

Fill in this information to identify the case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF TEXASCase number (if known): _____ Chapter **11**☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy**04/16**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. **Debtor's name** Bradley J. Barker, DDS, P.C.
2. **All other names debtor used in the last 8 years** dba Compassionate Health Care Services 77494A; dba Pink Dental; aka Barker Aesthetic Dentistry; aka Smile Envy
 Include any assumed names, trade names and *doing business as* names
3. **Debtor's federal Employer Identification Number (EIN)** 9 0 - 0 3 3 9 9 1 8
4. **Debtor's address**

Principal place of business <u>23501 Cinco Ranch Blvd.</u> Number Street <u>Suite B228</u> <u>Katy TX 77494</u> City State ZIP Code <u>Fort Bend</u> County	Mailing address, if different from principal place of business _____ Number Street _____ P.O. Box _____ _____ City State ZIP Code Location of principal assets, if different from principal place of business _____ Number Street _____ _____ City State ZIP Code
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5. **Debtor's website (URL)** smile-envy.com
6. **Type of debtor**

<input checked="" type="checkbox"/>	Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
<input type="checkbox"/>	Partnership (excluding LLP)
<input type="checkbox"/>	Other. Specify: _____

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

7. Describe debtor's business*A. Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

8. Under which chapter of the Bankruptcy Code is the debtor filing?*Check one:*

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11.

Check all that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes. Debtor _____ Relationship _____

District _____ When _____

MM / DD / YYYY

Case number, if known _____

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

Debtor _____ Relationship _____

District _____ When _____

MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?*Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** *(Check all that apply.)*☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?**

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*☒ Funds will be available for distribution to unsecured creditors.☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

- 14. Estimated number of creditors**
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 15. Estimated assets**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 16. Estimated liabilities**
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - I have been authorized to file this petition on behalf of the debtor.
 - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on 06/18/2018
MM / DD / YYYY

X /s/ Bradley J. Barker
Signature of authorized representative of debtor

Bradley J. Barker
Printed name

Title **President**

18. Signature of attorney

X /s/ Charles R. Chesnutt
Signature of attorney for debtor

Date **06/18/2018**
MM / DD / YYYY

Charles R. Chesnutt
Printed name

Charles R. Chesnutt, P.C.
Firm name

12222 Merit Drive, Suite 1200
Number Street

Dallas
City

TX **75251**
State ZIP Code

(972) 248-7000
Contact phone

cc@chapter7-11.com
Email address

04186800
Bar number

TX
State

Fill in this information to identify the case:

Debtor name Bradley J. Barker, DDS, P.C.

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

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
\$1,702.46	\$350,000.00

2.1 Creditor's name
Catherine Wheeler, Tax Assessor

Creditor's mailing address
6935 Barney Road, No. 110

Houston TX 77092

Creditor's email address, if known

Date debt was incurred **2017**

Last 4 digits of account number
7 9 1 4

Do multiple creditors have an interest in the same property?

- ☐ No
- ☒ Yes. Specify each creditor, including this creditor, and its relative priority.

1) Patsy Schultz, PCC; 2) Catherine Wheeler, Tax Assessor; 3) Live Oak Bank; 4) Wells Fargo Equipment Finance.

Ad valorem taxes

Describe debtor's property that is subject to a lien

Fully equipped dental clinic

Describe the lien

Statutory 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

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$1,641,959.83**

Case number (if known)

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
Value of collateral
that supports
this claim

2.2

\$0.00

Dental equipment / Agreement

☐ Yes

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Check all that apply.

☐ Disputed

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

2.3

\$0.00

Ad valorem taxes / Statutory Lien☐ Yes

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Check all that apply.

☐ Disputed

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

Debtor Bradley J. Barker, DDS, P.C.

Case number (if known) _____

Part 1: Additional Page

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

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
Value of collateral
that supports
this claim

2.4

Creditor's name

Healthcare Professional FundingDescribe debtor's property that is
subject to a lien\$60,114.39\$0.00

Creditor's mailing address

PO Box 310

Dental equipment

Describe the lien

AgreementCamden ME 04843

Creditor's email address, if known

Is the creditor an insider or related party?

☒ No☐ YesDate debt was incurred 2015

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)Last 4 digits of account
number1 1 7 9

As of the petition filing date, the claim is:

Check all that apply.

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 _____☐ Contingent☐ Unliquidated☐ Disputed**Second lien****2.5**

Creditor's name

Live Oak BankDescribe debtor's property that is
subject to a lien\$1,075,212.57\$350,000.00

Creditor's mailing address

1741 Tiburon Drive

Fully equipped dental clinic

Describe the lien

UCC / AgreementWilmington NC 28403

Creditor's email address, if known

Is the creditor an insider or related party?

☒ No☐ YesDate debt was incurred 2014

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)Last 4 digits of account
number2 5 3 5

As of the petition filing date, the claim is:

Check all that apply.

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 2.1☐ Contingent☐ Unliquidated☐ Disputed

Debtor Bradley J. Barker, DDS, P.C.

Case number (if known) _____

Part 1: Additional Page

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
Value of collateral
that supports
this claim

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

2.6

Creditor's name
OnDeck Capital

Describe debtor's property that is
subject to a lien

\$212,589.42\$0.00

Creditor's mailing address
1400 Broadway

Dental equipment

Describe the lien

Agreement

New York NY 10018

Is the creditor an insider or related party?

☒ No

☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred 2016

Last 4 digits of account
number 6 3 2 3

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

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 _____

Second lien. Two loans. Account No. of second loan is 110210367126323

2.7

Creditor's name
OnDeck Capital

Describe debtor's property that is
subject to a lien

\$17,151.67\$0.00

Creditor's mailing address
1400 Broadway

Dental equipment

Describe the lien

Agreement

New York NY 10018

Is the creditor an insider or related party?

☒ No

☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred 2015

Last 4 digits of account
number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

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 _____

Line of Credit

Debtor Bradley J. Barker, DDS, P.C.

Case number (if known) _____

Part 1: Additional Page

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

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

2.8**Creditor's name**Wells Fargo Equipment Finance**Describe debtor's property that is
subject to a lien**\$126,659.06\$0.00**Creditor's mailing address**PO Box 7777**Dental equipment****Describe the lien**AgreementSan Francisco CA 94123-7777**Is the creditor an insider or related party?**☒ No☐ Yes**Creditor's email address, if known****Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Date debt was incurred** 2015**Last 4 digits of account****number** 3 0 0 1**As of the petition filing date, the claim is:**

Check all that apply.

**Do multiple creditors have an interest in
the same property?**☒ No☐ Yes. Have you already specified the
relative priority?☐ Contingent☐ Unliquidated☐ Disputed☐ No. Specify each creditor, including this
creditor, and its relative priority.☐ Yes. The relative priority of creditors is
specified on lines _____**Second lien**

Debtor Bradley J. Barker, DDS, P.C.

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 entityPatsy Schultz, PCC

Line _____

7 9 1 4Fort Bend County Tax Assessor1317 Eugene Heimann CircleRichmondTX 77469-3623Ad valorem taxes

Fill in this information to identify the case:

Debtor Bradley J. Barker, DDS, P.C.

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 part.

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

Total claim Priority amount

2.1 Priority 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?

- ☐ No
☐ Yes

Last 4 digits of account number

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

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address <u>Align Technology</u> <u>PO Box 742531</u> <u>Los Angeles</u> <u>CA</u> <u>90074-2531</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u>4</u> <u>9</u> <u>9</u> <u>2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment purchase</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,500.00</u>
<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address <u>American Express</u> <u>PO Box 981540</u> <u>El Paso</u> <u>TX</u> <u>79998-1540</u> Date or dates debt was incurred <u>2014-16</u> Last 4 digits of account number <u>1</u> <u>0</u> <u>0</u> <u>4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,329.00</u>
Three accounts. Other account numbers are 5589671014051862 and 5588213003209630		
<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address <u>Aurum Ceramic Dental Laboratories</u> <u>1320 N. Howard</u> <u>Spokane</u> <u>WA</u> <u>99201-2412</u> Date or dates debt was incurred <u>2008-2016</u> Last 4 digits of account number <u>0</u> <u>5</u> <u>7</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dental services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$69,034.97</u>
<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address <u>Bank of America</u> <u>PO Box 982238</u> <u>El Paso</u> <u>TX</u> <u>79998-2238</u> Date or dates debt was incurred <u>2015-16</u> Last 4 digits of account number <u>8</u> <u>3</u> <u>9</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18,410.50</u>

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

Part 2: Additional Page

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

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.5</div>	Nonpriority creditor's name and mailing address <u>Benco Dental Supply Company</u> <u>295 CenterPoint Blvd.</u> <u>Pittston</u> <u>PA</u> <u>18640</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u>8</u> <u>7</u> <u>3</u> <u>4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dental supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,915.33</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.6</div>	Nonpriority creditor's name and mailing address <u>Burkhart Dental Supply</u> <u>2502 S. 78th Street</u> <u>Tacoma</u> <u>WA</u> <u>98409</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.7</div>	Nonpriority creditor's name and mailing address <u>Cardmember Service</u> <u>PO Box 94014</u> <u>Palatine</u> <u>IL</u> <u>60094-4014</u> Date or dates debt was incurred <u>2017-18</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.8</div>	Nonpriority creditor's name and mailing address <u>Chase INK</u> <u>Cardmember Service</u> <u>PO Box 94014</u> <u>Palatine</u> <u>IL</u> <u>60094-4014</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,232.44</u>

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

Part 2: Additional Page

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

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address <u>Chase United</u> <u>Cardmember Service</u> <u>PO Box 94014</u> <u>Palatine</u> <u>IL</u> <u>60094-4014</u> Date or dates debt was incurred <u>2016,17</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$46,357.38</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address <u>DenMat Holdings LLC</u> <u>PO Box 1729</u> <u>Lompoc</u> <u>CA</u> <u>93438-1729</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u>1</u> <u>5</u> <u>7</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dental services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$890.22</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address <u>Dentek Dental Lab, Inc.</u> <u>8155 E. Indian Bend Rd. Suite 101</u> <u>Scottsdale</u> <u>AZ</u> <u>85250</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u>B</u> <u>A</u> <u>R</u> <u>K</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dental services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,319.29</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address <u>First Bankcard</u> <u>PO Box 2818</u> <u>Omaha</u> <u>NE</u> <u>69103-2818</u> Date or dates debt was incurred <u>2014-16</u> Last 4 digits of account number <u>9</u> <u>0</u> <u>3</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$32,298.48</u>

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

Part 2: Additional Page

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

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div>	Nonpriority creditor's name and mailing address <u>Gamma Waste Systems</u> <u>712 Pasadena Freeway</u> <u>Pasadena</u> <u>TX</u> <u>77506</u> Date or dates debt was incurred <u>2018</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$256.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div>	Nonpriority creditor's name and mailing address <u>Glidewell Laboratories</u> <u>4141 MacArthur Blvd.</u> <u>Newport Beach</u> <u>CA</u> <u>92660</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u>6</u> <u>6</u> <u>5</u> <u>2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dental services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,811.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div>	Nonpriority creditor's name and mailing address <u>Henry Schein, Inc.</u> <u>135 Duryea Road</u> <u>Melville</u> <u>NY</u> <u>11747-3824</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number <u>7</u> <u>7</u> <u>3</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dental services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,269.36</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div>	Nonpriority creditor's name and mailing address <u>Holloman Group</u> <u>7557 Rambler Rd., Suite 560</u> <u>Dallas</u> <u>TX</u> <u>75231</u> Date or dates debt was incurred <u>2018</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CPA</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,750.00</u>

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

Part 2: Additional Page

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

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address Micro Dental Laboratories 5601 Arnold Road Dublin CA 94568 Date or dates debt was incurred 2017 Last 4 digits of account number 7 0 3 9	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Dental services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,927.70
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address Patterson Dental Supply, Inc. PO Box 98506 Dallas TX 75397-8508 Date or dates debt was incurred 2016 Last 4 digits of account number 3 8 3 5	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Dental services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,546.20
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address PR II LaCenterra, LP c/o Poag Shopping Center, LLC 2650 Thousand Oaks Blvd. #2200 Memphis TN 38118 Date or dates debt was incurred 2014 Last 4 digits of account number 2 3 2 5 Monthly rent \$8300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Commercial Lease Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,800.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address Rose Dental Lab 12849 Capricorn Street Stafford TX 77477 Date or dates debt was incurred 2018 Last 4 digits of account number — — — —	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,980.00

Debtor Bradley J. Barker, DDS, P.C.

Case number (if known) _____

Part 2: Additional Page

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

Amount of claim

3.21 Nonpriority creditor's name and mailing addressSmall Business Administration4300 Amon Carter Blvd.Suite 114Fort Worth TX 76155Date or dates debt was incurred 2013Last 4 digits of account number Live Oak guarantor

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Guarantor on loan

Is the claim subject to offset?

☒ No☐ YesUnknown**3.22** Nonpriority creditor's name and mailing addressSolutionreach LLC2312 Executive Parkway #300Lehl UT 84043Date or dates debt was incurred 2015Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☒ Disputed

Basis for the claim:

Dental services

Is the claim subject to offset?

☒ No☐ YesUnknown**3.23** Nonpriority creditor's name and mailing addressStern Empire1805 W. 34th StreetHouston TX 77018Date or dates debt was incurred 2016Last 4 digits of account number 2 0 4 7

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim:

Dental services

Is the claim subject to offset?

☒ No☐ Yes\$4,418.25

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Align Technology 2560 Orchard Parkway Section 3 Address 2 San Jose CA 95131	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	4 9 9 2
4.2	American Express Bankruptcy Dept. PO Box 3001 Malvern PA 19355	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Credit card	9 6 3 0
4.3	American Express Bankruptcy Dept. PO Box 3001 Malvern PA 19355	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Credit card	1 8 6 0
4.4	American Express Bankruptcy Dept. PO Box 3001 Malvern PA 19355	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Credit card	1 0 0 4
4.5	Aurum Ceramic @ LVI 1401 Hillshire Dr. #120 Las Vegas NY 89134	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.6	Aurum Group Home Calgary 115 17th Avenue SW Calgary AB T2S 0A1 	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	0 5 7 9

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	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
4.7	Healthcare Professional Funding Po Box 310 Camden ME 04843	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Loan	____ _ ____ _
4.8	Henry Schein, Inc. Dept. CH 10560 Palatine IL 60055-560 	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	7 7 3 6
4.9	Henry Veasley III Aubrey Firm 12 Powder Springs St. Suite 240 Marietta GA 30064 Counsel for On Deck Capital	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _
4.10	James R. Sethna Ashen Faulkner Attorneys 217 N. Jefferson Street Suite 601 Chicago IL 60661 Counsel for Wells Fargo	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _
4.11	John Ivie Colven, Tran & Meredith 1401 Burnam Dr. Plano TX 75093 Counsel for Live Oak	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _
4.12	John Jones J.R. Jones Law PLLC 6026 Remson Hollow Lane Katy TX 77494 Counsel for Direct Capital	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _ ____ _

Debtor **Bradley J. Barker, DDS, P.C.**

Case number (if known) _____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

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
4.13 Linebarger Goggan Blair 4828 Loop Central Dr. #600 Houston TX 77081	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.14 Micro Dental Laboratories PO Box 790126 Dept. 30686 St. Louis MO 63179-0126	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	7 0 3 9
4.15 Patterson Dental Corporate Office 1031 Mendota Heights Road St. Paul MN 55120	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.16 Perdue, Brandon, Fielder 69001-40 West, Suite 300 Amarillo TX 79106 Counsel for taxing authority	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.17 PRISA II LHC LLC PR II LaCenterra, LP 7 Giralda Farms Madison NJ 07940	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.18 William Baldiga Brown Rudnick LLP One Financial Center Boston MA 02111 Counsel for Healthcare Professional Funding	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor Bradley J. Barker, DDS, P.C. Case number (if known) _____**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. \$0.005b. Total claims from Part 2 5b. + \$331,046.625c. Total of Parts 1 and 2 5c. \$331,046.62
Lines 5a + 5b = 5c.

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

Debtor Name Bradley J. Barker, DDS, P.C.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

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

Executed on 06/18/2018
MM / DD / YYYY

X /s/ Bradley J. Barker
Signature of individual signing on behalf of debtor

Bradley J. Barker
Printed name

President
Position or relationship to debtor

B2030 (Form 2030) (12/15)

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

In re **Bradley J. Barker, DDS, P.C.**

Case No. _____

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....Hourly: Estimated Total	<u>\$24,720.00</u>
Prior to the filing of this statement I have received.....	<u>\$22,843.00</u>
Balance Due.....Hourly: Approximately	<u>\$1,877.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. [Other provisions as needed]

Creditor negotiation; workout negotiation and planning; lawsuits; lien analysis; planning scenarios; valuations; preparation for filing; timing

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Postpetition services; filing fee

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/18/2018

Date

/s/ Charles R. Chesnutt

Charles R. Chesnutt

Charles R. Chesnutt, P.C.

12222 Merit Drive, Suite 1200

Dallas TX 75251

Phone: (972) 248-7000 / Fax: (972) 559-1872

Bar No. 04186800

/s/ Bradley J. Barker

Bradley J. Barker

President

Fill in this information to identify the case:Debtor name Bradley J. Barker, DDS, P.C.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number _____
(if known)☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 Live Oak Bank 1741 Tiburon Drive Wilmington NC 28403		UCC		\$1,075,212.57	\$348,297.54	\$726,915.03
2 OnDeck Capital 1400 Broadway New York NY 10018				\$212,589.42	\$0.00	\$212,589.42
3 Direct Capital / CIT Bank 155 Commerce Way Portsmouth NH 03801		Dental equipment		\$132,576.85	\$0.00	\$132,576.85
4 Wells Fargo Equipment Finance PO Box 7777 San Francisco CA 94123-7777				\$126,659.06	\$0.00	\$126,659.06
5 Aurum Ceramic Dental Laboratories 1320 N. Howard Spokane WA 99201-2412		Dental services				\$69,034.97

Debtor **Bradley J. Barker, DDS, P.C.**
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6	Healthcare Professional Funding PO Box 310 Camden ME 04843				\$60,114.39	\$0.00	\$60,114.39
7	PR II LaCenterra, LP c/o Poag Shopping Center, LLC 2650 Thousand Oaks Blvd. #2200 Memphis TN 38118		Commercial Lease				\$49,800.00
8	Chase United Cardmember Service PO Box 94014 Palatine IL 60094-4014		Credit card				\$46,357.38
9	First Bankcard PO Box 2818 Omaha NE 69103-2818		Credit card				\$32,298.48
10	Chase INK Cardmember Service PO Box 94014 Palatine IL 60094-4014		Credit card				\$25,232.44
11	Micro Dental Laboratories 5601 Arnold Road Dublin CA 94568		Dental services				\$19,927.70
12	Bank of America PO Box 982238 El Paso TX 79998-2238		Credit card				\$18,410.50
13	OnDeck Capital 1400 Broadway New York NY 10018				\$17,151.67	\$0.00	\$17,151.67

Debtor **Bradley J. Barker, DDS, P.C.**
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	Fort Bend County Tax Collector 1317 Eugene Heimann Cir. Richmond TX 77469		Ad valorem taxes		\$15,953.41	\$0.00	\$15,953.41
15	American Express PO Box 981540 El Paso TX 79998-1540		Credit card				\$13,329.00
16	Align Technology PO Box 742531 Los Angeles CA 90074-2531		Equipment purchase				\$9,500.00
17	Benco Dental Supply Company 295 CenterPoint Blvd. Pittston PA 18640		Dental supplies				\$7,915.33
18	Patterson Dental Supply, Inc. PO Box 98506 Dallas TX 75397-8508		Dental services				\$7,546.20
19	Dentek Dental Lab, Inc. 8155 E. Indian Bend Rd. Suite 101 Scottsdale AZ 85250		Dental services				\$7,319.29
20	Henry Schein, Inc. 135 Duryea Road Melville NY 11747-3824		Dental services				\$6,269.36

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

IN RE: **Bradley J. Barker, DDS, P.C.**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

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

Date 6/18/2018

Signature /s/ Bradley J. Barker
Bradley J. Barker
President

Date _____

Signature _____

Align Technology
PO Box 742531
Los Angeles CA 90074-2531

Align Technology
2560 Orchard Parkway
Section 3 Address 2
San Jose CA 95131

American Express
PO Box 981540
El Paso TX 79998-1540

American Express Bankruptcy Dept.
PO Box 3001
Malvern PA 19355

Aurum Ceramic @ LVI
1401 Hillshire Dr. #120
Las Vegas NY 89134

Aurum Ceramic Dental Laboratories
1320 N. Howard
Spokane WA 99201-2412

Aurum Group Home Calgary
115 17th Avenue SW
Calgary AB T2S 0A1

Bank of America
PO Box 982238
El Paso TX 79998-2238

Benco Dental Supply Company
295 CenterPoint Blvd.
Pittston PA 18640

Burkhart Dental Supply
2502 S. 78th Street
Tacoma WA 98409

Cardmember Service
PO Box 94014
Palatine IL 60094-4014

Catherine Wheeler, Tax Assessor
6935 Barney Road, No. 110
Houston TX 77092

Chase INK
Cardmember Service
PO Box 94014
Palatine IL 60094-4014

Chase United
Cardmember Service
PO Box 94014
Palatine IL 60094-4014

DenMat Holdings LLC
PO Box 1729
Lompoc CA 93438-1729

Dentek Dental Lab, Inc.
8155 E. Indian Bend Rd. Suite 101
Scottsdale AZ 85250

Direct Capital / CIT Bank
155 Commerce Way
Portsmouth NH 03801

First Bankcard
PO Box 2818
Omaha NE 69103-2818

Fort Bend County Tax Collector
1317 Eugene Heimann Cir.
Richmond TX 77469

Gamma Waste Systems
712 Pasadena Freeway
Pasadena TX 77506

Glidewell Laboratories
4141 MacArthur Blvd.
Newport Beach CA 92660

Healthcare Professional Funding
PO Box 310
Camden ME 04843

Henry Schein, Inc.
135 Duryea Road
Melville NY 11747-3824

Henry Schein, Inc.
Dept. CH 10560
Palatine IL 60055-560

Henry Veasley III
Aubrey Firm
12 Powder Springs St. Suite 240
Marietta GA 30064

Holloman Group
7557 Rambler Rd., Suite 560
Dallas TX 75231

James R. Sethna
Ashen Faulkner Attorneys
217 N. Jefferson Street
Suite 601
Chicago IL 60661

John Ivie
Colven, Tran & Meredith
1401 Burnam Dr.
Plano TX 75093

John Jones
J.R. Jones Law PLLC
6026 Remson Hollow Lane
Katy TX 77494

Linebarger Goggan Blair
4828 Loop Central Dr. #600
Houston TX 77081

Live Oak Bank
1741 Tiburon Drive
Wilmington NC 28403

Micro Dental Laboratories
5601 Arnold Road
Dublin CA 94568

Micro Dental Laboratories
PO Box 790126
Dept. 30686
St. Louis MO 63179-0126

OnDeck Capital
1400 Broadway
New York NY 10018

Patsy Schultz, PCC
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