	Ladder	\$40.00
1	Dolly	\$25.00
5	Large Shelving Units	\$375.00
1	Side Table	\$75.00
1	Chairs	\$95.00

**Furniture, Fixtures and Computer Equipment Inventory  
 Nov 21, 2017**

1	Ladder	\$40.00
5	Tables	\$200.00
8	Chairs	\$400.00
2	Filing Cabinet	\$100.00
1	Large Screen	\$150.00
1	Printer	\$50.00

**Computer Equipment**

2008 COMPUTER EQUIPMENT PURCHASES	\$6,007.05
2009 COMPUTER EQUIPMENT PURCHASES	\$2,468.20
Fax	\$10.00
Scanner	\$50.00
Projector	\$50.00
Projection Screen	\$75.00
Laptop	\$150.00
Wide screen projector	\$600.00
laptop	\$50.00
Laptop	\$50.00
Laptop	\$50.00
Firewall network device	\$32.10
Printer	\$14.60
Printer	\$14.80
Telephone system	\$40.50
TV	\$23.15
Microwave	\$10.00
Printer for Round Rock	\$25.00
Computer Equipment	\$261.60
Equipment	\$2,123.20
Round Rock Cubes	\$153.50
Chairs & Desks for round rock	\$178.60
Binding machine	\$86.50
Microwaves - 2	\$20.00
Refrigerators - 2	\$600.00
3 laptops	\$375.00
LAMINATING MACHINE	\$154.50
Computer Equipment	\$484.80
Laptops	\$1,352.50
Lenovo Desktop	\$359.00
HCS - 2002 modular furniture	\$3,466.00
HCS - 2007 computers, servers, & peripherals	\$1,860.35
HCS - 2008 computers, servers, & peripherals	\$2,967.95
HCS - 2009 computers, servers, & peripherals	\$485.30
HCS - 2010 computers, servers, & peripherals	\$798.45

**Furniture, Fixtures and Computer Equipment Inventory**  
**Nov 21, 2017**

HCS - 2011 computers, servers, & peripherals	\$1,082.50
HCS - 2012 computers, servers, & peripherals	\$3,978.50
HCS - 2013 computers, servers, & peripherals	\$7,439.00
HCS - 2014 computers, servers, & peripherals	\$1,321.20
HCS - 2015 computers, servers, & peripherals	\$1,797.60
HCS - 2014 laptop & 2 docking stations	\$1,153.00
136 Old Monitors	\$1,360.00
76 Large Monitors	\$3,800.00
39 Old PC	\$195.00
26 New PC	\$2,600.00
Capital Lease - Key Equipment	\$0.00
Capital Lease - US Bank	\$451.25
Capital Lease - Macquerie Equip Finance	\$19,092.00
HCS - Capital Lease - FPL (06/22/10)	\$3,995.70
HCS - Capital Lease - IBM (06/23/10)	\$2,758.70
HCS - Capital Lease - VAR (06/29/11)	\$3,576.55
	\$148,548.65

**Fill in this information to identify the case:**

Debtor name QMACS, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

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.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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<b>2.1</b>	<b>Creditor's name</b> <b>Hewlett-Packard Financial Services Co.</b>  <b>Creditor's mailing address</b> <b>200 Connell Drive, Suite 5000</b>  <b>Berkeley Heights NJ 07922</b>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <u>4/28/2017</u>  <b>Last 4 digits of account number</b> <u>U S A 1</u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>Electronics and software</b>  <b>Describe the lien</b> <b>lease agreement / Agreement</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$57,422.00</b>	<b>\$45,604.38</b>
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**39 monthly payments left**

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$174,778.82

Debtor QMACS, Inc

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

<b>Column A</b> Amount of claim Do not deduct the value of collateral.	<b>Column B</b> Value of collateral that supports this claim
---	---

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.2</b>	<p><b>Creditor's name</b> <u>Hewlett-Packard Financial Services Co.</u></p> <p><b>Creditor's mailing address</b> <u>200 Connell Drive, Suite 5000</u></p> <p>_____</p> <p><u>Berkeley Heights NJ 07922</u></p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred</b> <u>4/28/2017</u></p> <p><b>Last 4 digits of account number</b> <u>U S A 2</u></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b> <u>Software-support</u></p> <p><b>Describe the lien</b> <u>lease agreement / Agreement</u></p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><u>\$46,599.00</u></p>	<p><u>\$23,680.00</u></p>
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44 mnthly payments left

<b>2.3</b>	<p><b>Creditor's name</b> <u>Hewlett-Packard Financial Services Co.</u></p> <p><b>Creditor's mailing address</b> <u>200 Connell Drive, Suite 5000</u></p> <p>_____</p> <p><u>Berkeley Heights NJ 07922</u></p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred</b> <u>8/30/2017</u></p> <p><b>Last 4 digits of account number</b> <u>U S A 4</u></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b> <u>services</u></p> <p><b>Describe the lien</b> <u>lease agreement / Agreement</u></p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><u>\$10,500.00</u></p>	<p><u>\$0.00</u></p>
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48 monthly payments left on contract

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.4</b>	<b>Creditor's name</b> Leaf Capital Funding, LLC	<b>Describe debtor's property that is subject to a lien</b> electronics	<b>\$52,959.00</b>	<b>\$46,869.60</b>
	<b>Creditor's mailing address</b> 2005 Market Street, 14th Floor	<b>Describe the lien</b> Goods and/or services rendered / Agreement		
	Philadelphia PA 19103	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b> 4/29/2015	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> 8 6 6 5			
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

18 monthly payment left on contract

<b>2.5</b>	<b>Creditor's name</b> National Bank of Central Texas	<b>Describe debtor's property that is subject to a lien</b> 2012 Nissan Sentra, 2012 Nissan Sentra	<b>\$7,298.82</b>	<b>\$9,108.00</b>
	<b>Creditor's mailing address</b> 905 Main St.	<b>Describe the lien</b> Purchase Money / Agreement		
	PO Box 779	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Gatesville TX 76528	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Creditor's email address, if known</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Date debt was incurred</b> 10/23/2012			
	<b>Last 4 digits of account number</b> 7 7 8 0			
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

12 monthly payments left on note

**Fill in this information to identify the case:**

Debtor QMACS, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

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.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim                      Priority amount

<p><b>2.1</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( _____ )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>_____</p> <p>_____</p>
--	--	---------------------------



Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<b>Amount of claim</b>
<b>3.1</b>	Nonpriority creditor's name and mailing address <b>ADT Security Services</b> <b>PO Box 371878</b> <hr/> <b>Pittsburg PA 15250-7878</b> Date or dates debt was incurred _____ Last 4 digits of account number _____	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: <b>Vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$34.16</u>
<b>3.2</b>	Nonpriority creditor's name and mailing address <b>Allscripts LLC</b> <b>24630 Network Place</b> <hr/> <b>Chicago IL 60673-1246</b> Date or dates debt was incurred _____ Last 4 digits of account number <u>4 7 0 4</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: <b>Vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$75,602.00</u>
<b>3.3</b>	Nonpriority creditor's name and mailing address <b>AT &amp; T</b> <b>PO Box 105414</b> <hr/> <b>Atlanta GA 30345-5414</b> Date or dates debt was incurred _____ Last 4 digits of account number <u>5 8 7 1</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: <b>Vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$119.62</u>
<b>3.4</b>	Nonpriority creditor's name and mailing address <b>Availity/Realmed</b> <b>PO Box 844793</b> <hr/> <b>Dallas TX 75284-4793</b> Date or dates debt was incurred _____ Last 4 digits of account number <u>1 2 2 9</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: <b>Vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<u>\$83,009.00</u>

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.5</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,268.00</u>
	<u>CDW Direct, LLC</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 75723</u>	<input type="checkbox"/> Unliquidated	
	<u>Chicago IL 60675-5723</u>	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred _____	<b>Basis for the claim:</b>	
	Last 4 digits of account number <u>6 2 5 9</u>	<b>Vendor</b> _____	
		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.6</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$8,660.00</u>
	<u>Cerner Healthcare Solutions, Inc.</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 959156</u>	<input type="checkbox"/> Unliquidated	
	<u>St. Louis MO 63195-9156</u>	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred _____	<b>Basis for the claim:</b>	
	Last 4 digits of account number <u>2 3 8 3</u>	<b>Vendor</b> _____	
		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.7</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$33.00</u>
	<u>Countdown, Inc</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 803474</u>	<input type="checkbox"/> Unliquidated	
	<u>Dallas TX 75380</u>	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred _____	<b>Basis for the claim:</b>	
	Last 4 digits of account number <u>1 8 8 3</u>	<b>Vendor</b> _____	
		<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.8</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>Unknown</u>
	<u>Cushman &amp; Wakefield</u>	<input type="checkbox"/> Contingent	
	<u>TH/CREA 2929 NCX, LP</u>	<input type="checkbox"/> Unliquidated	
	<u>14881 Quorum Drive, Ste 500</u>	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred _____	<b>Basis for the claim:</b>	
	Last 4 digits of account number _____	<b>Contract/Lease</b> _____	
	<u>office lease</u>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.9</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$2,674.00</u>
	<u>Echo, Inc.</u>	<i>Check all that apply.</i>	
	<u>PO Box 1171130</u>	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>Atlanta GA 30368-7113</u>	<b>Basis for the claim:</b>	
		<b>Vendor</b>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.10</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$54,548.00</u>
	<u>Elico Limited B 90</u>	<i>Check all that apply.</i>	
	<u>Sanathnagar A.P.I.E.</u>	<input type="checkbox"/> Contingent	
	<u>Hyderabad, A.P., India 500 018</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<b>Vendor</b>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.11</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$13,283.00</u>
	<u>Greenburg, Grant &amp; Richards</u>	<i>Check all that apply.</i>	
	<u>5858 Westheimer Road</u>	<input type="checkbox"/> Contingent	
	<u>5th Floor</u>	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	<u>Houston TX 77057</u>	<b>Basis for the claim:</b>	
		<b>Collection - Allscripts</b>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<b>Collection account related to Allscripts.</b>		

<b>3.12</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$162.12</u>
	<u>In-Bloom</u>	<i>Check all that apply.</i>	
	<u>3708 Arapaho Road</u>	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>Addison TX 75001</u>	<b>Basis for the claim:</b>	
		<b>Vendor</b>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.13</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$80,000.00</u>
	<u>Market Approach</u>	<i>Check all that apply.</i>	
	<u>111 East Center Street</u>	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Lorena TX 76655</u>	Basis for the claim:	
	_____	<u>Loan</u>	
	Date or dates debt was incurred <u>2009</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.14</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$868.05</u>
	<u>McAfee, Inc.</u>	<i>Check all that apply.</i>	
	<u>6052 Paysphere Circle</u>	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Chicago IL 60674-6052</u>	Basis for the claim:	
	_____	<u>Vendor</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>7 3 3 1</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.15</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$115,889.00</u>
	<u>Optum A-Life Medical LLC</u>	<i>Check all that apply.</i>	
	<u>3436 Momentum Place</u>	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Chicago IL 60689-5334</u>	Basis for the claim:	
	_____	<u>Vendor</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>1 2 0 4</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.16</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$63,726.00</u>
	<u>OSG Billing Services</u>	<i>Check all that apply.</i>	
	<u>100 Challenger Road</u>	<input type="checkbox"/> Contingent	
	<u>Suite 303</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Ridgefield NJ 07660</u>	Basis for the claim:	
	_____	<u>Vendor</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>Q M C</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.17</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$66,912.00</b>
	<u>Paramont Recovery Systems, LP</u>	<i>Check all that apply.</i>	
	<u>PO Box 788</u>	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<b>Location</b> <u>TX</u> <u>76655</u>	<b>Basis for the claim:</b>	
	<b>Date or dates debt was incurred</b> _____	<b>Contract/Lease</b> _____	
	<b>Last 4 digits of account number</b> <u>9</u> <u>0</u> <u>0</u> <u>0</u>	<b>Is the claim subject to offset?</b>	
	<b>Commercial Lease</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.18</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$671.00</b>
	<u>Parks Coffee</u>	<i>Check all that apply.</i>	
	<u>PO Box 110209</u>	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<b>Location</b> <u>TX</u> <u>75011-0209</u>	<b>Basis for the claim:</b>	
	<b>Date or dates debt was incurred</b> _____	<b>Vendor</b> _____	
	<b>Last 4 digits of account number</b> <u>3</u> <u>1</u> <u>3</u> <u>7</u>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.19</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$17,713.58</b>
	<u>QMACS Healthcare Solutions</u>	<i>Check all that apply.</i>	
	<u>2929 N. Central Expwy.</u>	<input type="checkbox"/> Contingent	
	<u>Suite 300</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<b>Location</b> <u>TX</u> <u>75080</u>	<b>Basis for the claim:</b>	
	<b>Date or dates debt was incurred</b> _____	<b>Vendor</b> _____	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.20</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<b>\$988,156.00</b>
	<u>Questcare Medical Services, P. A.</u>	<i>Check all that apply.</i>	
	<u>101 East Park Blvd., Ste. 911</u>	<input checked="" type="checkbox"/> Contingent	
	_____	<input checked="" type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<b>Location</b> <u>TX</u> <u>75074</u>	<b>Basis for the claim:</b>	
	<b>Date or dates debt was incurred</b> _____	<b>Promissory Note</b> _____	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.21</b>	Nonpriority creditor's name and mailing address <b>Questcare Medical Services, P. A.</b> <b>101 East Park Blvd., Ste. 911</b> _____ _____ <b>Plano TX 75074</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$617,853.00</b>
	Date or dates debt was incurred _____	Basis for the claim: <b>Deferred Income</b>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.22</b>	Nonpriority creditor's name and mailing address <b>Robert Half Technology</b> <b>PO Box 743295</b> _____ _____ <b>Los Angeles CA 90074-3295</b>	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	<b>\$3,397.00</b>
	Date or dates debt was incurred _____	Basis for the claim: <b>Vendor</b>	
	Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>0</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.23</b>	Nonpriority creditor's name and mailing address <b>Shred-It USA</b> <b>Attn: Accounts Receivable</b> <b>PO Box 101007</b> _____ _____ <b>Pasadena CA 91189-1007</b>	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	<b>\$146.00</b>
	Date or dates debt was incurred _____	Basis for the claim: <b>Vendor</b>	
	Last 4 digits of account number <u>9</u> <u>8</u> <u>3</u> <u>6</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<b>3.24</b>	Nonpriority creditor's name and mailing address <b>Staples Advantage</b> <b>Dept. DAL</b> <b>PO Box 83689</b> _____ _____ <b>Chicago IL 60696-3689</b>	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	<b>\$463.00</b>
	Date or dates debt was incurred _____	Basis for the claim: <b>Vendor</b>	
	Last 4 digits of account number <u>3</u> <u>4</u> <u>5</u> <u>1</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.25</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<b>\$2,089.00</b>
	Wilson Elser Moskowitz Edelman & Dicker	<i>Check all that apply.</i>	
	Accounting Dept.	<input type="checkbox"/> Contingent	
	150 East 42nd St.	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	New York NY 10017-5639	<b>Vendor</b>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.26</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<b>\$3,042.00</b>
	Zetta, Inc.	<i>Check all that apply.</i>	
	PO Box 74008875	<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	Chicago IL 60674-8875	<b>Vendor</b>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.27</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<b>\$2,719.96</b>
	Zoll Data Systems	<i>Check all that apply.</i>	
	11802 Ridge parkway	<input type="checkbox"/> Contingent	
	Suite 400	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	Broomfield CO 80021	<b>Vendor</b>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**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 <u>Channel Partners Capital, LLC</u> <u>6487 Sycamore Ct., N</u> <hr/> <u>Maple Grove MN 55369</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.2 <u>Channel Partners Funding I, LLC</u> <u>6487 Sycamore Ct., N</u> <hr/> <u>Maple Grove MN 55369</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.3 <u>Leaf Capital Funding, LLC</u> <u>2500 market Street</u> <u>14th Floor</u> <hr/> <u>Philadelphia PA 19103</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.4 <u>Monroe Capital Management Advisors, LLC</u> <u>311 South Wacker Drive</u> <u>Suite 6400</u> <hr/> <u>Chicago IL 60606</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.5 <u>Wells Fargo Bank NA</u> <u>MAC N9311-161</u> <u>Sixth &amp; Marquette</u> <hr/> <u>Minneapolis MN 55479</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.6 <u>Western Equipment Finance, Inc.</u> <u>PO Box 640</u> <hr/> <u>Devils Lake ND 58301</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____



Debtor QMACS, Inc Case number (if known) \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$0.00

5b. Total claims from Part 2 5b. + \$2,207,038.49

5c. Total of Parts 1 and 2 5c. \$2,207,038.49  
Lines 5a + 5b = 5c.

**Fill in this information to identify the case:**

Debtor name QMACS, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number \_\_\_\_\_ Chapter 11  
(if known)

Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____  List the contract number of any government contract _____	office lease Contract to be ASSUMED	Cushman & Wakefield TH/CREA 2929 NCX, LP 14881 Quorum Drive, Ste 500  _____ Dallas TX 75254
2.2	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____  List the contract number of any government contract _____	equipment lease Contract to be ASSUMED	Hewlett-Packard Financial Services Co. 200 Connell Drive  _____ Berkeley Heights NJ 07922
2.3	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining _____  List the contract number of any government contract _____	Commercial Lease Contract to be ASSUMED	Paramount Recovery Systems, LP PO Box 788  _____ Lorena TX 76655

**Fill in this information to identify the case:**

Debtor name QMACS, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

**12/15**

**Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.**

**1. Does the debtor have any codebtors?**

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing address**

**Name**

*Check all schedules that apply:*

**Fill in this information to identify the case:**

Debtor Name QMACS, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

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. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from Schedule A/B.....	<u>          \$0.00          </u>
<b>1b. Total personal property:</b> Copy line 91A from Schedule A/B.....	<u>          \$1,112,796.22          </u>
<b>1c. Total of all property</b> Copy line 92 from Schedule A/B.....	<u>          \$1,112,796.22          </u>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....	<u>          \$174,778.82          </u>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of Schedule E/F.....	<u>          \$0.00          </u>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	<u>  +          \$2,207,038.49          </u>
<b>4. Total liabilities</b> Lines 2 + 3a + 3b.....	<u>          \$2,381,817.31          </u>

**Fill in this information to identify the case and this filing:**

Debtor Name QMACS, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

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)
- A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- 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 11/30/2017  
MM / DD / YYYY

**X /s/ D. Michael McClean**  
Signature of individual signing on behalf of debtor

**D. Michael McClean**  
Printed name

**Chief Financial Officer**  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name QMACS, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. 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).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply.

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:	From <u>01/01/2017</u> to <u>12/31/2016</u> <small>MM/DD/YYYY</small>	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$7,167,223.00</u>
For prior year:	From <u>01/01/2016</u> to <u>12/31/2015</u> <small>MM/DD/YYYY</small>		<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$8,793,054.00</u>
For the year before that:	From <u>01/01/2015</u> to <u>12/31/2014</u> <small>MM/DD/YYYY</small>		<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$9,034,908.00</u>

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>Leaf Capital Funding, LLC</u> <small>Creditor's name</small> <u>2005 Market Street, 14th Floor</u> <small>Street</small>  <u>Philadelphia</u> <u>PA</u> <u>19103</u> <small>City State ZIP Code</small>	<b>last 90 days</b>	<u>\$9,282.00</u>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
Name

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.2. <b>Optum A-Life Medical LLC</b> <small>Creditor's name</small> <b>3436 Momentum Place</b> <small>Street</small> <hr/> <b>Chicago</b> <b>IL</b> <b>60689-5334</b> <small>City State ZIP Code</small>	<b>last 90 days</b>	<b>\$49,560.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. <b>Allscripts LLC</b> <small>Creditor's name</small> <b>24630 Network Place</b> <small>Street</small> <hr/> <b>Chicago</b> <b>IL</b> <b>60673-1246</b> <small>City State ZIP Code</small>	<b>last 90 days</b>	<b>\$15,675.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. <b>American Express Platinum</b> <small>Creditor's name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>	<b>last 90 days</b>	<b>\$74,694.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>credit card</b>
3.5. <b>American Express Plum</b> <small>Creditor's name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>	<b>last 90 days</b>	<b>\$101,086.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>credit card</b>
3.6. <b>AT &amp; T Mobility</b> <small>Creditor's name</small> <b>PO Box 650553</b> <small>Street</small> <hr/> <b>Dallas</b> <b>TX</b> <b>75265-0553</b> <small>City State ZIP Code</small>	<b>last 90 days</b>	<b>\$14,560.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7. <b>Availity/Realmed</b> <small>Creditor's name</small> <b>PO Box 844793</b> <small>Street</small> <hr/> <b>Dallas</b> <b>TX</b> <b>75284-4793</b> <small>City State ZIP Code</small>	<b>last 90 days</b>	<b>\$48,235.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor <b>QMACS, Inc</b> Name		Case number (if known)	
Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. <b>Cushman &amp; Wakefield</b> Creditor's name _____ Street _____ City State ZIP Code	<b>last 90 days</b>	<b>\$79,485.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.9. <b>EdgeWave, Inc.</b> Creditor's name <b>4225 Executive Square</b> Street <b>Suite 1600</b> <b>La Jolla CA 92037-1487</b> City State ZIP Code	<b>last 90 days</b>	<b>\$8,700.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10. <b>Elico Limited B 90</b> Creditor's name <b>Sanathnagar A.P.I.E.</b> Street <b>Hyderabad, A.P., India 500 018</b> City State ZIP Code	<b>last 90 days</b>	<b>\$234,292.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.11. <b>Fidelity &amp; Guaranty Life Insurance Co.</b> Creditor's name <b>PO Box 644004</b> Street <b>Cincinnati OH 45264-4004</b> City State ZIP Code	<b>last 90 days</b>	<b>\$8,455.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.12. <b>Internal Revenue Service</b> Creditor's name <b>Centralized Insolvency Operations</b> Street <b>PO Box 7346</b> <b>Philadelphia PA 19101-7346</b> City State ZIP Code	<b>last 90 days</b>	<b>\$251,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.13. <b>Level3 Communications</b> Creditor's name <b>PO Box 910182</b> Street <b>Denver CO 80291-0182</b> City State ZIP Code	<b>last 90 days</b>	<b>\$13,148.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____



Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
Name

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.14. <u>OSG Billing Services</u> <small>Creditor's name</small> <u>100 Challenger Road</u> <small>Street</small> <u>Suite 303</u>	<b>last 90 days</b>	<u>\$101,364.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
<u>Ridgefield</u> <u>NJ</u> <u>07660</u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.15. <u>Robert Half Technology</u> <small>Creditor's name</small> <u>PO Box 743295</u> <small>Street</small>	<b>last 980 days</b>	<u>\$6,508.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
<u>Los Angeles</u> <u>CA</u> <u>90074-3295</u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.16. <u>Staples Advantage</u> <small>Creditor's name</small> <u>Dept. DAL</u> <small>Street</small> <u>PO Box 83689</u>	<b>last 90 days</b>	<u>\$7,311.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<u>Chicago</u> <u>IL</u> <u>60696-3689</u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.17. <u>Texas Comptroller of Public Accounts</u> <small>Creditor's name</small> <u>Revenue Accounting DIV</u> <small>Street</small> <u>Bankruptcy Section</u>	<b>last 90 days</b>	<u>\$17,063.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
<u>Austin</u> <u>TX</u> <u>78711-3528</u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.18. <u>Worldwide Express</u> <small>Creditor's name</small> <u>116 North West ST., Ste. 200</u> <small>Street</small>	<b>last 90 days</b>	<u>\$9,357.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
<u>Raleigh</u> <u>NC</u> <u>27603</u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.19. <u>Zetta, Inc.</u> <small>Creditor's name</small> <u>PO Box 74008875</u> <small>Street</small>	<b>last 90 days</b>	<u>\$8,702.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
<u>Chicago</u> <u>IL</u> <u>60674-8875</u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

Debtor **QMACS, Inc** Case number (if known) \_\_\_\_\_  
Name

<b>Creditor's name and address</b>	<b>Dates</b>	<b>Total amount or value</b>	<b>Reasons for payment or transfer</b> <i>Check all that apply</i>
3.20. <u><b>Zack Goldman</b></u> <small>Creditor's name</small> <u><b>813 Camelot Court</b></u> <small>Street</small>	<b>last 90 days</b>	<u><b>\$6,000.00</b></u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
<u><b>Lewisville</b></u> <u><b>TX</b></u> <u><b>75077</b></u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

<b>Creditor's name and address</b>	<b>Dates</b>	<b>Total amount or value</b>	<b>Reasons for payment or transfer</b> <i>Check all that apply</i>
3.21. <u><b>Blue Cross Blue Shield of Texas</b></u> <small>Creditor's name</small> <u><b>PO Box 731428</b></u> <small>Street</small>	<b>last 90 days</b>	<u><b>\$86,760.00</b></u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
<u><b>Dallas</b></u> <u><b>TX</b></u> <u><b>75373-1428</b></u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

<b>Creditor's name and address</b>	<b>Dates</b>	<b>Total amount or value</b>	<b>Reasons for payment or transfer</b> <i>Check all that apply</i>
3.22. <u><b>Cerner Healthcare Solutions, Inc.</b></u> <small>Creditor's name</small> <u><b>PO Box 959156</b></u> <small>Street</small>	<b>last 90 days</b>	<u><b>\$21,655.00</b></u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
<u><b>St. Louis</b></u> <u><b>MO</b></u> <u><b>63195-9156</b></u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

<b>Insider's name and address</b>	<b>Dates</b>	<b>Total amount or value</b>	<b>Reasons for payment or transfer</b>
4.1. <u><b>Paramont Recovery Systems, LP</b></u> <small>Insider's name</small> <u><b>PO Box 788</b></u> <small>Street</small>	<b>last 12 months</b>	<u><b>\$166,023.00</b></u>	<b>business lease</b>
<u><b>Lorena</b></u> <u><b>TX</b></u> <u><b>76655</b></u> <small>City</small> <small>State</small> <small>ZIP Code</small>			

**Relationship to debtor**  
 \_\_\_\_\_

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
 Name

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <b>QRZ Medical Management, LLC &amp; QMACS, Inc. vs Total Trauma Care PLLC dba Advent Orthopaedics</b>	<b>lawsuit</b>	<b>116th Judicial District Court</b> Name _____ Street _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Case number</b> <b>DC16-09334</b>		<b>Dallas TX</b> City State ZIP Code	

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. <b>Young Life</b> Recipient's name _____ Street _____	<b>QMACS has given a cash gift of \$12,000.00 monthly last 12 months</b>	<b>monthly</b>	<b>\$12,000.00</b>
<b>Plano TX</b> City State ZIP Code			
<b>Recipient's relationship to debtor</b> <b>none</b>			

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
Name

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1. <u>DeMarco Mitchell, PLLC</u>		11/14/2017	<u>\$15,000.00</u>
<b>Address</b>			
<u>1255 West 15th St., 805</u>			
<small>Street</small>			
<hr/>			
<u>Plano</u>	<u>TX</u>	<u>75075</u>	
<small>City</small>	<small>State</small>	<small>ZIP Code</small>	
<b>Email or website address</b>			
<hr/>			
<b>Who made the payment, if not debtor?</b>			
<hr/>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None

**13. Transfers not already listed on this statement**

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
Name

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?
- No. Go to Part 9.
- Yes. Fill in the information below.

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.
- Yes. State the nature of the information collected and retained \_\_\_\_\_  
 Does the debtor have a privacy policy about that information?  
 No.  
 Yes.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?  
 No. Go to Part 10.  
 Yes. Fill in below:

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- None

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Legacy Texas Bank</u> <small>Name</small> <u>1573 Alma Dr.</u> <small>Street</small> <hr/> <u>Plano TX 75075</u> <small>City State ZIP Code</small>	Address <hr/>	Old Corp papers Contracts, etc	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
 Name

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

- No  
 Yes. Provide details below.

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- No  
 Yes. Provide details below.

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- No  
 Yes. Provide details below.

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Debtor **QMACS, Inc** Case number (if known) \_\_\_\_\_  
 Name

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

**Name and address**

**Dates of service**

26a.1. **Lightfoot Guest Moore & Co, PC** From 2008 To Present  
 Name  
1501 LBJ, 500  
 Street  
 \_\_\_\_\_  
Dallas TX 75234  
 City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.1. **Lightfoot Guest Moore & Co, PC**  
 Name  
1501 LBJ, 500  
 Street  
 \_\_\_\_\_  
Dallas TX 75234  
 City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No.

Yes. Give the details about the two most recent inventories.

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
<b>D. Michael McLean</b>	<b>2929 N. Central Expressway, 300 Richardson, TX 75080</b>	<b>CFO</b>	<b>42.5%</b>
<b>Margie McLean</b>	<b>2929 N. Central Expressway, 300 Richardson, TX 75080</b>	<b>CEO</b>	<b>42.5%</b>
<b>Mary Simms</b>	<b>2929 N. Central Expressway, 300 Richardson, TX 75080</b>	<b>COO</b>	<b>15%</b>

Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
 Name

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
- Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. D. Michael McLean Salary & Distributions

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship to debtor  
CFO

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.2. Mary Simms Salary & Distributions

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship to debtor  
COO

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.3. Margie McLean Salary & Distributions

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship to debtor  
CEO



Debtor QMACS, Inc Case number (if known) \_\_\_\_\_  
Name

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

**Part 14: Signature and Declaration**

**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.

I have examined the information in this *Statement of Financial Affairs* and any attachments 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 11/30/2017  
MM / DD / YYYY

**X** /s/ D. Michael McLean Printed name D. Michael McLean  
Signature of individual signing on behalf of the debtor

Position or relationship to debtor Chief Financial Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

**Fill in this information to identify the case:**

Debtor name QMACS, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

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 claims 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 the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured 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
1	Questcare Medical Services, P. A. 101 East Park Blvd., Ste. 911 Plano, TX 75074		Promissory Note	Contingent Unliquidated			\$988,156.00
2	Questcare Medical Services, P. A. 101 East Park Blvd., Ste. 911 Plano, TX 75074		Deferred Income	Disputed			\$617,853.00
3	Optum A-Life Medical LLC 3436 Momentum Place Chicago, IL 60689-5334		Vendor				\$115,889.00
4	Availity/Realmed PO Box 844793 Dallas, TX 75284-4793		Vendor				\$83,009.00
5	Market Approach 111 East Center Street Lorena, TX 76655		Loan				\$80,000.00

Debtor **QMACS, Inc**  
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 the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured 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
6	Allscripts LLC 24630 Network Place Chicago, IL 60673-1246		Vendor				\$75,602.00
7	Paramont Recovery Systems, LP PO Box 788 Lorena, TX 76655		Contract/Lease				\$66,912.00
8	OSG Billing Services 100 Challenger Road Suite 303 Ridgefield, NJ 07660		Vendor				\$63,726.00
9	Elico Limited B 90 Sanathnagar A.P.I.E. Hyderabad, A.P., India 500 018		Vendor				\$54,548.00
10	Hewlett-Packard Financial Services Co. 200 Connell Drive, Suite 5000 Berkeley Heights, NJ 07922		lease agreement		\$46,599.00	\$23,680.00	\$22,919.00
11	QMACS Healthcare Solutions 2929 N. Central Expwy. Suite 300 Richardson, TX 75080		Vendor				\$17,713.58
12	Greenburg, Grant & Richards 5858 Westheimer Road 5th Floor Houston, TX 77057		Collection - Allscripts	Unliquidated Disputed			\$13,283.00
13	Hewlett-Packard Financial Services Co. 200 Connell Drive, Suite 5000 Berkeley Heights, NJ 07922		lease agreement		\$57,422.00	\$45,604.38	\$11,817.62

Debtor **QMACS, Inc**  
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 the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured 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
14	Hewlett-Packard Financial Services Co. 200 Connell Drive, Suite 5000 Berkeley Heights, NJ 07922		lease agreement		\$10,500.00	\$0.00	\$10,500.00
15	Cerner Healthcare Solutions, Inc. PO Box 959156 St. Louis, MO 63195-9156		Vendor				\$8,660.00
16	Leaf Capital Funding, LLC 2005 Market Street, 14th Floor Philadelphia, PA 19103		Goods and/or services rendered		\$52,959.00	\$46,869.60	\$6,089.40
17	CDW Direct, LLC PO Box 75723 Chicago, IL 60675-5723		Vendor				\$5,268.00
18	Robert Half Technology PO Box 743295 Los Angeles, CA 90074-3295		Vendor				\$3,397.00
19	Zetta, Inc. PO Box 74008875 Chicago, IL 60674-8875		Vendor				\$3,042.00
20	Zoll Data Systems 11802 Ridge parkway Suite 400 Broomfield, CO 80021		Vendor				\$2,719.96

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION**

IN RE: **QMACS, Inc**

CASE NO

CHAPTER **11**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/30/2017

Signature **/s/ D. Michael McLean**  
**D. Michael McLean**  
**Chief Financial Officer**

Date \_\_\_\_\_

Signature \_\_\_\_\_

ADT Security Services  
PO Box 371878  
Pittsburg, PA 15250-7878

Countdown, Inc  
PO Box 803474  
Dallas, TX 75380

Leaf Capital Funding, LLC  
2005 Market Street, 14th Floor  
Philadelphia, PA 19103

Allscripts LLC  
24630 Network Place  
Chicago, IL 60673-1246

Cushman & Wakefield  
TH/CREA 2929 NCX, LP  
14881 Quorum Drive, Ste 500  
Dallas, TX 75254

Market Approach  
111 East Center Street  
Lorena, TX 76655

AT & T  
PO Box 105414  
Atlanta, GA 30345-5414

Echo, Inc.  
PO Box 1171130  
Atlanta, GA 30368-7113

McAfee, Inc.  
6052 Paysphere Circle  
Chicago, IL 60674-6052

Attorney General of Texas  
Taxation Division - Bankruptcy  
Box 12548 Capitol Station  
Austin, TX 78711

Elico Limited B 90  
Sanathnagar A.P.I.E.  
Hyderabad, A.P., India 500 018

Monroe Capital Management Advis  
311 South Wacker Drive  
Suite 6400  
Chicago, IL 60606

Attorney General of Texas  
Bankruptcy Reporting Contact  
OAG/CSD/Mail Code 38  
P.O. Box 12017  
Austin, TX 78711-2017

Greenburg, Grant & Richards  
5858 Westheimer Road  
5th Floor  
Houston, TX 77057

National Bank of Central Texas  
905 Main St.  
PO Box 779  
Gatesville, TX 76528

Availity/Realmed  
PO Box 844793  
Dallas, TX 75284-4793

Hewlett-Packard Financial Servi  
200 Connell Drive, Suite 5000  
Berkeley Heights, NJ 07922

Optum A-Life Medical LLC  
3436 Momentum Place  
Chicago, IL 60689-5334

CDW Direct, LLC  
PO Box 75723  
Chicago, IL 60675-5723

Hewlett-Packard Financial Servi  
200 Connell Drive  
Berkeley Heights, NJ 07922

OSG Billing Services  
100 Challenger Road  
Suite 303  
Ridgefield, NJ 07660

Cerner Healthcare Solutions, In  
PO Box 959156  
St. Louis, MO 63195-9156

In-Bloom  
3708 Arapaho Road  
Addison, TX 75001

Paramont Recovery Systems, LP  
PO Box 788  
Lorena, TX 76655

Channel Partners Capital, LLC  
6487 Sycamore Ct., N  
Maple Grove, MN 55369

Internal Revenue Service -  
Centralized Insolvency Operatio  
PO Box 7346  
Philadelphia, PA 19101-7346

Parks Coffee  
PO Box 110209  
Carrollton, TX 75011-0209

Channel Partners Funding I, LLC  
6487 Sycamore Ct., N  
Maple Grove, MN 55369

Leaf Capital Funding, LLC  
2500 market Street  
14th Floor  
Philadelphia, PA 19103

QMACS Healthcare Solutions  
2929 N. Central Expwy.  
Suite 300  
Richardson, TX 75080

Questcare Medical Services, P. . Western Equipment Finance, Inc.  
101 East Park Blvd., Ste. 911 PO Box 640  
Plano, TX 75074 Devils Lake, ND 58301

Robert Half Technology Wilson Elser Moskowitz Edelman  
PO Box 743295 Accounting Dept.  
Los Angeles, CA 90074-3295 150 East 42nd St.  
New York, NY 10017-5639

SEC Zetta, Inc.  
100 F Street, NE PO Box 74008875  
Washington, DC 20549 Chicago, IL 60674-8875

Shred-It USA Zoll Data Systems  
Attn: Accounts Receivable 11802 Ridge parkway  
PO Box 101007 Suite 400  
Pasadena, CA 91189-1007 Broomfield, CO 80021

Staples Advantage  
Dept. DAL  
PO Box 83689  
Chicago, IL 60696-3689

Texas Comptroller of Public Acc  
Office of the Attorney General  
Bankruptcy Collections Div.  
P.O. Box 12548, MC-008  
Austin, TX 78711-2548

Texas Workforce Commission  
TEC Building Tax Dept.  
101 E. 15th Street  
Austin, TX 78778

United States Attorney  
110 North College Ave., Ste. 70  
Tyler, TX 75702-0204

United States Trustee  
110 North College Ave., Ste. 30  
Tyler, TX 75702-7231

Wells Fargo Bank NA  
MAC N9311-161  
Sixth & Marquette  
Minneapolis, MN 55479

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION**

IN RE:  
**QMACS, Inc**

CHAPTER 11

DEBTOR(S)

CASE NO

**LIST OF EQUITY SECURITY HOLDERS**

<b>Registered Name of Holder of Security Last Known Address or Place of Business</b>	<b>Class of Security</b>	<b>Number Registered</b>	<b>Kind of Interest Registered</b>
D. Michael McLean 2929 N. Central Expressway, 300 Richardson, TX 75080		42.5%	
Margie McLean 2929 N. Central Expressway, 300 Richardson, TX 75080		42.5%	
Mary Simms 2929 N. Central Expressway, 300 Richardson, TX 75080		15%	

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

I, the Chief Financial Officer 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: 11/30/2017

Signature: /s/ D. Michael McLean  
*D. Michael McLean*  
Chief Financial Officer