

**UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

In re:	§	
	§	
ASSIST-MED, INC.	§	BANKRUPTCY NO. 16-31624-H5-11
	§	Chapter 11
Debtor.	§	

DEBTOR'S DISCLOSURE STATEMENT

I. INTRODUCTION

This is the disclosure statement (the "Disclosure Statement") in the small business chapter 11 case of ASSIST-MED, INC. (the Debtor). This Disclosure Statement contains information about the Debtor and describes the Plan of Reorganization (the "Plan") filed by the Debtor. A full copy of the Plan is attached to this Disclosure Statement as Exhibit "A". ***Your rights may be affected. You should read the Plan and this Disclosure Statement carefully and discuss them with your attorney. If you do not have an attorney, you may wish to consult one.***

The proposed distributions under the Plan are discussed in this Disclosure Statement.

A. Purpose of This Document

This Disclosure Statement describes:

- The Debtor and significant events during the bankruptcy case,
- How the Plan proposes to treat claims or equity interests of the type you hold (*i.e.*, what you will receive on your claim or equity interest if the plan is confirmed),
- Who can vote on or object to the Plan,
- What factors the Bankruptcy Court (the "Court") will consider when deciding whether to confirm the Plan,
- Why the Debtor believes the Plan is feasible, and how the treatment of your claim or equity interest under the Plan compares to what you would receive on your claim or equity interest in liquidation, and
- The effect of confirmation of the Plan.

Be sure to read the Plan as well as the Disclosure Statement. This Disclosure Statement describes the Plan, but it is the Plan itself that will, if confirmed, establish your rights.

B. Deadlines for Voting and Objecting; Date of Plan Confirmation Hearing

The Court has not yet confirmed the Plan described in this Disclosure Statement. This section describes the procedures pursuant to which the Plan will or will not be confirmed.

1. *Time and Place of the Hearing to Finally Approve This Disclosure Statement and Confirm the Plan*

The hearing at which the Court will determine whether to finally approve this Disclosure Statement and confirm the Plan will take place on _____, 2017 at _____ .m., in Courtroom 403 at the United States Courthouse, 515 Rusk Avenue, Houston, Texas 77002.

2. *Deadline for Voting to Accept or Reject the Plan*

If you are entitled to vote to accept or reject the plan, vote on the enclosed ballot and return the ballot by mail to counsel for the Debtor, Margaret M. McClure, Attorney at Law, 909 Fannin, Suite 3810, Houston, Texas 77010, by email to counsel, margaret@mmmclurelaw.com, or by facsimile to counsel, (713) 658-0334.

Your ballot must be received by _____, 2017 or it will not be counted.

3. *Deadline for Objecting to the Adequacy of Disclosure and Confirmation of the Plan*

Objections to this Disclosure Statement or to the confirmation of the Plan must be filed with the Court and served upon the Debtor and its counsel by _____, 2017

4. *Identity of Person to Contact for More Information*

If you want additional information about the Plan, you should contact Margaret M. McClure, Attorney at Law, 909 Fannin, Suite 3810, Houston, Texas 77010.

C. Disclaimer

The Court has conditionally approved this Disclosure Statement as containing adequate information to enable parties affected by the Plan to make an informed judgment about its terms.

The Court has not yet determined whether the Plan meets the legal requirements for confirmation, and the fact that the Court has approved this Disclosure Statement does not constitute an endorsement of the Plan by the Court, or a recommendation that it be accepted. The Court's approval of this Disclosure Statement is subject to final approval at the hearing on confirmation of the Plan. Objections to the adequacy of this Disclosure Statement may be filed until _____, 2017.

II. BACKGROUND

A. Description and History of the Debtor's Business

See the Debtor's Business Plan, which is attached as Exhibit "B" for a discussion of the description and history of the Debtor's business.

B. Management of the Debtor before and During the Bankruptcy

The Debtor is a corporation and its shareholder and president is Ruth Briggs.

During the two years prior to the date on which the bankruptcy petition was filed, the officers and owners were the same as they are presently. After the effective date of the order confirming the Plan, they will remain the same.

C. Events Leading to Chapter 11 Filing and Significant Events during the Bankruptcy Case

See the Debtor's Business Plan, which is attached as Exhibit "B" for a discussion of the events leading to the Chapter 11 filing and significant events during the bankruptcy case.

D. Absolute Priority Rule

The "absolute priority rule" is the rule that states that the holder of any claim or interest that is junior to the claims of an impaired unsecured class of creditors will not receive or retain under the plan on account of their junior claim or interest any property unless the allowed claims in the impaired unsecured class of creditors support the Plan. This Plan is paying the unsecured class a percentage of their claims. The Debtor believes that the unsecured class will support the plan and the absolute priority plan will not apply.

E. Projected Recovery of Avoidable Transfers and Lawsuits

The Debtor does not believe there are any preference actions or fraudulent transfer actions to pursue.

F. Claims Objections

Except to the extent that a claim is already allowed pursuant to a final non-appealable order, the Debtor reserves the right to object to claims. Therefore, even if your claim is allowed for voting purposes, you may not be entitled to a distribution if an objection to your claim is later upheld. The procedures for resolving disputed claims are set forth in the Plan. If necessary, objections to claims will be filed within 60 days after the Effective Date of the Plan.

III. SUMMARY OF THE PLAN OF REORGANIZATION AND TREATMENT OF CLAIMS AND EQUITY INTERESTS

A. What is the Purpose of the Plan of Reorganization?

As required by the Code, the Plan places claims and equity interests in various classes and describes the treatment each class will receive. The Plan also states whether each class of claims or equity interests is impaired or unimpaired. If the Plan is confirmed, your recovery will be limited to the amount provided by the Plan.

B. Unclassified Claims

Certain types of claims are automatically entitled to specific treatment under the Code. They are not considered impaired, and holders of such claims do not vote on the Plan. They may, however, object if, in their view, their treatment under the Plan does not comply with that required by the Code.

1. *Administrative Expenses*

Administrative expenses are costs or expenses of administering the Debtor's chapter 11 case which are allowed under § 507(a)(2) of the Code. Administrative expenses also include the value of any goods sold to the Debtor in the ordinary course of business and received within 20 days before the date of the bankruptcy petition. The Code requires that all administrative expenses be paid on the effective date of the Plan, unless a particular claimant agrees to a different treatment. The following chart lists the Debtor's estimated administrative expenses, and their proposed treatment under the Plan:

Margaret M. McClure – Ms. McClure holds a retainer in the amount of \$30,000.00 and estimates fees in the amount of \$45,000.00.

U.S. Trustee – fees are current and will stay current until this case is closed.

2. *Priority Unsecured Tax Claims*

None

3. *Secured Claims*

Allowed Secured Claims are claims secured by property of the Debtor's bankruptcy estate (or that are subject to set-off) to the extent allowed as secured claims under § 506 of the Code. If the value of the collateral or setoffs securing the creditor's claim is less than the amount of the creditor's allowed claim the deficiency will be classified as a general unsecured claim. The following chart lists all classes containing Debtor's secured pre-petition claims and their proposed treatment under the Plan:

(3)(a) – Loans

Everest Business Funding/EBF Funding, LLC – This creditor is owed \$222,439.75 as a secured creditor. It will be paid in full at 5% interest over 60 months. The Debtor will pay this creditor \$4,158.98 in 60 equal monthly payments with the first payment being due and payable on the first day of the first month following the 60th day after the effective date of the plan.

Accord Bus. Funding/Cresthill Capital – This creditor is owed \$30,736.36 as a secured creditor. It will be paid in full at 5% interest over 60 months. The Debtor will pay this creditor \$580.00 in 60 equal monthly payments with the first payment being due and payable on the first day of the first month following the 60th day after the effective date of the plan.

These claims are impaired

(3)(b) – Taxing Authorities – Convenience Class

Harris County, et al. – This creditor is owed \$33.72 and will be paid in full on the Effective Date of the Plan as a convenience. Harris County shall retain all liens it currently holds, whether for pre-petition tax years or for the current tax year, on any property of the Debtor until it receives payment in full of all taxes, and interest owed to them under the provisions of this Plan, and their lien position shall not be diminished or primed by any Exit Financing approved by the Court in conjunction with the confirmation of this Plan.

Montgomery County – This creditor is owed \$58.60 and will be paid in full on the Effective Date of the Plan as a convenience. This creditor shall retain all liens it currently holds, whether for pre-petition tax years or for the current tax year, on any property of the Debtor until it receives payment in full of all taxes, and interest owed to it under the provisions of this Plan, and their lien position shall not be diminished or primed by any Exit Financing approved by the Court in conjunction with the confirmation of this Plan.

These claims are not impaired

3(c) – Taxing Authorities – Plan Payments

Galveston County - Paid in full pursuant to the requirements of the United States Bankruptcy Code or in 60 months if this creditor agrees, with the first monthly payment being due and payable on the 1st day of the 1st month following 60 days after the Effective Date of the Plan. It will be paid the applicable non-bankruptcy rate of interest as provided under 11 U.S.C. 511. The monthly payment in the approximate amount of \$103.00 will be due and payable on the first day of the first month following 60 days after the effective date of the plan. This creditor shall retain all liens it currently holds, whether for pre-petition tax years or for the current tax year, on any property of the Debtor until it receives payment in full of all taxes, and interest owed to it under the provisions of this Plan, and their lien position shall not be diminished or primed by any Exit Financing approved by the Court in conjunction with the confirmation of this Plan.

These claims are impaired

4. *Priority Unsecured Claims*

Priority Unsecured Claims are not secured by property of the estate but are entitled to priority under § 507(a) of the Code. The following chart identifies the Plan's proposed treatment of Class 4, which contains priority unsecured claims against the Debtor:

Internal Revenue Service – This creditor is owed \$725,710.36 and will be paid in full pursuant to the requirements of the United States Bankruptcy Code, including 3% interest, with the first monthly payment being due and payable on the 1st day of the 1st month following 60 days after the Effective Date of the Plan. The monthly payment in the approximate amount of \$17,613.00 will be due and payable on the first day of the first month following 60 days after the effective date of the plan.

Texas Workforce Commission – This creditor is owed \$17,421.05 and will be paid in full pursuant to the requirements of the United States Bankruptcy Code, including 4.5% interest, with the first monthly payment being due and payable on the 1st day of the 1st month following 60 days after the Effective Date of the Plan. The monthly payment in the approximate amount of \$397.00 will be due and payable on the first day of the first month following 60 days after the effective date of the plan.

These claims are impaired.

5. *General Unsecured Claims*

General unsecured claims are not secured by property of the estate and are not entitled to priority under § 507(a) of the Code. The allowed unsecured claims will be paid 100% of their claims in 60 monthly payments. Their payments will be due and payable beginning on the 15th day of the first month following 60 days after the effective date of the plan. The amount to be paid pro-rata is \$7,070.00.

These claims are impaired.

6. *Insider Claims*

No insider will receive any distributions except their normal monthly salary. Ms. Ruth Briggs, and her husband, Tony Briggs, will continue to receive their \$432,000.00 annual salaries, but will lower their salaries if necessary to meet the plan obligations.

7. *Equity Interest Holders*

Equity interest holders are parties who hold an ownership interest (i.e., equity interest) in the Debtor. In a corporation, entities holding preferred or common stock are equity interest holders. Ms. Briggs is the only equity interest holder in this case.

A. **Means of Implementing the Plan**

1. *Source of Payments*

Payments and distributions under the Plan will be funded by ordinary business income. – As to a default under the plan, any creditor remedies allowed by 11 U.S.C. § 1112(b)(4)(N) shall be preserved to the extent otherwise available at law. In addition to any rights specifically provided to a claimant treated pursuant to this Plan, a failure by the Reorganized Debtor to make a payment to a creditor pursuant to the terms of this Plan shall be an event of default as to such payments if the payment is not cured within thirty (30) days after service of a written notice of default from such creditor, then such

creditor may exercise any and all rights and remedies under applicable non-bankruptcy law to collect such claims or seek such relief as may be appropriate in the United States Bankruptcy Court.

2. *Post-confirmation Management*

The Post-Confirmation Management of the Debtor will be the same as before and during the bankruptcy proceeding.

3. *Disbursing Agent*

The Reorganized Debtor will be the disbursing agent under the plan.

B. Executory Contracts and Unexpired Leases

The Plan lists all executory contracts and unexpired leases that the Debtor will assume under the Plan. Assumption means that the Debtor has elected to continue to perform the obligations under such contracts and unexpired leases, and to cure defaults of the type that must be cured under the Code, if any.

If you object to the assumption of your unexpired lease or executory contract, the proposed cure of any defaults, or the adequacy of assurance of performance, you must file and serve your objection to the Plan within the deadline for objecting to the confirmation of the Plan, unless the Court has set an earlier time.

All executory contracts and unexpired leases that are not listed will be rejected under the Plan. Consult your adviser or attorney for more specific information about particular contracts or leases.

If you object to the rejection of your contract or lease, you must file and serve your objection to the Plan within the deadline for objecting to the confirmation of the Plan.

The Deadline for Filing a Proof of Claim Based on a Claim Arising from the Rejection of a Lease or Contract Is 60 days after the contract or lease is (or was by operation of law) rejected. Any claim based on the rejection of a contract or lease will be disallowed or discharged if the proof of claim is (or was) not timely filed, unless the Court orders otherwise.

C. Tax Consequences of Plan

Creditors Concerned with How the Plan May Affect Their Tax Liability Should Consult with Their Own Accountants, Attorneys, And/Or Advisors. The Debtor believes that there will be no tax consequences of the Plan that will impact the Debtor.

IV. CONFIRMATION REQUIREMENTS AND PROCEDURES

To be confirmable, the Plan must meet the requirements listed in §§ 1129(a) or (b) of the Code. These include the requirements that: the Plan must be proposed in good faith; at least one impaired class of claims must accept the plan, without counting votes of insiders; the Plan must distribute to

each creditor and equity interest holder at least as much as the creditor or equity interest holder would receive in a chapter 7 liquidation case, unless the creditor or equity interest holder votes to accept the Plan; and the Plan must be feasible. These requirements are not the only requirements listed in § 1129, and they are not the only requirements for confirmation.

A. Who May Vote or Object

Any party in interest may object to the confirmation of the Plan if the party believes that the requirements for confirmation are not met. Any insider's vote will not be counted.

Many parties in interest, however, are not entitled to vote to accept or reject the Plan. A creditor or equity interest holder has a right to vote for or against the Plan only if that creditor or equity interest holder has a claim or equity interest that is both (1) allowed or allowed for voting purposes and (2) impaired.

In this case, the Debtor believes that classes 3, 4 and 5 are impaired and that holders of claims in each of these classes are therefore entitled to vote to accept or reject the Plan. The Debtor believes that class 1 is unimpaired and that holders of claims in this class, therefore, do not have the right to vote to accept or reject the Plan.

1. *What Is an Allowed Claim or an Allowed Equity Interest?*

Only a creditor or equity interest holder with an allowed claim or an allowed equity interest has the right to vote on the Plan. Generally, a claim or equity interest is allowed if either (1) the Debtor has scheduled the claim on the Debtor's schedules, unless the claim has been scheduled as disputed, contingent, or unliquidated, or (2) the creditor has filed a proof of claim or equity interest, unless an objection has been filed to such proof of claim or equity interest. When a claim or equity interest is not allowed, the creditor or equity interest holder holding the claim or equity interest cannot vote unless the Court, after notice and hearing, either overrules the objection or allows the claim or equity interest for voting purposes pursuant to Rule 3018(a) of the Federal Rules of Bankruptcy Procedure.

The deadline for filing a proof of claim in this case was August 1, 2016.

The deadline for filing objections to claims is 60 days after confirmation of the Plan.

2. *What Is an Impaired Claim or Impaired Equity Interest?*

As noted above, the holder of an allowed claim or equity interest has the right to vote only if it is in a class that is *impaired* under the Plan. As provided in § 1124 of the Code, a class is considered impaired if the Plan alters the legal, equitable, or contractual rights of the members of that class.

3. *Who is Not Entitled to Vote*

The holders of the following six types of claims and equity interests are *not* entitled to vote:

- holders of claims and equity interests that have been disallowed by an order of the Court;

- holders of other claims or equity interests that are not “allowed claims” or “allowed equity interests” (as discussed above), unless they have been “allowed” for voting purposes.
- holders of claims or equity interests in unimpaired classes;
- holders of claims entitled to priority pursuant to §§ 507(a)(2), (a)(3), and (a)(8) of the Code; and
- holders of claims or equity interests in classes that do not receive or retain any value under the Plan;
- holders of administrative claims.

Even If You Are Not Entitled to Vote on the Plan, You Have a Right to Object to the Confirmation of the Plan and to the Adequacy of the Disclosure Statement.

4. *Who Can Vote in More Than One Class*

A creditor whose claim has been allowed in part as a secured claim and in part as an unsecured claim, or who otherwise holds claims in multiple classes, is entitled to accept or reject a Plan in each capacity, and should cast one ballot for each claim.

B. Votes Necessary to Confirm the Plan

If impaired classes exist, the Court cannot confirm the Plan unless (1) at least one impaired class of creditors has accepted the Plan without counting the votes of any insiders within that class, and (2) all impaired classes have voted to accept the Plan, unless the Plan is eligible to be confirmed by a cram down on non-accepting classes, as discussed later in Section B.2.

1. *Votes Necessary for a Class to Accept the Plan*

A class of claims accepts the Plan if both of the following occur: (1) the holders of more than one-half (1/2) of the allowed claims in the class, who vote, cast their votes to accept the Plan, and (2) the holders of at least two-thirds (2/3) in dollar amount of the allowed claims in the class, who vote, cast their votes to accept the Plan.

A class of equity interests accepts the Plan if the holders of at least two-thirds (2/3) in amount of the allowed equity interests in the class, who vote, cast their votes to accept the Plan.

2. *Treatment of Non-accepting Classes*

Even if one or more impaired classes reject the Plan, the Court may nonetheless confirm the Plan if the non-accepting classes are treated in the manner prescribed by § 1129(b) of the Code. A plan that binds non-accepting classes is commonly referred to as a cram down plan. The Code allows

the Plan to bind non-accepting classes of claims or equity interests if it meets all the requirements for consensual confirmation except the voting requirements of § 1129(a)(8) of the Code, does not discriminate unfairly, and is fair and equitable toward each impaired class that has not voted to accept the Plan.

You should consult your own attorney if a cram down confirmation will affect your claim or equity interest, as the variations on this general rule are numerous and complex.

C. Liquidation Analysis

To confirm the Plan, the Court must find that all creditors and equity interest holders who do not accept the Plan will receive at least as much under the Plan as such claim and equity interest holders would receive in a chapter 7 liquidation. The liquidation analysis is set out as Exhibit “C” hereto.

D. Feasibility

The Court must find that confirmation of the Plan is not likely to be followed by the liquidation, or the need for further financial reorganization, of the Debtor or any successor to the Debtor, unless such liquidation or reorganization is proposed in the Plan.

Exhibit “D” is the schedules listing the assets of the Debtor, and Exhibit “E” is the schedules showing the liabilities of the Debtor.

E. **Plan Default** - In the event of any failure of the Reorganized Debtor to timely make its required plan payments to one or more of these creditors, they shall send notice of such default to the Reorganized Debtor. If the default is not cured within thirty (30) days of the date of such notice, the creditors may proceed to collect all amounts owed pursuant to state law without further recourse to the Bankruptcy Court

V. EFFECT OF CONFIRMATION OF PLAN

A. Discharge of Debtor

On the effective date of the Plan, the Debtor shall be discharged from any debt that arose before confirmation of the Plan, subject to the occurrence of the effective date, to the extent specified in § 1141(d)(1)(A) of the Code. However, the Debtor shall not be discharged from any debt imposed by the Plan. After the effective date of the Plan your claims against the Debtor will be limited to the debts imposed by the Plan.

B. **Vesting of Property in the Reorganized Debtor.** On the Effective Date, title to all assets and properties dealt with by the Plan shall vest in the Reorganized Debtor, free and clear of all Claims and Interests other than any contractual secured claims granted under any lending agreement, on the condition that the Reorganized Debtor complies with the terms of the Plan, including the making of all payments to creditors provided for in such Plan. If the Reorganized Debtor defaults in performing under the provisions of the Plan and this case is converted to a case under chapter 7, all

property vested in the Reorganized Debtor and all subsequently acquired property owned as of or after the conversion date shall re-vest and constitute property of the bankruptcy estate in the converted case.

C. Modification of Plan

The Plan Proponent may modify the Plan at any time before confirmation of the Plan. However, the Court may require a new disclosure statement and/or re-voting on the Plan. The Plan Proponent may also seek to modify the Plan at any time after confirmation only if (1) the Plan has not been substantially consummated *and* (2) the Court authorizes the proposed modifications after notice and a hearing.

D. Final Decree

Once the estate has been fully administered, as provided in Rule 3022 of the Federal Rules of Bankruptcy Procedure, the Plan Proponent, or such other party as the Court shall designate in the Plan Confirmation Order, shall file a motion with the Court to obtain a final decree to close the case. Alternatively, the Court may enter such a final decree on its own motion.

Dated: November 27, 2016.

/s/ Margaret M. McClure

Margaret M. McClure, Attorney for Debtor

EXHIBIT A

UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

In re: §
§
ASSIST-MED, INC. § BANKRUPTCY 16-31624-H5-11
§ Chapter 11
Debtor. §

DEBTOR’S PLAN OF REORGANIZATION

ARTICLE I

SUMMARY

This Plan of Reorganization (the “Plan”) under chapter 11 of the Bankruptcy Code (the “Code”) proposes to pay creditors of ASSIST-MED, INC. (the “Debtor”) from cash flow from operations and future income. This Plan provides for a class of secured creditors, a class of unsecured priority claims; a class of general unsecured claims; and a class of equity security holders. Unsecured creditors holding allowed claims will receive distributions, which the proponent of this Plan has valued at 100 cents on the dollar. This Plan also provides for the payment of administrative and priority claims. All creditors and equity security holders should refer to the provisions of this Plan for information regarding the precise treatment of their claim. A disclosure statement that provides more detailed information regarding this Plan and the rights of creditors and equity security holders has been circulated with this Plan. **Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one. If you do not have an attorney, you may wish to consult one.**

ARTICLE II

CLASSIFICATION OF CLAIMS AND INTERESTS

1. *Administrative Expenses*

Administrative expenses are costs or expenses of administering the Debtor's chapter 11 case which are allowed under § 507(a)(2) of the Code. Administrative expenses also include the value of any goods sold to the Debtor in the ordinary course of business and received within 20 days before the date of the bankruptcy petition. The Code requires that all administrative expenses be paid on the effective date of the Plan, unless a particular claimant agrees to a different treatment. The following chart lists the Debtor's estimated administrative expenses, and their proposed treatment under the Plan:

Margaret M. McClure – Ms. McClure holds a retainer in the amount of \$30,000.00 and estimates fees in the amount of \$45,000.00.

U.S. Trustee – fees are current and will stay current until this case is closed.

2. *Priority Unsecured Tax Claims*

None

3. *Secured Claims*

Allowed Secured Claims are claims secured by property of the Debtor's bankruptcy estate (or that are subject to set-off) to the extent allowed as secured claims under § 506 of the Code. If the value of the collateral or setoffs securing the creditor's claim is less than the amount of the creditor's allowed claim the deficiency will be classified as a general unsecured claim. The following chart lists all classes containing Debtor's secured pre-petition claims and their proposed treatment under the Plan:

(3)(a) – Loans

Everest Business Funding/EBF Funding, LLC – This creditor is owed \$222,439.75 as a secured creditor. It will be paid in full at 5% interest over 60 months. The Debtor will pay this creditor \$4,158.98 in 60 equal monthly payments with the first payment being due and payable on the first day of the first month following the 60th day after the effective date of the plan.

Accord Bus. Funding/Cresthill Capital – This creditor is owed \$30,736.36 as a secured creditor. It will be paid in full at 5% interest over 60 months. The Debtor will pay this creditor \$580.00 in 60 equal monthly payments with the first payment being due and payable on the first day of the first month following the 60th day after the effective date of the plan.

These claims are impaired

(3)(b) – Taxing Authorities – Convenience Class

Harris County, et al. – This creditor is owed \$33.72 and will be paid in full on the Effective Date of the Plan as a convenience. Harris County shall retain all liens it currently holds, whether for

pre-petition tax years or for the current tax year, on any property of the Debtor until it receives payment in full of all taxes, and interest owed to them under the provisions of this Plan, and their lien position shall not be diminished or primed by any Exit Financing approved by the Court in conjunction with the confirmation of this Plan.

Montgomery County – This creditor is owed \$58.60 and will be paid in full on the Effective Date of the Plan as a convenience. This creditor shall retain all liens it currently holds, whether for pre-petition tax years or for the current tax year, on any property of the Debtor until it receives payment in full of all taxes, and interest owed to it under the provisions of this Plan, and their lien position shall not be diminished or primed by any Exit Financing approved by the Court in conjunction with the confirmation of this Plan.

These claims are not impaired

3(c) – Taxing Authorities – Plan Payments

Galveston County - Paid in full pursuant to the requirements of the United States Bankruptcy Code or in 60 months if this creditor agrees, with the first monthly payment being due and payable on the 1st day of the 1st month following 60 days after the Effective Date of the Plan. It will be paid the applicable non-bankruptcy rate of interest as provided under 11 U.S.C. 511. The monthly payment in the approximate amount of \$103.00 will be due and payable on the first day of the first month following 60 days after the effective date of the plan. This creditor shall retain all liens it currently holds, whether for pre-petition tax years or for the current tax year, on any property of the Debtor until it receives payment in full of all taxes, and interest owed to it under the provisions of this Plan, and their lien position shall not be diminished or primed by any Exit Financing approved by the Court in conjunction with the confirmation of this Plan.

These claims are impaired

4. *Priority Unsecured Claims*

Priority Unsecured Claims are not secured by property of the estate but are entitled to priority under § 507(a) of the Code. The following chart identifies the Plan's proposed treatment of Class 4, which contains priority unsecured claims against the Debtor:

Internal Revenue Service – This creditor is owed \$725,710.36 and will be paid in full pursuant to the requirements of the United States Bankruptcy Code, including 3% interest, with the first monthly payment being due and payable on the 1st day of the 1st month following 60 days after the Effective Date of the Plan. The monthly payment in the approximate amount of \$17,613.00 will be due and payable on the first day of the first month following 60 days after the effective date of the plan.

Texas Workforce Commission – This creditor is owed \$17,421.05 and will be paid in full pursuant to the requirements of the United States Bankruptcy Code, including 4.5% interest, with the first monthly payment being due and payable on the 1st day of the 1st month following 60 days after the Effective Date of the Plan. The monthly payment in the approximate amount of \$397.00

will be due and payable on the first day of the first month following 60 days after the effective date of the plan.

These claims are impaired.

5. *General Unsecured Claims*

General unsecured claims are not secured by property of the estate and are not entitled to priority under § 507(a) of the Code. The allowed unsecured claims will be paid 100% of their claims in 60 monthly payments. Their payments will be due and payable beginning on the 15th day of the first month following 60 days after the effective date of the plan. The amount to be paid pro-rata is \$7,070.00.

These claims are impaired.

6. *Insider Claims*

No insider will receive any distributions except their normal monthly salary. Ms. Ruth Briggs, and her husband, Tony Briggs, will continue to receive their \$432,000.00 annual salaries, but will lower their salaries if necessary to meet the plan obligations.

7. *Equity Interest Holders*

Equity interest holders are parties who hold an ownership interest (i.e., equity interest) in the Debtor. In a corporation, entities holding preferred or common stock are equity interest holders. Ms. Briggs is the only equity interest holder in this case.

ARTICLE III

ALLOWANCE AND DISALLOWANCE OF CLAIMS

Disputed Claim. A disputed claim is a claim that has not been allowed or disallowed by a final non-appealable order, and as to which either: (i) a proof of claim has been filed or deemed filed, and the Debtor or another party in interest has filed an objection; or (ii) no proof of claim has been filed, and the Debtor has scheduled such claim as disputed, contingent, or unliquidated.

Delay of Distribution on a Disputed Claim. No distribution will be made on account of a disputed claim unless such claim is allowed by a final non-appealable order.

Settlement of Disputed Claims. The Debtor will have the power and authority to settle and compromise a disputed claim with court approval and compliance with Rule 9019 of the Federal Rules of Bankruptcy Procedure.

Claim Objections. The Debtor shall have 60 days from the Effective Date of the Plan to file objections to claims.

Vesting of Property On the Effective Date, title to all assets and properties dealt with by the Plan shall vest in Reorganized Debtor, free and clear of all claims and interests other than any contractual secured claims granted under any lending agreement, on the condition that Reorganized Debtor complies with the terms of the Plan, including the making of all payments to creditors provided for in such Plan. If Reorganized Debtor defaults in performing under the provisions of this Plan and this case is converted to a case under chapter 7, all property vested in Reorganized Debtor and all subsequently acquired property owned as of or after the conversion date shall re-vest and constitute property of the bankruptcy estate in the converted case.

Default – Any creditor remedies allowed by 11 U.S.C. § 1112(b)(4)(N) shall be preserved to the extent otherwise available at law. In addition to any rights specifically provided to a claimant treated pursuant to this Plan, a failure by the Reorganized Debtor to make a payment to a creditor pursuant to the terms of this Plan shall be an event of default as to such payments if the payment is not cured within thirty (30) days after mailing written notice of default from such creditor to the Reorganized Debtor. If a Monthly Payment is not timely received by a creditor after the Debtor has already cured three untimely payments, the creditor may exercise any and all rights and remedies under applicable non-bankruptcy law to collect such claims or seek such relief as may be appropriate in the United States Bankruptcy Court.

ARTICLE IV

PROVISIONS FOR EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Assumed Executory Contracts and Unexpired Leases.

The Debtor assumes the following executory contracts and/or unexpired leases effective upon the “effective date of this Plan:” 2000 S. Dairy Ashford, Suite 450, from DAP Plaza, a California Limited Partnership registered in Texas as DAP Plaza, Ltd, 123 25th St, Suite 4005 from Shearn Moody Plaza, Inc., 1915 N. Frazier, Suite 103, Galveston, Texas, Conroe, Texas from Owen Properties, & 990 IH-10 N. Suite 230 from Theodore L. Hanchev. The Debtor will be conclusively deemed to have rejected all executory contracts and/or unexpired leases not expressly assumed above, or before the date of the order confirming this Plan, upon the “effective date of this Plan.” A proof of a claim arising from the rejection of an executory contract or unexpired lease under this section must be filed no later than sixty (60) days after the date of the order confirming this Plan.

ARTICLE V

MEANS FOR IMPLEMENTATION OF THE PLAN

This Plan of Reorganization will be funded by the Reorganized Debtor through future cash receipts and income from the operations of the businesses. The current management, Ms. Briggs, will remain in control.

ARTICLE VI

GENERAL PROVISIONS

Definitions and Rules of Construction. The definitions and rules of construction set forth in §§ 101 and 102 of the Code shall apply when terms defined or construed in the Code are used in this Plan.

Effective Date of Plan. The effective date of this Plan is the fifteenth business day following the date of the entry of the order of confirmation. But if a stay of the confirmation order is in effect on that date, the effective date will be the first business day after that date on which no stay of the confirmation order is in effect, provided that the confirmation order has not been vacated.

Severability. If any provision in this Plan is determined to be unenforceable, the determination will in no way limit or affect the enforceability and operative effect of any other provision of this Plan.

Binding Effect. The rights and obligations of any entity named or referred to in this Plan will be binding upon, and will inure to the benefit of the successors or assigns of such entity.

Captions. The headings contained in this Plan are for convenience of reference only and do not affect the meaning or interpretation of this Plan.

Controlling Effect. Unless a rule of law or procedure is supplied by federal law (including the Code or the Federal Rules of Bankruptcy Procedure), the laws of the State of Texas govern this Plan and any agreements, documents, and instruments executed in connection with this Plan, except as otherwise provided in this Plan.

Disputed Claims. All claims that were listed in the schedules as “disputed” required the filing of a proof of claim. If no proof of claim was timely filed, the claimant will not be paid under this Plan of Reorganization.

Late-Filed Claims. Any late-filed claims shall not be allowed claims, and shall not be paid under this Plan of Reorganization.

ARTICLE VII

DISCHARGE

On the confirmation date of this Plan, the debtor will be discharged from any debt that arose before confirmation of this Plan, subject to the occurrence of the effective date, to the extent specified in § 1141(d)(1)(A) of the Code, except that the Debtor will not be discharged of any debt: (i) imposed by this Plan; (ii) of a kind specified in § 1141(d)(6)(A) if a timely complaint was filed in accordance with Rule 4007(c) of the Federal Rules of Bankruptcy Procedure; or (iii) of a kind specified in § 1141(d)(6)(B).

Dated November 27, 2016.

/s/ Margaret M. McClure

Margaret M. McClure, Attorney for Debtor

EXHIBIT B

ASSIST-MED, INC.

BUSINESS PLAN

Executive Summary

Business ownership and Services:

My name is Ruth O. Briggs, 54 years old and married to Dr. Sotonye Briggs for 27 years. We have two children and have lived in Houston Texas for 20 years now.

I bought Assist Med Inc. in June 15th 1998, about 19 years' ago, and have been in business since then. My staff and I (we) have grown the company from a census of 5 patients with only 2 staff to a census about 400 clients with over 300 workers in the South Texas counties covering a wide geographical area.

After my Bachelors in Biology in 1984, I went on to read nursing in Miami Dade College and became a Registered Nurse in 1993, and later in 2009 received an MBA in Healthcare Administration from American Intercontinental University.

After becoming a Registered nurse, I worked as a med-surge nurse on the floors of Palmetto General Hospital in Miami Florida where I received intensive training and practice in patient care and management in 1995 I worked for Agape Health care in Miami our private company which grew rapidly and was later sold in 1996 to a larger Corporation Metro Nursing Care out of New York that wanted a presence in Miami. They bought it both for strategic reason and because of the quality care given to the patients and the profitability they found in the company. After the sale of Agape Health care, we moved to Houston in 1997 and bought Assist-Med Inc. our current company starting with only 5 clients and one staff and grew it up to a 400 clientele with about 350 workers. We also grew the income from \$50,000 in 1998 to over \$4,000,000 in 2015.

By 2012, we had a tremendous financial hardship because of loss of income due to Medicare cuts, HMOs contracts involvements, inefficient and negligent billing practices by our billing manager and nurses excessive demands. The losses made us fall behind on our tax obligations and so forced us to take high interest loans and made budgeting adjustments to stay afloat in the business and also file a Chapter 11 Bankruptcy protection when our creditors refused to work out a reasonable payment plan with us. The step we took put us back on track making us profitable

ASSIST-MED, INC.

BUSINESS PLAN

again. We are currently on track to grow to \$5,000,000 in 2016 with a 10% profit growth rate. We received the top 500 Home health care company award in 2009 because of the quality of our services. This award is based on patient outcome assessment.

Mission Statement: We are resolved to provide the best quality healthcare to every patient we receive, we will take care of our workers and hire the best workers to meet the need of our clients while maintaining our trademark of 33333 quality care.

Company Structure

Assist Med Inc. is a Texas Corporation. Ms. Ruth owns 100% shares of the company.

Ruth Briggs is the Company Administrator running the administrative activities, ensures compliance, with Federal and State regulations, HR and employment matters, executes written policies, Recruits management staff interface with HMOs and contractors.

Dr. Sotonye Briggs is the President responsible for Policies formulation, staff education, growth, expansion and Branches inspections. Also, handles Supervision of Data gathering for decision making and growth purposes.

Fabiah Briggs is marketing manager who has an R&D mandate with set goals that affect the census and growth.

The assistant Director is Jackie Bengham, who directly oversees the clinical activities of the supervisors. She also does training in part. She trains new staff and involved in hiring as well.

LEASED OFFICE SPACES

Assist-Med, Inc has four offices. Management of the company wants to keep those office spaces subsequent to bankruptcy.

The offices are as follows:

ASSIST-MED, INC.

BUSINESS PLAN

- Houston Office @ 2000 South Dairy Ashford, Suite 450

Houston office serves as the Corporate office is 1802 sq. ft. of office space. Lessor is DAP Plaza, a California Limited Partnership, registered in Texas as DAP Plaza, Ltd. The lease runs from December 20, 2015 through November 30, 2018 with annual renewal options.

- Galveston Office @ 123 25th St Suite 4005

This office is 816 Sq. Ft. of office space. The lessor is Shearn Moody Plaza, Inc. The lease runs from August 29, 2016 through August 31, 2019 and renewable annually after that.

- Conroe Office @ 1915 N. Frazier, Suite 103

This office is 515 sq. ft. of office space. The lessor is Owen Properties. The lease began in August 2013 and ended in July 2014 and continued on month to month subsequent to the end of the lease.

- Beaumont office @ 990 IH-10 N. Suite 230

This office is 443 sq. ft. of office space. The lessor is Theodore L. Hanchev. The lease began in June 2014 and ended in June 2015 and have continued on month to month subsequent to the end of the lease.

Each Branch office cover the counties assigned to them and each office is managed by two supervisors except the Beaumont office with one supervisor because it is relatively new. The supervisors are on call 24 hours every day rotating calls in shifts as assigned.

Introduction

Between 1998 and 2008 Assist Med had a steady and profitable growth going from \$50,000 in gross revenue in 1998 to nearly \$5,000,000 in gross revenue in 2008. During this period, we had both Medicare Skilled care 55% and Provider care patients as 45%. Between 2009 and 2012 Medicare began to cut back on Medicare

ASSIST-MED, INC.

BUSINESS PLAN

reimbursements to Medicare patients nationwide in the Home-Health industries. In 2007 the Federal Government contracted out Medicare and Medicaid services to 5 major HMOs. The HMOs took over about 50% of existing Medicare and Medicaid accounts.

The reduction in Medicare reimbursement and the HMO take-over of the contracts made many companies to go out of business immediately because many companies were not contracted with the HMO's. We were able to remain in business because we had only about 50% of our income from Medicare but had the other half in Medicaid and Provider care HMOs. Again, in 2013 there was further reduction in our reimbursement which further impacted our income. In 2012-2014 we fell behind on our income tax payment because our unpaid claims increased to over \$1.5M in which period we had paid all our workers. This error was a direct result of our billing personnel's inefficiency to vigorously pursue and re-bill unpaid claims. Because of this we had to stop the Medicare program and depend on only the Provider care income. This reduced our income by 55% resulting in hardships and we were forced to borrow from loan sharks to keep afloat.

Target Market

We have access to 380,000 clients in the **DADS program** (Department of Aging and disability). This population is mainly seniors needing various kinds of care in the South Texas Counties. We can access them through the hospitals, Clinics Senior apartments or family members.

Starting November 1st 2016 we now have access to another 180,000 Children in all our counties. This is the new **Star Kids** program. Fortunately, we have just been licensed in August this year for the Star Kid Children program. We anticipate a 15-20% growth in revenue in 2017 because of the new Star Kids program. **Private Pay** is a target market that we are working on to boost our revenue. The Private Pay clients are those who because of their high-income status will have to pay from their pocket.

ASSIST-MED, INC.

BUSINESS PLAN

Problems

Over the years from 2008 we have had a steady 15 -20% growth rate annually up until 2010 when we started having losses. By 2011 we lost about 10% of our revenue, by 2012 we lost 32% of our revenue and by 2013 we lost another 5,4% of our revenue. But by 2014 we started recovering and our revenue picked up by 17% and in 2015 revenue increased by another 3.4%. This showed a total recovery of 20.4% during the 24 months' period.

During the period 2013 it became increasingly difficult for the company to pay all its taxes. We started falling behind in our tax obligations. A bank levy was put on the company by IRS so we were forced to borrow funds from alternate lenders to expand our business and pay the taxes. We also had to remove the Medicare program in 2012 and focus on the DADS program as it was causing more losses. Leading to the losses that peaked in 2012 the following are the multi-factorial Problems that were identified that caused the losses.

Cut in Medicare reimbursement: The Medicare portion of our revenue had endured several cuts because of the budgetary cuts made in the Home-health industry by the Federal Government. This cut led to 20% cut in our revenue.

Losses through billing & collection negligence: During the period 2010 to 2012 we noticed a trend of negligence by the billing staff in handling rejected claims. Rejected claims occur for minor reasons such as incorrect date, time or amount billed for services. Usually rejected claims are quickly corrected for prompt payments. Our Billing staff started falling behind in rebilling rejected claims. She complained that she was overwhelmed with work and so could not re-bill. At a time, United Healthcare asked us to re-bill so that they can pay us on time before the expiration of that bundle of claims, but she could not get to it because she was overwhelmed. We estimated a loss of over \$1.5M in the period between 2010 and 2013.

HMO takeover: As part of the effort to reduce Healthcare costs, the HMO companies were contracted to take over part of the clientele. Fortunately, we had

ASSIST-MED, INC.

BUSINESS PLAN

contract with almost all of the HMOs. Though we had the contract we had to start positioning the company in the market for exposure. The time lag though short between when we started and referral started coming was a problem.

Increased employee demands by skilled care workers: The increased demand by the Medicare Skilled workers for assistants like having support LVNs and other staff for dictation and data entry from patients' homes. We gave in to the demand but later found it was too expensive and discontinued it

Unpaid claims: We had unpaid claims. The claims though will be paid, but will require research time and prompt response because of expiration date to claim. This became difficult to follow because we had growth

Full time staff not meeting allocated quotas: Allocated hours of work were not met. The workers were paid because of Labor law requiring us to pay because they are full time staff. This continued for about 6 months.

Lost unbilled hours of work: In 2012 the EVV system was introduced into the Medicaid program to make the program more efficient in tracking hours Providers worked. The Providers could not keep up with the intricacies needed operate the equipment used. This led to loss of hours and thus revenue of over \$288,000 in 2013, and \$300,000 in 2014.

High interest advance loan pay out: Removing Medicare from our payor mix and encountering losses in billing collections led to loss of over 32% of our revenue. This further led to our inability to pay our taxes. We therefore had to get loan advances from lending companies. We accepted the advance because we intended to use them for a few months and then convert the loan to term loan with long term smaller monthly payments of about \$5,000 monthly this would have been more convenient, but rather we paid out \$8000 daily this was obviously a most difficult time in our business.

Refusal of our lenders to renegotiate payment: After paying most of what was advanced to us, we requested for a change in payment plan to spread payment to allow our operation function effectively but they refused and asked that we

ASSIST-MED, INC.

BUSINESS PLAN

continue the daily pay. The daily pay was making us NOT to keep up with our taxes and the Term loan we applied for delayed and did not come through at last. Please note the following:

- In September 2015 Everest advanced us \$197,370 and we paid them \$255,846.10 by Feb. 8th 2016.
- Yellow Stone advanced us \$68,962 we paid it all by November 30th 2015. We received another advance from Yellow Stone for \$74,871 on December 1st 2015, we paid a total of \$183,612.
- December 29th 2015, American advanced us \$43,603 and we have already paid \$23,460 by Feb 9th 2016.
- Pearl Capital advanced us \$82,670 in December 30th 2015 and we have paid \$41,250 Feb 1st 2016.
- Accord advanced us \$24,220 in December but we have paid \$13,406.

The advance we received always included the 100% interest payment to the lender. The lenders advanced us a total of \$570,019 and between September 2015 and February 2016 we had paid them \$517,574. This meant we have paid out \$265,000 in interest alone to the lenders.

We accepted it because we were told even though the interest rate was very high and we are required to pay it in a short period, it will be changed to term loan and we will be required to pay monthly. By the time, we paid this interest to our lenders, we were again behind in our taxes. We waited for them to come up with a different plan to enable us pay the remaining and also focus on paying our \$500,000 tax obligation but they refused, and so we were left with the no other option but to seek reorganization under Chapter 11 of the US Bankruptcy.

Recovery Plan

ASSIST-MED, INC.

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Discontinue Medicare program portion: To stop the big losses we made a decision to discontinue the Medicare program because of the escalating cost of running the program and the yearly Medicare cut going on at that time. Though it had an immediate negative impact on our revenue, the long-term effect was most beneficial. Though we went from a revenue of \$5,215,158 in 2011 to \$3,551,828 in 2012 a loss of 32% in revenue but our 2016 is projected for full recovery at under \$5,000,000. I believe we are in a much stronger position now than where we were in 2012.

Special training for new marketing manager: We removed the billing staff and hired a much more experienced and enthusiastic billing staff with experience. Also, we have in place a billing person specifically for collection and correction of unpaid claims. This young man is very knowledgeable in identifying issues with billing. We have sent him for several trainings just to keep him up to date with the demand of his role. The Claims Collection and Correction lady in the Billing department is very thorough and have saved us some money. The efficiency of the billing department has obviously increased our revenue.

Contract with HMOs: Our application to HMO managed care contracts was very timely. We got our approval on time to start benefiting from the new referrals we were given.

Cut back office expenses: We have implemented a 30% cut on our regular expenses by renegotiating with all our vendors relocating to a smaller space and cutting back on some supplies that can wait till our revenue increases. Our Annual Budget for expenses dropped from \$350,000 down to \$250,000. This will be constraining but we believe our revenue will improve tremendously next year and we will be more competitive.

Start children program PCS: Effective November 1st, 2016 we will start admitting Children through the Texas Star Kid Program. The timing of this contract is serendipity of good omen. The Texas Star Kid program is 180,000 children based project by the State of Texas to provide care for kids with disability. Already we have started marketing working with the HMOs also to maximize our market share

ASSIST-MED, INC.

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in this subsection of the Provider service industry. We estimate this Children program will boost our revenue base by over 10% before the end of 2017 and 44% increase by 2018 and 75% by 2025. This is the standard trend. But faster rate can be achieved by more aggressive marketing which will require more advertising dollars.

No more lost unbilled hours: We incurred loss of about \$300,000 through unbilled hours. This was corrected by conducting general meetings and local branch office meetings. The training was directed at teaching the significance of the new Electronic Visit Verification which captures hours worked and transfers the information to our computer and the Computer in Austin Headquarters for confirmation. Lots of hours were lost in the process because the workers did not clock in after work.

New rate increase: DADS have just implemented a 20% increase in reimbursement rate. This rate increase takes effect in November 2016. This rate increase will increase our revenue by another 7-10%

Trained Marketing Manager: Our new marketing manager has been thoroughly trained and vastly experienced to generate regular and increased clientele to boost our census. Her focus is on the Houston census but she will address the census of the other branches by January 2017.

Historical Financial

Our monthly income has grown from \$407,071.11 in January 2016 to \$475,900.43 in September of 2016 which translates to a steady 16.91% growth in 2016. We anticipate closing this 2016 with about \$4.8M in total income and project further growth in the next 5 years' span. As this growth continues our profit will also increase.

FIVE (5) YEARS' PROJECTION OF REVENUES

ASSIST-MED, INC.

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Our projection for the next 5 years will be based on our current 20% growth rate of our adult program. Hopefully, we plan to Children program next year and over five years' period, we anticipate a 10% growth with the new children Star Kid program.

EXPENSES.

Payroll accounts for 80% of gross revenues. Management is aggressively trying to increase censes, maintain quality of service while maintaining payroll at the current level even with increased patient censes. Efforts are underway to keep administrative overhead to under 10% for total expenses of 90% with 10% reserved to service creditors during this bankruptcy period. We believe that the debt could be serviced in 5 years' period or less beginning in January 2017 through December 2021.

RESUME of Ruth O. Briggs, MBA, RN

PROFESSIONAL EXPERIENCE

Jun 1998-Present

ASSIST-MED., INC.

POSITION: ADMINISTRATOR

- Management of overall operations of the Agency
- Ensure the safe delivery of Home Care
- Compliance with Federal and State guidelines
- Responsible for approximately 320 FT/PT employees
- Implementation of Agencies' written policies and procedures
- Fiscal management of Company's entire operations
- In-services for office and field staff
- Applied for and established branch office in Galveston in 1999
- Applied for and established branch office in Conroe in 2002
- Applied for established branch office in Beaumont in 2014
- Recruitment of Management staff including Directors, CPA, Billing Staff, etc.
- Expanded Company's scope of services to include PHC and CBA
- Applied for and established Contracts with Several HMOs and PPOs.

Mar. 1997 – Jun. 1998

CARLTON HOME HEALTH

ASSIST-MED, INC.

BUSINESS PLAN

POSITION: FIELD NURSE

- Admissions
- Follow up visits
- Skilled teachings
- Rehab Nursing
- Wound care
- Diabetic care
- IV therapy
- Venipuncture for lab draws
- Private duty nursing including care of quadriplegics who are vent dependent, tracheostomy-Care and suctioning, oxygen administration via trach, routine maintenance of vents at prescribed settings, intermittent catheterization.
- Pediatric private duty nursing.
- Supervisory and discharge visits.

Dec. 1996 – May 1997

NORLAND HOME CARE, HOUSTON, TX.

POSITION: FIELD NURSE

- Initial Evaluations
- Wound-care
- Diabetic management
- Case management
- Supervisory visits
- Patient education
- Discharges

Sept. 1996 – Dec. 1996

BEECHNUT MANOR NURSING HOME

POSITION: PERDIEM NURSE

- Primary care nurse
- Admissions
- Discharges
- Wound-care
- Skilled instructions
- Supervision of LVNs and Aides
- IV therapy
- SQ and IM injections.

ASSIST-MED, INC.

BUSINESS PLAN

Jun. 1994 – Feb. 1996

AGAPE HEALTHCARE SERVICES, MIAMI, FLORIDA.

POSITION: FIELD NURSE 6/94 to 2/95.

ADMINISTRATOR FROM 2/95 to 2/96

- Managed the overall operations of the Agency
- Assured quality and safe delivery of Home Healthcare Services
- Assured Compliance with Federal, Florida State and Local guidelines
- Implemented Agency's written policies and procedures
- Organized, directed and coordinated patient care
- Field visits when there is staffing shortage
- Managed payroll, workers' compensation and employees benefits package.

Jan. 1994 – Dec. 1994

PALMETTO GENERAL HOSPITAL, HIALEAH, FL.

POSITION: STAFF NURSE ON MEDICAL SURGICAL UNIT

- Primary care nurse
- IV therapy (peripheral, PICC and Central lines)
- Wound care
- Pain management
- Diabetic care
- IM, SQ and Intradermal injections
- Admissions and discharges
- Floated to Telemetry floor
- Participated on code team

Mar. 1991 – Jun. 1991

Editorial Assistant of the Nigerian Medical Journal, the official publication of the Nigerian Medical Association. Duties included the proof reading of Medical articles submitted by MDs for inclusion in the Journal. Also, liaised between the Editor of the Journal and publishers.

Nov. 1986 – Dec. 1989

D U & HAWANA (Nig.) LTD.

Director of Sales and Marketing

Managed the processing, storage and sales of processed beef to various other Corporations in Nigeria.

EDUCATION:

ASSIST-MED, INC.

BUSINESS PLAN

AMERICAN INTERCONTINENTAL UNIVERSITY, HOUSTON, TX. MASTERS IN BUSINESS ADMINISTRATION. 2009.

MIAMI-DADE COMMUNITY COLLEGE, MIAMI, FL. AS IN NURSING (RN) IN 1993.

UNIVERSITY OF LAGOS IN LAGOS, NIGERIA.

B.S. IN BIOLOGY, 1984.

LICENSURE

Licensed Registered Nurse in the State of Texas.

AWARDS

Certificate of outstanding achievement in programs in Miami-Dade Community College – 1992

William McKnight scholarship – 1992

RN LICENSE NUMBER: 623134

EXPIRATION DATE: AUGUST 2018.

EXHIBIT C

ASSIST-MED, INC.

CASE NO. 16-31624-H5-11

CHAPTER 11 LIQUIDATION ANALYSIS

NON-EXEMPT ASSETS

Market Value

Checking Account - Wells Fargo (Debtor In Possession) - account no. ...3367	\$	3,275.66
Office Furniture, fixtures & equipment - 4 locations		6,976.00
DAD's License		Unknown
TOTAL	\$	10,251.66

Claim Administrative Claims

Amount

11	Texas Workforce Commission	\$	1,922.50
TOTAL		\$	1,922.50

CREDITORS

Amount

Claim Secured Claims

2	Montgomery County	\$	58.60
3	Galveston County		3,906.79
4	Harris County, et al		33.72
7	Everest Business Funding/EBF Funding, LLC		222,439.75
8	Accord Bus. Funding/Cresthill Capital		30,736.36
TOTAL		\$	257,175.22

Claim Priority Claims

1	Texas Workforce Commission	\$	17,421.05
5	Internal Revenue Service		520,710.36
TOTAL		\$	538,131.41

Net Available to General Unsecured Claims	\$	(786,977.47)
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Claim General Unsecured Claims

Amount

5	Internal Revenue Service	\$	61,602.97
6	Capital One		127,866.91
9	American Funding Group		43,022.00
	U.S. Dept of Treasury/FMS DMS CON		12,040.99
	Capital One Visa		5,500.00
	Chase Bank		6,074.18
	Pearl Capital/Beta Funding (S. Berkovitch)		84,149.00
	Yellowstone Capital, LLC		81,008.00
12	U.S. Department of Health and Human Services		2,886.80
TOTAL		\$	424,150.85

PERCENTAGE RECEIVED IN CHAPTER 7 LIQUIDATION

-185.54%

EXHIBIT D

Fill in this information to identify the case:

Debtor name Assist-Med, Inc.

United States Bankruptcy Court for the: Southern 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

2. Cash on hand

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Comerica Bank (Frozen by Yellowstone)	Checking Account	7 8 8 9	\$ 588.74
3.2. BBVA Compass Bank (Operations Account)	Checking Account	9 2 0 1	\$ 1,650.00

See Attachment 1: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

4. Other cash equivalents (Identify all)

- 4.1. _____ \$ _____
- 4.2. _____ \$ _____

5. Total of Part 1

\$ 16,308.74

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

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. _____	\$ _____
7.2. _____	\$ _____

Debtor Assist-Med, Inc. Case number (if known) _____
 Name

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

Description, including name of holder of prepayment

8.1. _____ \$ _____
 8.2. _____ \$ _____

9. Total of Part 2.

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

\$ _____

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>\$0.00</u>	-	<u>\$0.00</u>	= →	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts		
11b. Over 90 days old:	<u>\$0.00</u>	-	<u>\$0.00</u>	= →	<u>\$0.00</u>
	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.

\$ 0.00

Part 4: Investments

13. Does the debtor own any investments?

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

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
 14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: _____ % of ownership: _____

15.1. _____ % _____ \$ _____
 15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
 16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor Assist-Med, Inc. Case number (if known) _____
 Name

Part 5: Inventory, excluding agriculture assets

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

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

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

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> 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	\$ _____	_____	\$ _____

Debtor Assist-Med, Inc. Name Case number (if known) _____

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

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 Office furniture, fixtures & equipment - 4 locations	\$ _____	_____	\$ 6,976.00
40. Office fixtures _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software _____	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> 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			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 6,976.00

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

- No
- Yes

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

- No
- Yes

Debtor Assist-Med, Inc. Case number (if known) _____
 Name

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.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. **Aircraft and accessories**

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

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.

\$ _____

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

Debtor Assist-Med, Inc. Name Case number (if known) _____

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 <small>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.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

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.

\$ _____

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.

General description	Net book value of debtor's interest <small>(Where available)</small>	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 DAD's license	\$ _____	_____	\$ Unknown
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

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

\$ 0.00

Debtor Assist-Med, Inc. Case number (if known) _____
 Name

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.

	= →	\$ _____
Description (include name of obligor)	-	Total face amount doubtful or uncollectible amount

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

Description (for example, federal, state, local)	Tax year _____	\$ _____
	Tax year _____	\$ _____
	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

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

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

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

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

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

_____ \$ _____

_____ \$ _____

78. Total of Part 11.
 Add lines 71 through 77. Copy the total to line 90.

\$ _____

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

Debtor

Assist-Med, Inc.
Name

Case number (if known)

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>	\$ 16,308.74	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment, and collectibles. <i>Copy line 43, Part 7.</i>	\$ 6,976.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 23,284.74	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	\$ 23,284.74	

Attachment
Debtor: Assist-Med, Inc. Case No:

Attachment 1: Additional Checking, Savings, Money Market, or Financial Brokerage Accounts

Institution: BBVA Compass Bank (Deposit Account)
Account Type: Checking Account
Last 4 Digits of Account Number: 7668
Value: \$4,750.00

Institution: BBVA Compass Bank (Payroll Account)
Account Type: Checking Account
Last 4 Digits of Account Number: 1210
Value: \$4,800.00

Institution: BBVA Compass Bank (Business Checking)
Account Type: Checking Account
Last 4 Digits of Account Number: 2500
Value: \$4,500.00

Institution: BBVA Compass Bank (TWC Account)
Account Type: Checking Account
Last 4 Digits of Account Number: 0917
Value: \$20.00

EXHIBIT E

Fill in this information to identify the case:

Debtor name Assist-Med, Inc.
 United States Bankruptcy Court for the: Southern 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

	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p>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.</p>		
<p>2.1 Creditor's name <u>ACH Capital, LLC</u></p> <p>Creditor's mailing address <u>2715 Coney Island Ave., 2nd Floor</u> <u>Brooklyn, NY 11235</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number <u>6 0 9 6</u></p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____</p>	<p>Describe debtor's property that is subject to a lien <u>Lien against operating accounts, account receivable, cash, real property leases, contracts, notes, etc.</u></p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>Unknown</u></p> <p>\$ <u>Unknown</u></p>
<p>2.2 Creditor's name <u>American Funding Grp (T. Lenney)</u></p> <p>Creditor's mailing address <u>22 Pine Street, 2nd Floor</u> <u>Morristown, NJ 07960</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <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>Describe debtor's property that is subject to a lien <u>Lien against assets and personal property-Lawsuit: SOM-L, Superior Ct of NJ, Somerset County</u></p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>43,022.00</u></p> <p>\$ <u>Unknown</u></p>
<p>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</p>		<p>\$ <u>394,180.51</u></p>

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.

2.3 Creditor's name Capital One Bank, N.A. Describe debtor's property that is subject to a lien Line of Credit \$ 127,526.43 \$ Unknown

Creditor's mailing address P.O. Box 105474
Atlanta, GA 30348

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number 0 3 7 4

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines _____

Describe the lien _____

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

2.4 Creditor's name Corporation Service Company, as Rep. Describe debtor's property that is subject to a lien Lien against accounts receivable, inventory, equipment, etc. \$ Unknown \$ Unknown

Creditor's mailing address P.O. Box 2576
Springfield, IL 62708

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number 2 7 8 6

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.
1: Corporation Service Company, as Rep.; 2: Y.D.S. Corp., as Agent
 Yes. The relative priority of creditors is specified on lines _____

Describe the lien _____

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

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.

<p>2.5 Creditor's name <u>Corporation Service Company, as Rep</u></p> <p>Creditor's mailing address <u>P.O. Box 2576</u> <u>Springfield, TX 62708</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number <u>6 3 5 6</u></p> <p>Do multiple creditors have an interest in the same property? <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>Describe debtor's property that is subject to a lien <u>Lien against accounts receivable, deposit accounts, assets and fixtures, equipment, inventory, etc.</u></p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>Unknown</u></p>	<p>\$ <u>Unknown</u></p>
---	--	--------------------------	--------------------------

<p>2.6 Creditor's name <u>Corporation Service Company, as Rep.</u></p> <p>Creditor's mailing address <u>P.O. Box 2576</u> <u>Springfield, IL 62708</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number <u>6 2 5 6</u></p> <p>Do multiple creditors have an interest in the same property? <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>Describe debtor's property that is subject to a lien <u>Lien against accounts receivable, personal property, assets and fixtures, etc.</u></p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>Unknown</u></p>	<p>\$ <u>Unknown</u></p>
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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.

2.7 Creditor's name Everest Bus Funding/EBF Partners, LLC Describe debtor's property that is subject to a lien Lien on assets-Lawsuit 2016-6384CA01, 11th Judicial Circuit, Miami-Dade County, FL \$ 219,799.75 \$ Unknown

Creditor's mailing address 2001 NW 107 Avenue, Suite 300
Miami, FL 33172

Creditor's email address, if known _____

Date debt was incurred 12/22/15

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines _____

Describe the lien _____

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

2.8 Creditor's name Galveston County Tax Office Describe debtor's property that is subject to a lien Business personal property taxes owed \$ 3,832.33 \$ Unknown

Creditor's mailing address P.O. Box 1169
Galveston, TX 77553

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines _____

Describe the lien _____

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

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.

2.9 Creditor's name Y.D.S. Corp., as Agent Describe debtor's property that is subject to a lien
Lien against accounts receivable, inventory, equipment, etc. \$ Unknown \$ Unknown

Creditor's mailing address
25 Deerwood
Buffalo, NY 14221

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number 2 3 6 6

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines 2.4

Describe the lien

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

2.10 Creditor's name _____ Describe debtor's property that is subject to a lien
 _____ \$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines _____

Describe the lien

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Debtor Assist-Med, Inc.
Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
American Funding Group, LLC 30 Park Road, Suite 3 Tinton Falls, NJ 07724	Line 2. <u>2</u>	____
American Funding Group, LLC 1855 Griffin Road Dania Beach, FL 33004	Line 2. <u>2</u>	____
Capital One Bank, N.A. 7933 Preston Road Plano, TX 75024-2909	Line 2. <u>3</u>	<u>0 3 7 4</u>
Galveston County Tax Office 722 Moody Galveston, TX 77550	Line 2. <u>8</u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____ _____	Line 2. <u> </u>	____
_____ _____	Line 2. <u> </u>	____

Fill in this information to identify the case:

Debtor Assist-Med, Inc.
 United States Bankruptcy Court for the: Southern 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 in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:
Taxes and Other Government

Debts

Is the claim subject to offset?

- No
- Yes

Total claim

\$ 500,000.00

Priority amount

\$ 500,000.00

2.2 Priority creditor's name and mailing address

Texas Workforce Commission (Ofc of Atty Gen)
P.O. Box 12548
Austin, TX 78711

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:
Taxes and Other Government

Debts

Is the claim subject to offset?

- No
- Yes

\$ 7,062.56

\$ 0.00

2.3 Priority creditor's name and mailing address

U.S. Dept of Treasury/FMS DMS CON
P.O. Box 979111
Saint Louis, MO 63197

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:
Taxes and Other Government

Debts

Is the claim subject to offset?

- No
- Yes

\$ 12,040.99

\$ 12,040.99

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$25,487.00
 Accord Bus. Funding/Cresthill Cap. (Anh Regent) *Check all that apply.*
 3730 Kirby Drive, #720 Contingent
 Houston, TX 77098 Unliquidated
 Disputed
Basis for the claim: Lawsuit re accts receivable factoring claim
Date or dates debt was incurred _____ **Is the claim subject to offset?**
Last 4 digits of account number _____ No
 Yes

3.2 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$5,500.00
 Capital One Visa *Check all that apply.*
 P.O. Box 60599 Contingent
 City of Industry, CA 91716 Unliquidated
 Disputed
Basis for the claim: _____
Date or dates debt was incurred _____ **Is the claim subject to offset?**
Last 4 digits of account number _____ No
 Yes

3.3 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$6,074.18
 Chase Bank *Check all that apply.*
 MC OH1-1272, 340 Cleveland Ave, Bldg 370 Contingent
 Westerville, OH 53081 Unliquidated
 Disputed
Basis for the claim: _____
Date or dates debt was incurred _____ **Is the claim subject to offset?**
Last 4 digits of account number _____ No
 Yes

3.4 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$84,149.00
 Pearl Capital/Beta Funding (S. Berkovitch) *Check all that apply.*
 P.O. Box 1065 - MCA Servicing Contingent
 New York, NY 10272 Unliquidated
 Disputed
Basis for the claim: Judgment
Date or dates debt was incurred _____ **Is the claim subject to offset?**
Last 4 digits of account number _____ No
 Yes

3.5 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$81,008.00
 Yellowstone Capital, LLC *Check all that apply.*
 160 Pearl Street, 5th Floor Contingent
 New York, NY 10005 Unliquidated
 Disputed
Basis for the claim: No 52756/2016, Supreme Ct, NY, Cnty Winchester
Date or dates debt was incurred Judgment **Is the claim subject to offset?**
Last 4 digits of account number _____ No
 Yes

3.6 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ _____
 _____ *Check all that apply.*
 _____ Contingent
 _____ Unliquidated
 _____ Disputed
Basis for the claim: _____
Date or dates debt was incurred _____ **Is the claim subject to offset?**
Last 4 digits of account number _____ No
 Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Internal Revenue Service - Insolvency II 1919 Smith Street, Stop 5025HOU Houston, TX 77002	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. Internal Revenue Service - U.S. Attorney 1000 Louisiana Street, Suite 2300 Houston, TX 77002	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. Internal Revenue Service - US Atty Gen 10th & Constitution, N.W. Washington, DC 20530	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. Texas Workforce Commission P.O. Box 149037 Austin, TX 78714	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. Texas Workforce Commission 101 E. 15th Street Austin, TX 78778	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. Accord Business Funding/Cresthill Capital 80 Pine Street, Floor 32 New York, NY 10005	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. Pearl Capital/Pearl Beta Funding, LLC 100 Williams Street, Suite 900 New York, New York 10038	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.12. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

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

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 519,103.55
5b. Total claims from Part 2	5b. +	\$ 202,218.18
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 721,321.73