

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

**Voluntary Petition**

|   |  |  |  |
|---|--|--|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Carpal Tunnel Clinic, LLC</b>  |  | Name of Joint Debtor (Spouse) (Last, First, Middle):   |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):<br><b>dba Neuro-Diagnostic Clinics</b> |  | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):         |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):<br><b>32-015350278</b>   |  | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): |  |
| Street Address of Debtor (No. and Street, City, and State):<br><b>1513 Manana<br/>Austin, TX</b>  |  | Street Address of Joint Debtor (No. and Street, City, and State):  |  |
| ZIP CODE<br><b>78730</b>  |  | ZIP CODE   |  |
| County of Residence or of the Principal Place of Business:<br><b>Travis</b>   |  | County of Residence or of the Principal Place of Business:   |  |
| Mailing Address of Debtor (if different from street address):<br><b>1513 Manana<br/>Austin, TX</b>  |  | Mailing Address of Joint Debtor (if different from street address):  |  |
| ZIP CODE<br><b>78730</b>  |  | ZIP CODE   |  |
| Location of Principal Assets of Business Debtor (if different from street address above):   |  |  |  |
| ZIP CODE  |  |  |  |

|  |   |   |
|--|---|---|
| <p><b>Type of Debtor</b><br/>(Form of Organization)<br/>(Check one box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors)<br/><i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p> | <p><b>Nature of Business</b><br/>(Check one box.)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input checked="" type="checkbox"/> Other</p> <hr/> <p><b>Tax-Exempt Entity</b><br/>(Check box, if applicable.)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p> | <p><b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <hr/> <p><b>Nature of Debts</b><br/>(Check one box.)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p> |
|--|---|---|

|   |  |
|---|--|
| <p><b>Filing Fee</b> (Check one box.)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached.</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p> | <p><b>Check one box:</b> <b>Chapter 11 Debtors</b></p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.</p> <p><b>Check all applicable boxes:</b></p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p> |
|---|--|

|  |  |
|--|--|
| <p><b>Statistical/Administrative Information</b></p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p> <p>Estimated Number of Creditors</p> <p><input checked="" type="checkbox"/> 1-49    <input type="checkbox"/> 50-99    <input type="checkbox"/> 100-199    <input type="checkbox"/> 200-999    <input type="checkbox"/> 1,000-5,000    <input type="checkbox"/> 5,001-10,000    <input type="checkbox"/> 10,001-25,000    <input type="checkbox"/> 25,001-50,000    <input type="checkbox"/> 50,001-100,000    <input type="checkbox"/> Over 100,000</p> <p>Estimated Assets</p> <p><input type="checkbox"/> \$0 to \$50,000    <input type="checkbox"/> \$50,001 to \$100,000    <input checked="" type="checkbox"/> \$100,001 to \$500,000    <input type="checkbox"/> \$500,001 to \$1 million    <input type="checkbox"/> \$1,000,001 to \$10 million    <input type="checkbox"/> \$10,000,001 to \$50 million    <input type="checkbox"/> \$50,000,001 to \$100 million    <input type="checkbox"/> \$100,000,001 to \$500 million    <input type="checkbox"/> \$500,000,001 to \$1 billion    <input type="checkbox"/> More than \$1 billion</p> <p>Estimated Liabilities</p> <p><input type="checkbox"/> \$0 to \$50,000    <input type="checkbox"/> \$50,001 to \$100,000    <input checked="" type="checkbox"/> \$100,001 to \$500,000    <input type="checkbox"/> \$500,001 to \$1 million    <input type="checkbox"/> \$1,000,001 to \$10 million    <input type="checkbox"/> \$10,000,001 to \$50 million    <input type="checkbox"/> \$50,000,001 to \$100 million    <input type="checkbox"/> \$100,000,001 to \$500 million    <input type="checkbox"/> \$500,000,001 to \$1 billion    <input type="checkbox"/> More than \$1 billion</p> | <p><b>THIS SPACE IS FOR COURT USE ONLY</b></p> |
|--|--|

|  |  |  |  |
|--|--|--|--|
| <p><b>Voluntary Petition</b><br/><i>(This page must be completed and filed in every case.)</i></p>   |  | <p>Name of Debtor(s): <b>Carpal Tunnel Clinic, LLC</b></p> |  |
| <p><b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)</p>  |  |  |  |
| <p>Location Where Filed:<br/><b>None</b></p>   | <p>Case Number:</p>  | <p>Date Filed:</p>   |  |
| <p>Location Where Filed:</p>   | <p>Case Number:</p>  | <p>Date Filed:</p>   |  |
| <p><b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)</p>  |  |  |  |
| <p>Name of Debtor:<br/><b>None</b></p>   | <p>Case Number:</p>  | <p>Date Filed:</p>   |  |
| <p>District:</p>   | <p>Relationship:</p>   | <p>Judge:</p>  |  |
| <p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>   | <p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p style="text-align: center;"><b>X</b> _____</p> <p style="text-align: right;">Date</p> |  |  |
| <p><b>Exhibit C</b></p>  |  |  |  |
| <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>  |  |  |  |
| <p><b>Exhibit D</b></p>  |  |  |  |
| <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>   |  |  |  |
| <p><b>Information Regarding the Debtor - Venue</b><br/>(Check any applicable box.)</p>   |  |  |  |
| <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, 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.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>   |  |  |  |
| <p><b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br/>(Check all applicable boxes.)</p>  |  |  |  |
| <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Name of landlord that obtained judgment)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p> |  |  |  |

**Voluntary Petition**

*(This page must be completed and filed in every case)*

Name of Debtor(s): **Carpal Tunnel Clinic, LLC**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_

**X** \_\_\_\_\_

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_

(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed Name of Foreign Representative)

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Stephen W. Sather

**Stephen W. Sather** Bar No. **17657520**

**Barron & Newburger, P.C.**  
**1212 Guadalupe**  
**Suite 104**  
**Austin, TX 78701**

Phone No. **(512) 476-9103** Fax No. **(512) 476-9253**

11/08/2009

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**Carpal Tunnel Clinic, LLC**

**X** /s/ Michael Shapiro

Signature of Authorized Individual

**Michael Shapiro**

Printed Name of Authorized Individual

**Manager/Director**

Title of Authorized Individual

11/08/2009

Date

\_\_\_\_\_  
Address

**X** \_\_\_\_\_

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

In re **Carpal Tunnel Clinic, LLC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE A - REAL PROPERTY**

| <b>Description and Location of Property</b> | <b>Nature of Debtor's Interest in Property</b> |  | <b>Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption</b> | <b>Amount Of Secured Claim</b> |
|---|--|--|---|--------------------------------|
| <b>None</b>                                 |  |  |   |                                |

**Total: \$0.00**

(Report also on Summary of Schedules)

In re **Carpal Tunnel Clinic, LLC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE B - PERSONAL PROPERTY**

| Type of Property   | None     | Description and Location of Property | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|--|----------|--------------------------------------|--|
| 1. Cash on hand.   | <b>X</b> |                                      |  |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives. | <b>X</b> |                                      |  |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.  | <b>X</b> |                                      |  |
| 4. Household goods and furnishings, including audio, video and computer equipment.   | <b>X</b> |                                      |  |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.  | <b>X</b> |                                      |  |
| 6. Wearing apparel.  | <b>X</b> |                                      |  |
| 7. Furs and jewelry.   | <b>X</b> |                                      |  |
| 8. Firearms and sports, photographic, and other hobby equipment.   | <b>X</b> |                                      |  |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   | <b>X</b> |                                      |  |
| 10. Annuities. Itemize and name each issuer.   | <b>X</b> |                                      |  |

In re **Carpal Tunnel Clinic, LLC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 1

| Type of Property  | None     | Description and Location of Property                               | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|----------|--|--|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | <b>X</b> |  |  |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | <b>X</b> |  |  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | <b>X</b> |  |  |
| 14. Interests in partnerships or joint ventures. Itemize.   |          | Westlake Surgical, LP - 1% limited partnership interest            | \$200,000.00   |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments.   | <b>X</b> |  |  |
| 16. Accounts receivable.  |          | Alan Young, DO (face amount \$32,621.33)                           | Unknown  |
|   |          | San Antonio Neuro-Diagnostic Clinic, PLLC (face value \$90,494.60) | Unknown  |
|   |          | Dr. Marie LeBas  | \$74,000.00  |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | <b>X</b> |  |  |

In re **Carpal Tunnel Clinic, LLC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE B - PERSONAL PROPERTY**

*Continuation Sheet No. 2*

| Type of Property   | None     | Description and Location of Property   | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|--|----------|--|--|
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.   | <b>X</b> |  |  |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.       | <b>X</b> |  |  |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   | <b>X</b> |  |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. |          | Claims against Westlake Surgical, LP   | Unknown  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.  |          | Carpal Tunnel Clinic Trademark   | \$1,000.00   |
|  |          | Forms, Notebooks   | \$3,000.00   |
|  |          | Reporting Software   | \$15,000.00  |
|  |          | Website  | \$10,000.00  |
|  |          | URL (CarpalTunnelClinic.com)   | \$5,000.00   |
|  |          | License to use drawings  | \$1,000.00   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.   |          | Clear Lake CTC (listed in A/R - original amount of lease was \$200,000.00 regarding Marie LeBas owed in A/R) | \$0.00   |

In re **Carpal Tunnel Clinic, LLC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE B - PERSONAL PROPERTY**

*Continuation Sheet No. 3*

| Type of Property  | None     | Description and Location of Property  | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|----------|---|--|
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | <b>X</b> |   |  |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  | <b>X</b> |   |  |
| 26. Boats, motors, and accessories.   | <b>X</b> |   |  |
| 27. Aircraft and accessories.   | <b>X</b> |   |  |
| 28. Office equipment, furnishings, and supplies.  |          | San Antonio Neuro-Diagnostic Clinic Assets:<br>1 Desk (\$100.00)<br>3 Electric Diagnostic/Exam Tables (\$3,000.00)<br>1 Dell Laptop (\$300.00)<br>4 Dell Desktop Computers (\$2,000.00)<br>4 Chairs - Office (\$100.00)<br>6 Reception Chairs (\$150.00)<br>Art Work (\$200.00)<br>Microwave (\$50.00)<br>Fax Machine/Printer (\$250.00)<br>1 Large Work Table (\$500.00)<br>3 Weight Sets (\$1000.00)<br>Various Exercise Equip (\$1,000.00)<br>2 Scales (\$50.00)<br>Exercise System (\$1,500.00) | \$10,200.00  |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | <b>X</b> |   |  |
| 30. Inventory.  | <b>X</b> |   |  |



In re **Carpal Tunnel Clinic, LLC**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE B - PERSONAL PROPERTY**

*Continuation Sheet No. 4*

| Type of Property  | None     | Description and Location of Property | Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption |
|---|----------|--------------------------------------|--|
| 31. Animals.  | <b>X</b> |                                      |  |
| 32. Crops - growing or harvested.<br>Give particulars.  | <b>X</b> |                                      |  |
| 33. Farming equipment and implements.   | <b>X</b> |                                      |  |
| 34. Farm supplies, chemicals, and feed.   | <b>X</b> |                                      |  |
| 35. Other personal property of any kind not already listed. Itemize.                                | <b>X</b> |                                      |  |
| (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.) |          |                                      | <b>Total &gt; \$319,200.00</b>   |

4 continuation sheets attached

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re **Carpal Tunnel Clinic, LLC**

Case No. \_\_\_\_\_  
(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- 11 U.S.C. § 522(b)(2)
- 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|-------------------------|--------------------------------------|----------------------------|---|
| Not Applicable          |                                      |                            |   |
|                         |                                      | <b>\$0.00</b>              | <b>\$0.00</b>   |

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|---|------------|--------------|----------|---|---------------------------|
| ACCT #:<br><b>Stillwater National Bank<br/>P.O. Box 1988<br/>Stillwater, OK 74076</b>                  | <b>X</b> | DATE INCURRED: <b>7/1/1905</b><br>NATURE OF LIEN:<br><b>Charging Order</b><br>COLLATERAL:<br><b>Distributions from Westlake Surgical, LP interest</b><br>REMARKS:<br><br>VALUE: <b>\$200,000.00</b> |            |              |          | <b>\$55,000.00</b>                                    |                           |
|  |          |   |            |              |          |   |                           |
|  |          |   |            |              |          |   |                           |
|  |          |   |            |              |          |   |                           |
| <b>Subtotal (Total of this Page) &gt;</b>  |          |   |            |              |          | <b>\$55,000.00</b>                                    | <b>\$0.00</b>             |
| <b>Total (Use only on last page) &gt;</b>  |          |   |            |              |          | <b>\$55,000.00</b>                                    | <b>\$0.00</b>             |

\_\_\_\_\_ **No** \_\_\_\_\_ continuation sheets attached

(Report also on Summary of Schedules.)  
(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

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

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

- Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
- Administrative allowances under 11 U.S.C. Sec. 330**  
Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY Wages, salaries, and commissions

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR<br>CLAIM  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM | AMOUNT<br>ENTITLED TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED TO<br>PRIORITY, IF<br>ANY |
|---|----------|--|------------|--------------|----------|-----------------------|-----------------------------------|---|
| ACCT #:<br><b>Melissa Shapiro</b><br><b>7103 A Woodhue Dr</b><br><b>Austin, TX 78745</b>  |          | DATE INCURRED: <b>6/29/1905</b><br>CONSIDERATION:<br><b>Expense report payment due</b><br>REMARKS: |            |              |          | <b>\$680.00</b>       | <b>\$680.00</b>                   | <b>\$0.00</b>                                       |
| ACCT #:<br><b>Michael Shapiro</b><br><b>1513 Manana</b><br><b>Austin, TX 78730</b>  |          | DATE INCURRED: <b>2009</b><br>CONSIDERATION:<br><b>Wages Owed</b><br>REMARKS:                      |            |              |          | <b>\$65,000.00</b>    | <b>\$10,000.00</b>                | <b>\$55,000.00</b>                                  |
|   |          |  |            |              |          |                       |                                   |   |
|   |          |  |            |              |          |                       |                                   |   |
|   |          |  |            |              |          |                       |                                   |   |
|   |          |  |            |              |          |                       |                                   |   |
| Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims  |          |  |            |              |          | <b>\$65,680.00</b>    | <b>\$10,680.00</b>                | <b>\$55,000.00</b>                                  |
| <b>Totals &gt;</b>  |          |  |            |              |          | <b>\$65,680.00</b>    |                                   |   |
| (Use only on last page of the completed Schedule E.<br>Report also on the Summary of Schedules.)  |          |  |            |              |          |                       |                                   |   |
| <b>Totals &gt;</b>  |          |  |            |              |          |                       | <b>\$10,680.00</b>                | <b>\$55,000.00</b>                                  |
| (Use only on last page of the completed Schedule E.<br>If applicable, report also on the Statistical Summary<br>of Certain Liabilities and Related Data.) |          |  |            |              |          |                       |                                   |   |

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

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

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE.   | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|------------|--------------|----------|--------------------|
|   |          |  |            |              |          |                    |
| ACCT #:<br><b>David LeBas</b><br><b>Naman, Howell, Smith &amp; Lee, PLLC</b><br><b>8310 Capital of Texas Hwy., North</b><br><b>Suite 490</b><br><b>Austin, TX 78731</b> |          | DATE INCURRED:<br>CONSIDERATION:<br><b>Notice Only</b><br>REMARKS:<br><b>Attorney for Marie LeBas and Clearlake CTC</b>                                |            |              |          | <b>Notice Only</b> |
| ACCT #:<br><b>Dr. Marie LeBas</b><br><b>333 Texas Avenue</b><br><b>Clearlake, TX 77598</b>  |          | DATE INCURRED:<br>CONSIDERATION:<br><b>Possible Breaches under license agreement</b><br>REMARKS:   | X          | X            | X        | <b>Unknown</b>     |
| ACCT #:<br><b>Michael Shaunessy</b><br><b>Sedgwick, Detert, Moran &amp; Arnold, LLP</b><br><b>919 Congress Avenue, Suite 1250</b><br><b>Austin, Texas 78701</b>         |          | DATE INCURRED:<br>CONSIDERATION:<br><b>Notice Only</b><br>REMARKS:<br><b>Attorney for Marci A. Roy, Larry Upshaw, and</b><br><b>Marci A. Roy, PLLC</b> |            |              |          | <b>Notice Only</b> |
| ACCT #:<br><b>Missy Atwood</b><br><b>Germer, Gertz, Beaman &amp; Brown, LLP</b><br><b>301 Congress Ave Ste 1700</b><br><b>Austin, TX 78701-2990</b>                     |          | DATE INCURRED:<br>CONSIDERATION:<br><b>Notice Only</b><br>REMARKS:<br><b>Attorney for Westlake Surgical, LLP</b>                                       |            |              |          | <b>Notice Only</b> |
| ACCT #: <b>CTC</b><br><b>Munsch Hardt, Kopf &amp; Harr</b><br><b>600 Congress</b><br><b>Suite 2900</b><br><b>Austin, TX 78701</b>                                       |          | DATE INCURRED: <b>2006-2007</b><br>CONSIDERATION:<br><b>Attorney Fees</b><br>REMARKS:  |            |              | X        | <b>\$42,000.00</b> |
| ACCT #:<br><b>The University of Texas Club</b><br><b>2108 Robert Dedman Drive</b><br><b>Austin, TX 78712</b>  |          | DATE INCURRED:<br>CONSIDERATION:<br><b>Past Dues</b><br>REMARKS:   |            |              |          | <b>\$2,000.00</b>  |
| <b>Subtotal &gt;</b>  |          |  |            |              |          | <b>\$44,000.00</b> |
| <b>Total &gt;</b>   |          |  |            |              |          |                    |

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | CODEBTOR | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM   |                    |
|--|----------|--|------------|--------------|----------|----------------------|--------------------|
|  |          |  |            |              |          |                      |                    |
| ACCT #:<br><b>The University of Texas Club<br/>c/o Marshal and Marshal, Inc.<br/>9333 Crowley<br/>Ft. Worth, TX 76134</b>  |          | DATE INCURRED:<br>CONSIDERATION:<br><b>Notice Only</b><br>REMARKS:   |            |              |          | <b>Notice Only</b>   |                    |
| ACCT #:<br><b>Westlake Surgical, LP<br/>5656 Bee Caves, Ste. 201<br/>Austin, TX 78746</b>  |          | DATE INCURRED:<br>CONSIDERATION:<br><b>Alleged Potential Claims</b><br>REMARKS:                              | X          | X            | X        | <b>Unknown</b>       |                    |
|  |          |  |            |              |          |                      |                    |
|  |          |  |            |              |          |                      |                    |
|  |          |  |            |              |          |                      |                    |
|  |          |  |            |              |          |                      |                    |
|  |          |  |            |              |          |                      |                    |
| Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to<br>Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |  |            |              |          | <b>Subtotal &gt;</b> | <b>\$0.00</b>      |
|  |          |  |            |              |          | <b>Total &gt;</b>    | <b>\$44,000.00</b> |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable, on the<br>Statistical Summary of Certain Liabilities and Related Data.) |          |  |            |              |          |                      |                    |

In re **Carpal Tunnel Clinic, LLC**

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

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

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
| <b>Dr. Marie Lebas</b><br>333 Texas Avenue<br>Clearlake, TX 77598                    | License Agreement<br>Contract to be ASSUMED  |



**SCHEDULE H - CODEBTORS**

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

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR  | NAME AND ADDRESS OF CREDITOR  |
|---|---|
| <p><b>Larry Upshaw</b><br/>4569 Golf Vista Dr.<br/>Austin, TX 78730</p>                       | <p><b>Stillwater National Bank</b><br/>P.O. Box 1988<br/>Stillwater, OK 74076</p> |
| <p><b>Marci A. Roy</b><br/>4569 Golf Vista Dr.<br/>Austin, TX 78730</p>                       | <p><b>Stillwater National Bank</b><br/>P.O. Box 1988<br/>Stillwater, OK 74076</p> |
| <p><b>Marci A. Roy, MD, PLLC</b><br/>5656 Bee Caves Road, Ste. J-202<br/>Austin, TX 78746</p> | <p><b>Stillwater National Bank</b><br/>P.O. Box 1988<br/>Stillwater, OK 74076</p> |

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

In re **Carpal Tunnel Clinic, LLC**

Case No.

Chapter **11**

**SUMMARY OF SCHEDULES**

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

| NAME OF SCHEDULE   | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS              | LIABILITIES         | OTHER              |            |
|--|-------------------|---------------|---------------------|---------------------|--------------------|------------|
| A - Real Property  | Yes               | 1             | <b>\$0.00</b>       |                     |                    |            |
| B - Personal Property  | Yes               | 5             | <b>\$319,200.00</b> |                     |                    |            |
| C - Property Claimed as Exempt   | No                |               |                     |                     |                    |            |
| D - Creditors Holding Secured Claims   | Yes               | 1             |                     |                     | <b>\$55,000.00</b> |            |
| E - Creditors Holding Unsecured Priority Claims<br>(Total of Claims on Schedule E) | Yes               | 2             |                     |                     | <b>\$65,680.00</b> |            |
| F - Creditors Holding Unsecured Nonpriority Claims                                 | Yes               | 2             |                     |                     | <b>\$44,000.00</b> |            |
| G - Executory Contracts and Unexpired Leases                                       | Yes               | 1             |                     |                     |                    |            |
| H - Codebtors  | Yes               | 1             |                     |                     |                    |            |
| I - Current Income of Individual Debtor(s)   | No                |               |                     |                     |                    | <b>N/A</b> |
| J - Current Expenditures of Individual Debtor(s)                                   | No                |               |                     |                     |                    | <b>N/A</b> |
| <b>TOTAL</b>   |                   | <b>13</b>     | <b>\$319,200.00</b> | <b>\$164,680.00</b> |                    |            |

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

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

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

(Total shown on summary page plus 1.)

Date                     **11/08/2009**                    

Signature                     **/s/ Michael Shapiro**                      
**Michael Shapiro**  
**Manager/Director**

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

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

IN RE: **Carpal Tunnel Clinic, LLC**

Case No.

Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

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

| (1)  | (2)   | (3)  | (4)   | (5)   |
|--|---|--|---|---|
| Name of creditor and complete mailing address, including zip code            | Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted | Nature of claim (trade debt, bank loan, government contract, etc.) | Indicate if claim is contingent, unliquidated, disputed, or subject to setoff | Amount of claim [if secured also state value of security] |
| Munsch Hardt, Kopf & Harr<br>600 Congress<br>Suite 2900<br>Austin, TX 78701  |   | Attorney Fees  | <i>Disputed</i>   | <b>\$42,000.00</b>  |
| The University of Texas Club<br>2108 Robert Dedman Drive<br>Austin, TX 78712 |   | Past Dues  |   | <b>\$2,000.00</b>   |
| Melissa Shapiro<br>7103 A Woodhue Dr<br>Austin, TX 78745                     |   | Expense report payment due   |   | <b>\$680.00</b>   |
| Westlake Surgical, LP<br>5656 Bee Caves, Ste. 201<br>Austin, TX 78746        |   | Alleged Potential Claims   | <i>Contingent<br/>Unliquidated<br/>Disputed</i>                               | <b>\$0.00</b>   |
| Dr. Marie LeBas<br>333 Texas Avenue<br>Clearlake, TX 77598                   |   | Possible Breaches under license agreement                          | <i>Contingent<br/>Unliquidated<br/>Disputed</i>                               | <b>\$0.00</b>   |

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

IN RE: **Carpal Tunnel Clinic, LLC**

Case No.

Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

*Continuation Sheet No. 1*

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

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

Date: **11/08/2009** \_\_\_\_\_

Signature: **/s/ Michael Shapiro** \_\_\_\_\_  
**Michael Shapiro**  
**Manager/Director**

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION

IN RE: **Carpal Tunnel Clinic, LLC**

CASE NO

CHAPTER **11**

**VERIFICATION OF CREDITOR MATRIX**

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

Date 11/08/2009

Signature */s/ Michael Shapiro*  
*Michael Shapiro*  
*Manager/Director*

Date \_\_\_\_\_

Signature \_\_\_\_\_

David LeBas  
Naman, Howell, Smith & Lee, PLLC  
8310 Capital of Texas Hwy., North  
Suite 490  
Austin, TX 78731

Dr. Marie LeBas  
333 Texas Avenue  
Clearlake, TX 77598

Melissa Shapiro  
7103 A Woodhue Dr  
Austin, TX 78745

Michael Shapiro  
1513 Manana  
Austin, TX 78730

Michael Shaunessy  
Sedgwick, Detert, Moran & Arnold, LLP  
919 Congress Avenue, Suite 1250  
Austin, Texas 78701

Missy Atwood  
Germer, Gertz, Beaman & Brown, LLP  
301 Congress Ave Ste 1700  
Austin, TX 78701-2990

Munsch Hardt, Kopf & Harr  
600 Congress  
Suite 2900  
Austin, TX 78701

Stillwater National Bank  
P.O. Box 1988  
Stillwater, OK 74076

The University of Texas Club  
2108 Robert Dedman Drive  
Austin, TX 78712

The University of Texas Club  
c/o Marshal and Marshal, Inc.  
9333 Crowley  
Ft. Worth, TX 76134

Westlake Surgical, LP  
5656 Bee Caves, Ste. 201  
Austin, TX 78746