

**UNITED STATES BANKRUPTCY COURT  
 Western District of Virginia**

In re Hospice Choice, Inc.,  
 Debtor

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 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
Taylor's Ministorage PO Box 725 Grundy VA 24614				120.00
Medical Services of America Inc Po Box 890412 Charlotte NC 28289-0412				182.30
Johnston Memorial Hospital 351 Court Street NE Abingdon VA 24210				308.00

Bankruptcy2010 ©1991-2010, New Hope Software, Inc., ver. 4.5.3-748 - 30031 - PDF-XChange 3.0

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

Home MEDS Inc 3834 Ridge Pike Collegeville PA 19426				678.98
--	--	--	--	--------

Sprint/DEX 8400 Innovation Way Chicago IL 60680				726.40
---	--	--	--	--------

Comporium Publishing PO Box 430 Rock Hill SC 29731				935.50
---	--	--	--	--------

Dickenson County Ambulance Service PO Box 1441 Clintwood VA 24228				1,250.00
--	--	--	--	----------

Multi-View Inc PO Box 2327 Hendersonville NC 28793				1,300.00
---	--	--	--	----------

Stewart Law Office PC PO Box 616 Norton VA 24273				1,512.50
---	--	--	--	----------

Jawhee LLC PO Box 616 Norton VA 24273				2,000.00
---	--	--	--	----------

Gulf South Medical Supplies PO Box 841968 Dallas TX 75284-1968				2,449.71
--	--	--	--	----------

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

John Marion Pharmacy 1724 Combs Road Pennington Gap VA 24277				2,633.00
Ricoh Amercas Corporation 21146 Network Place Chicago IL 60673-1211				2,935.28
RICOH Business Solutions PO Box 105533 Atlanta GA 30348				2,944.60
Heritage Hall Wise PO Box 1009 Wise VA 24293				3,220.84
Horizon Healthcare Management Inc c/o John Bagwell Esq PO Box 923 Grundy VA 24614				10,500.00
Hospice Pharmacia excelleRX Inc Box 510818 Philadelphia PA 19175-0818				20,840.11
Harold and Betty Armsey 28350 Yeo Neck Run Melfa VA 23410				25,646.00

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

Friendship Home  
Health Inc  
PO Box 2410  
Wise VA 24293

52,900.05

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, [the president or other officer or an authorized agent of the corporation] named as debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date 3/30/10

Signature /s/ Sherry Adams  
SHERRY ADAMS,  
President/CEO