

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF WASHINGTON		VOLUNTARY PETITION
Name of Debtor (if individual, enter Last, First, Middle): Evergreen Hematology & Oncology, P.S.		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):		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)/Complete EIN (if more than one, state all): 26-1339296		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): 309 E. Farwell Road #100 Spokane, Washington		Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE 99218		ZIP CODE
County of Residence or of the Principal Place of Business: SPOKANE		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box.) <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." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <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. <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.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). <hr style="border-top: 1px dashed black;"/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <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).

Statistical/Administrative Information										THIS SPACE IS FOR COURT USE ONLY
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <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.										
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" 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										
Estimated Assets <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										
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" 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										

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Evergreen Hematology & Oncology, P.S.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</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 type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit 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>X _____ Signature of Attorney for Debtor(s) (Date)</p>	
<p>Exhibit C</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>Exhibit D</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>Information Regarding the Debtor - Venue</p> <p>(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>Certification by a Debtor Who Resides as a Tenant of Residential Property</p> <p>(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: right;">_____ (Name of landlord that obtained judgment)</p> <p style="text-align: right;">_____ (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 with 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 <i>(This page must be completed and filed in every case.)</i>	Name of Debtor(s): Evergreen Hematology & Oncology, P.S.
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Signatures

<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
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<p style="text-align: center;">Signature of Attorney*</p> <p>X s/Kevin O'Rourke _____ Signature of Attorney for Debtor(s) Kevin O'Rourke _____ Printed Name of Attorney for Debtor(s) Southwell & O'Rourke, P.S. _____ Firm Name 421 W. Riverside Avenue, Suite 960 _____ Spokane, Washington 99201 _____ Address (509) 624-0159 _____ Telephone Number October 1, 2013 _____ Date</p> <p><small>*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.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ 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.)</p> <p>_____ Address</p> <p>X _____ Signature</p> <p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>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.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>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.</i></p>
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<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>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.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X s/Stephen P. Anthony DO _____ Signature of Authorized Individual Stephen P. Anthony DO _____ Printed Name of Authorized Individual Sole Officer, Director, and 100% Shareholder _____ Title of Authorized Individual October 1, 2013 _____ Date</p>	<p>_____ Address</p> <p>X _____ Signature</p> <p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>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.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>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.</i></p>
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United States Bankruptcy Court

Eastern District of Washington

In re: EVERGREEN HEMATOLOGY & ONCOLOGY, P.S.

Case No. _____
Chapter 11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, STEPHEN P. ANTHONY DO, declare under penalty of perjury that I am the sole officer, director, and 100% shareholder of Evergreen Hematology & Oncology, P.S. and that on October 1, 2013, the following resolution was duly adopted by the Board of Directors of this Corporation:

“Whereas, it is in the best interest of this Corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that STEPHEN P. ANTHONY DO, sole officer, director, and 100% shareholder of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case on behalf of the Corporation; and

Be It Further Resolved, that, STEPHEN P. ANTHONY DO, sole officer, director, and 100% shareholder of this Corporation, is authorized and directed in all bankruptcy proceedings on behalf of the Corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Corporation in connection with such bankruptcy case; and

Be It Further Resolved, that, STEPHEN P. ANTHONY DO, sole officer, director, and 100% shareholder of this Corporation, is authorized and directed to employ Southwell & O'Rourke, P.S. to represent the Corporation in such bankruptcy case.”

Executed on: 10/1/13

Signed: /s/ Stephen P. Anthony
STEPHEN P. ANTHONY DO, Sole
Officer, Director, and 100%
Shareholder

UNITED STATES BANKRUPTCY COURT
Eastern District of Washington

In re: **Evergreen Hematology & Oncology, P.S.**

Debtors

Case No. _____
Chapter **11** _____

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **October 1, 2013** _____

Signed: **s/Stephen P. Anthony DO** _____

Dated: _____

Signed: _____

EVERGREEN HEMATOLOGY & ONCOLOGY, P.S.
309 E. FARWELL ROAD #100
SPOKANE, WA 99218

KEVIN O'ROURKE
421 W. RIVERSIDE AVENUE, SUITE 960
SPOKANE, WA 99201

A-L COMPRESSED GASES, INC.
4230 E. TRENT AVENUE
SPOKANE, WA 99202

ALPHA IRB
1001 AVENIDA PICO SUITE C #497
SAN CLEMENTE, CA 92673

ALSCO
PO BOX 3084
SPOKANE, WA 99220

AMERICAN EXPRESS
PO BOX 650448
DALLAS, TX 75265-0448

ANDERSON, STACIE R.
11320 N. KATHY DRIVE
SPOKANE, WA 99218

ANTHONY, STEPHEN P.
21230 N. SADDLE MOUNTAIN LANE
COLBERT, WA 99005

ASD SPECIALTY HEALTHCARE, INC.
D/B/A ONCOLOGY SUPPLY
2801 HORACE SHEPARD DRIVE
DOTHAN, AL 36303

ASURIS
PO BOX 35022
SEATTLE, WA 98124-3500

BACHMEIER, MARCEY K.
10424 N. STANTON CT.
SPOKANE, WA 99208

BAXTER, JANET C.
3522 S. GLENROSE RD
SPOKANE, WA 99223

BAYER HEALTHCARE
100 GLOBAL VIEW DRIVE
WARRENDALE, PA 15086

BECKMAN COULTER, INC.
DEPT. CH 10164
PALATINE, IL 60055-0164

BECKMAN COULTER, INC.
PO BOX 169015
11800 SW 147TH AVENUE
MAIL CODE 42-B06
MIAMI, FL 33116-9015

BLACK BOX NETWORK SERVICES
DEPT LA 21578
PASADENA, CA 91185

BOWKER, TRACY
9710 W. OWNBY DR.
NINE MILE FALLS, WA 99026

BOZZI MEDIA
104 S FREYA #209
SPOKANE, WA 99202

BRACCO MEDICAL SYSTEMS
PO BOX 532411
CHARLOTTE, NC 28290-2411

CENTURY LINK
PO BOX 91155
SEATTLE, WA 98111-9255

CHOICE HEALTH LEASING
450 MAMARONECK AVENUE
HARRISON, NY 10528

CHOICE HEALTH LEASING
PO BOX 641419
PITTSBURGH, PA 15264-1419

CHOICE HEALTH LEASING (PO BOX 641419, PITTSBURGH, PENNSYLVANIA
1419)
PO BOX 641419
PITTSBURGH, PA 15264-1419

COLUMBIA STATE BANK
PO BOX 1757
TACOMA, WA 98401-1757

COUNTRY LIVING MAGAZINE
PO BOX 6093
HARLAN, IA 51593-1593

DANIEL F. JOHNSON
LEWIS BRACKIN FLOWERS & JOHNSON
265 W. MAIN STREET
DOTHAN, AL 36301

DAVIS, DIANE M.
4020 N. NETTLETON
SPOKANE, WA 99205

DEVRIES RECORDS MGMT
601 E. PACIFIC
SPOKANE, WA 99202

DONDERO, KATHERINE A.
1711 N. WALNUT ROAD
SPOKANE VALLEY, WA 99206

EGLESTON, DUQUESNE L.
6290 HWY 291
NINE MILE FALLS, WA 99026

EMERSON, CAROL J.
10212 E. TALLMAN ROAD
CHATTAROY, WA 99003

ETTER MCMAHON
618 W. RIVERSIDE, STE 210
SPOKANE, WA 99201

FEDEX
PO BOX 94515
PALATINE, IL 60094-4515

GE HEALTHCARE
PO BOX 640200
PITTSBURGH, PA 15264-0200

HALL, BRENDA C.
5112 N. FRUITHILL ROAD
SPOKANE, WA 99217

HARTFORD INSURANCE CO.
PO BOX 660916
DALLAS, TX 75266-0916

HELVETICKA
202 E. SPOKANE FALLS BLVD SUITE 303
SPOKANE, WA 99201

HENRY SCHEIN MEDICAL
2500 WESTCHESTER AVENUE
PURCHASE, NY 10577

HENRY SCHEIN-LAB ACCT
DEPT CH 14125
PALATINE, IL 60055-4125

HULTQUIST, DOROTHY L.
14502 N. FREYA
MEAD, WA 99021

MAJORS, SHANNA S.
1706 W. 14TH AVENUE
SPOKANE, WA 99204

MARTZALL, KRISTIE L.
PO BOX 7547
SPOKANE, WA 99207

MATSON, MELANIE J.
7413 N. JENSEN ROAD
SPOKANE, WA 99217

MCDIRMIID MIKKELSEN & SECREST, P.S.
926 W. SPRAGUE AVENUE, SUITE 300
SPOKANE, WA 99201-4000

MCKESSON MEDICAL
PO BOX 634404
CINCINNATI, OH 45263-4404

MCKESSON SPECIALTY
123 MISSION STREET 4TH FLOOR
SAN FRANCISCO, CA 94105

MCKESSON SPECIALTY CARE
DISTRIBUTION JOINT VENTURE, LP
15212 COLLECTIONS CTR
CHICAGO, IL 60693

MCKESSON SPECIALTY CARE
DISTRIBUTION JOINT VENTURE, LP
15212 COLLECTIONS CTR
CHICAGO, IL 60693

MORTLOCK, NANCY J.
1325 E. BLUE HERON COURT
SPOKANE, WA 99208

MORTON R. BRANZBURG
KLEHR HARRISON HARVEY BRANZBURG, LLP
1835 MARKET STREET
PHILADELPHIA, PA 19103

NEWTEK BUSINESS SERVICES, INC.
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WEST HEMPSTEAD, NY 11552

PAML
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PASSWORD
1303 W. FIRST SUITE 200
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PETNET SOLUTIONS
PO BOX 2714
CAROL STREAM, IL 60132-2714

PROFICIENCY TESTING SERVICE
205 W. LEVEE ST
BROWNSVILLE, TX 78520-5596

PROVIDENCE HEALTH & SERVICES
PO BOX 389672
SEATTLE, WA 98138-9672

PROVIDENCE HOLY FAMILY HOSPITAL
5633 N. LIDGERWOOD ST.
SPOKANE, WA 99208

PROVIDENCE SACRED HEART MEDICAL CENTER
PO BOX 2555
SPOKANE, WA 99220-2555

QUEST DIAGNOSTICS
PO BOX 91514
LOS ANGELES, CA 90074-1514

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MALVERN, PA 19355

RICOH AMERICAS CORPORATIONS
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WEST CALDWELL, NJ 07006

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WEST CALDWELL, NJ 07006

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SHAWEN, LISA C.
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ISELIN, NJ 08830

SIEMENS FINANCIAL SERVICES, INC.
170 WOOD AVENUE SOUTH
ISELIN, NJ 08830

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PASADENA, CA 91185-1536

SIEMENS MEDICAL SOLUTIONS USA, INC.
DEPT LA 21536
PASADENA, CA 91185-1536

SIEMENS MEDICAL SOLUTIONS USA, INC.
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ISSAQUAH, WA 98029

SMALL BUSINESS ADMINISTRATION
UNITED STATES OF AMERICA

SOUTHWEST DIAGNOSTIC IMAGING
2323 W. ROSE GARDEN
PHOENIX, AZ 85027

SOUTHWEST DIAGNOSTIC IMAGING #2
2323 W. ROSE GARDEN
PHOENIX, AZ 85027

SPECTRUM PHARMACEUTICALS
DEPT 3374
LOS ANGELES, CA 90084

STANG, HOWARD D.
7307 E. BIG MEADOWS ROAD
CHATTAROY, WA 99003

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
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OLYMPIA, WA 98507-1099

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SPOKANE, WA 99208

TACHELL, VICKI A.
5511 W. RIFLE CLUB ROAD
SPOKANE, WA 99208

TIM'S COMFORT PLUS
6507 E. MALLON
SPOKANE, WA 99212

UNITED HEALTH CARE
PO BOX 31362
SALT LAKE CITY, UT 84130

UNLIMITED SYSTEMS
8044 MONTGOMERY ROAD, SUITE 450
CINCINNATI, OH 45227

VARIAN MEDICAL SYSTEMS
70140 NETWORK PLACE
CHICAGO, IL 60673-1701

VYGON USA
PO BOX 8500-7426
PHILADELPHIA, PA 19178-7426

WALKER, PATRICIA L.
20430 N. LITTLE SPOKANE DRIVE
COLBERT, WA 99005

WANDERMERE ESTATES, LLC
12906 N. ADDISON ST.
SPOKANE, WA 99218

WANDERMERE ESTATES, LLC
12906 N. ADDISON ST.
SPOKANE, WA 99218

WASHINGTON DENTAL SERVICE
PO BOX 84885
SEATTLE, WA 98124-6185

WIEBER, WHITNEY L.
7527 N. ORCHARD PRAIRIE ROAD
SPOKANE, WA 99217

WITHERSPOON KELLEY DAVENPORT & TOOLE
422 W. RIVERSIDE AVENUE, SUITE 1100
SPOKANE, WA 99201-0300

ZDANOVEC, CAROL S.
38914 N. HATCH ROAD
DEER PARK, WA 99006

United States Bankruptcy Court

EASTERN DISTRICT OF WASHINGTON

In re

Evergreen Hematology & Oncology, P.S.

Case No. _____

Debtor

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 \$ _____

Prior to the filing of this statement I have received \$ _____

Balance Due \$ **0.00**

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 a other 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. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

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

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 proceedings.	
October 1, 2013 _____ <i>Date</i>	s/Kevin O'Rourke _____ Kevin O'Rourke <i>Signature of Attorney</i>
	Southwell & O'Rourke, P.S. _____ <i>Name of law firm</i>

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF WASHINGTON

In re: Evergreen Hematology & Oncology, P.S. Case No. _____
Debtor (if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, 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).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
Debtor:	
Current Year (2013): \$5,463,769.56	Gross Business Income/Sales through 9/30/13
Previous Year 1 (2012): \$7,534,522.82	Gross Business Income/Sales

Previous Year 2 (2011):
\$7,455,724.90

Gross Business Income/Sales

Joint Debtor:
N/A

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT
STILL OWING

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERS

AMOUNT
PAID OR
VALUE OF
TRANSFERS

AMOUNT
STILL
OWING

Debtor:
No unsecured creditors paid more than \$6,225.00
outside the ordinary course of business.

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

c. *All debtors*: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
---------------------------------------------------------	-----------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Debtor: ASD Specialty Healthcare, Inc. d/b/a Oncology Supply vs. Evergreen Hematology & Oncology, P.S. et al. Case Number:	Civil	Circuit Court, Houston County State of Alabama	Suit filed 8.21.13. Pending. No judgment entered.

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
------------------------------------------------------------------	-----------------	-----------------------------------

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------------	------------------------------------------------------------	-----------------------------------

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	-----------------------------------------

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	------------------------------------------------------	------------------	-----------------------------------------

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--------------------------------------------------	--------------------------------------	-----------------	-------------------------------------

Debtor:
See Attached

Value:

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------------	----------------------------------------------------------------------------------------------------------------	-----------------

9. Payments related to debt counseling or bankruptcy

11:20 AM
 07/25/13
 Cash Basis

Evergreen Hematology & Oncology, P.S.
Account QuickReport
 January 1 through July 25, 2013

Type	Date	Name	Memo	Paid Amount
Donations				
Bill	02/08/2013	Transition's Gate	Contribution	120.00
Bill	03/22/2013	Team Bosom Buddies	Contribution	200.00
Bill	03/22/2013	Transitions	Sponsorship for annual Golf Outing	750.00
Bill	06/18/2013	Chewelah Lady Golfer's Invitational	Donation for 2013 golf Tournament	50.00
Bill	06/24/2013	Cancer Patient Care	Sponsorship of LMBR 2013	500.00
	<i>August 2013</i>	<i>Coaches's Cancer</i>	<i>Sponsorship / ACS</i>	<i>500.00</i>
Total Donations				<u>1,620.00</u> <i>6620 Feb</i>
TOTAL				<u><u>1,620.00</u></u> <i>6620 Feb</i>

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---------------------------	-----------------------------------------------------	------------------------------------------------------

Debtor:
Southwell & O'Rourke, P.S.
421 W. Riverside Avenue, Suite 960
Spokane, WA 99201

See 2016 Disclosure

10. Other transfersNone

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
--------------------------------------------------------	------	--------------------------------------------------

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accountsNone

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
----------------------------------------------	---------------------------------------------------------------	-------------------------	---------------------------------------

13. SetoffsNone

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another personNone

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtorNone

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former SpousesNone

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 **eight years** 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.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites. "

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	------------------------------------------	-------------------	----------------------

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
------------------------------------------	---------------	--------------------------

18 . Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Debtor: Evergreen Hematology & Oncology, P.S.	/ 26-1339296	309 E. Farwell Road #100 Spokane, WA 99218	Medical oncology practice	Beginning Date: 9/8/2008 Ending Date: Present

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Debtor: McDirmid, Mikkelsen & Secrest, P.S. 926 W. Sprague Avenue, Suite 300 Spokane, WA 99201	2007 - Current
Sheryl Anthony 710 E. 23rd Avenue Spokane, WA 99203	9/2008 - 9/2012
Yolanda Jaeger	1/15/09 - 7/6/12
Brenda Hall 5112 N. Fruithill Road	7/23/2012 - 1/3/2013

Spokane, WA 99217

Jaret Baxter
3522 S. Glenrose ROad
Spokane, WA 99223

1/7/13 - Current

None

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

Debtor:
N/A

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
------	---------

Debtor:
N/A

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

Debtor:
Newtek Business Services, Inc.
60 Hempstead Avenue, 5th Floor
West Hempstead, NY 11552

7/23/13

Columbia State Bank
12812 N. Addison St.
Spokane, WA 99218

7/18/2013

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
-------------------	----------------------	---------------------------------------------------------------------------

Debtor:
N/A

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	------------------------------------------------------------

Debtor:
N/A

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
N/A		

None

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Stephen P. Anthony	President, Vice President, and Treasurer	100
Sheryl Anthony	Secretary	0

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
N/A		

None

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
Sheryl Anthony 710 E. 23rd Avenue Spokane, WA 99203	Former 50% Shareholder	7/5/11

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT,	DATE AND PURPOSE	AMOUNT OF MONEY OR DESCRIPTION
------------------------------	------------------	--------------------------------

RELATIONSHIP TO DEBTOR OF WITHDRAWAL AND VALUE OF PROPERTY

See attached.

Relationship to Debtor:

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION TAXPAYER-IDENTIFICATION NUMBER (EIN)

N/A

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND TAXPAYER-IDENTIFICATION NUMBER (EIN)

Fidelity Investments 26-1339296

* * * * *

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date October 1, 2013 Signature s/Stephen P. Anthony DO

Print Name Stephen P. Anthony DO, Sole Officer, and Title Director, and 100% Shareholder

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
EASTERN DISTRICT OF WASHINGTON

In re **Evergreen Hematology & Oncology, P.S.**

_____,
 Debtor

Case No. _____

Chapter _____

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			\$ 21,827.08		
B - Personal Property			\$ 459,732.69		
C - Property Claimed as Exempt					
D - Creditors Holding Secured Claims				\$ 3,432,566.15	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)				\$ 4,865.32	
F - Creditors Holding Unsecured Nonpriority Claims				\$ 521,468.37	
G - Executory Contracts and Unexpired Leases					
H - Codebtors					
I - Current Income of Individual Debtor(s)	NO				\$
J - Current Expenditures of Individual Debtors(s)	NO				\$
TOTAL		0	\$ 481,559.77	\$ 3,958,899.84	

In re Evergreen Hematology & Oncology, P.S.,
 Debtor

Case No. _____
 (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	Husband, Wife, Joint, or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Commercial Lease 309 E. Farwell Road #100 Spokane, WA 99218			\$21,827.08	\$21,827.08
Total ▶			\$21,827.08	

(Report also on Summary of Schedules.)

In re Evergreen Hematology & Oncology, P.S.,
 Debtor

Case No. _____
 (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply 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).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Deposits of Money Checking - \$630.00 Savings - \$0.00		\$630.00
		Southwell & O'Rourke, P.S. Trust Account		\$4,590.05
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

In re Evergreen Hematology & Oncology, P.S.,
 Debtor

Case No. _____
 (If known)

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

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).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Accounts Receivable (\$975,947.68, less contractual adjustment of 2/3, leaves)		\$325,312.64
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
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.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
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.		Potential Claim against Dr. Bill Martin and Jane Doe Martin		Unknown
		Potential Claim Against Yolanda Jaeger, f/k/a Yolanda Nagel, and Roger Jaeger		Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

In re Evergreen Hematology & Oncology, P.S.,

Debtor

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

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.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies..		Biograph 6 True Point Lease		\$70,000.00
		Office Equipment, Furnishings, and Supplies		\$15,000.00
		2 Office Copier Leases		\$23,000.00
		Beckman Coulter AC Diff Lease		\$1,200.00
29. Machinery, fixtures, equipment, and supplies used in business.		See 28 and 30		
30. Inventory.		Drugs, Office Supplies, and Medical Supplies		\$20,000.00
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Net Operating Loss (NOL) - \$746,749.00		Unknown

2 continuation sheets attached Total ►

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

\$459,732.69

In re Evergreen Hematology & Oncology, P.S.,
Debtor

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 \$155,675.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
NONE			

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Evergreen Hematology & Oncology, P.S., Case No. _____

Debtor

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the 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). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

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 <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	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	
ACCOUNT NO. ASD Specialty Healthcare, Inc. d/b/a Oncology Supply 2801 Horace Shepard Drive Dothan, AL 36303	X		Fourth lien on all personal property VALUE \$ \$454,514.48				\$359,881.17	\$0.00	
Additional Contacts for ASD Specialty Healthcare, Inc.:									
Morton R. Branzburg Klehr Harrison Harvey Branzburg, LLP 1835 Market Street Philadelphia, PA 19103									
ACCOUNT NO. Choice Health Leasing (PO Box 641419, Pittsburgh, Pennsylvania 15264-1419) PO Box 641419 Pittsburgh, PA 15264-1419	X		Beckman Coulter AC Diff Lease VALUE \$ \$1,200.00				\$1,200.54	\$0.54	
3 continuation sheets attached							Subtotal ► (Total of this page)	\$ 361,081.71	\$ 0.54
							Total ► (Use only on last page)	\$	\$

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

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	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
Additional Contacts for Choice Health Leasing (PO Box 641419, Pittsburgh, Pennsylvania 15264-1419): Choice Health Leasing 450 Mamaroneck Avenue Harrison, NY 10528								
ACCOUNT NO. Columbia State Bank PO Box 1757 Tacoma, WA 98401-1757	X		Second lien on chattel paper, accounts, inventory, general intangibles, equipment, furniture, fixtures, and instruments VALUE \$ 454,514.48				\$636,515.87	\$182,001.39
ACCOUNT NO. McKesson Specialty Care Distribution Joint Venture, LP 15212 Collections Ctr Chicago, IL 60693			Third lien on all personal property VALUE \$ 454,514.48				\$962,796.61	\$326,280.74
Additional Contacts for McKesson Specialty Care: McKesson Specialty 123 Mission Street 4th Floor San Francisco, CA 94105								
ACCOUNT NO. Newtek Business Services, Inc. 60 Hempstead Ave., 2nd Floor West Hempstead, NY 11552	X		First lien on chattel paper, accounts, equipment, furniture, and fixtures VALUE \$ 454,514.48				\$1,350,000.00	\$895,485.52

Sheet no. 1 of 3 continuation sheets attached to Schedule of Creditors Holding Secured Claims

Subtotal (s) ▶
(Total(s) of this page)

Total(s) ▶
(Use only on last page)

\$ 2,949,312.48	\$ 1,403,767.65
\$	\$

(Report also on Summary of Schedules.)

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

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
 (if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	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
Additional Contacts for Newtek Business Services, Inc.:								
Small Business Administration United States of America								
ACCOUNT NO. Ricoh Americas Corporations 5 Dedrick Place West Caldwell, NJ 07006			2 Office Copier Leases VALUE \$ 23,000.00				\$23,452.88	\$452.88
Additional Contacts for Ricoh Americas Corporations:								
Ricoh Americas Corporation 70 Valley Stream Parkway Malvern, PA 19355								
ACCOUNT NO. Siemens Financial Services, Inc. 170 Wood Avenue South Iselin, NJ 08830			Biograph 6 True Point Lease VALUE \$ 70,000.00				\$76,892.00	\$6,892.00
ACCOUNT NO. Wandermere Estates, LLC 12906 N. Addison St. Spokane, WA 99218			Commercial Lease 309 E. Farwell Road #100 Spokane, WA 99218 VALUE \$ 21,827.08				\$21,827.08	\$0.00

Sheet no. **2** of **3** continuation sheets attached to Schedule of Creditors Holding Secured Claims

Subtotal (s) ▶
 (Total(s) of this page)

 Total(s) ▶
 (Use only on last page)

\$	122,171.96	\$	7,344.88
\$		\$	

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

In re **Evergreen Hematology & Oncology, P.S.**,
 Debtor

Case No. _____
 (if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	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
ACCOUNT NO.							\$0.00	
			VALUE \$ \$0.00					

Sheet no. **3** of **3** continuation sheets attached to Schedule of Creditors Holding Secured Claims

Subtotal (s) ►
 (Total(s) of this page)

Total(s) ►
 (Use only on last page)

\$ 0.00	\$ 0.00
\$ 3,432,566.15	\$ 1,411,113.07

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

In re

Evergreen Hematology & Oncology, P.S. ,

Debtor

Case No. _____

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is 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).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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 \$12,475* 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).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Evergreen Hematology & Oncology, P.S. ,
Debtor

Case No. _____
(if known)

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* 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 \$2,775* 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).

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

8 continuation sheets attached

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Anderson, Stacie R. 11320 N. Kathy Drive Spokane, WA 99218			Wages				\$192.00	\$192.00	\$0.00
Account No.									
Anthony, Stephen P. 21230 N. Saddle Mountain Lane Colbert, WA 99005			Wages				\$1.00	\$1.00	\$0.00
Account No.									
Bachmeier, Marcey K. 10424 N. Stanton Ct. Spokane, WA 99208			Wages				\$110.00	\$110.00	\$0.00

Sheet no. 1 of 8 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals▶
(Totals of this page)

	\$ 303.00	\$ 303.00	\$ 0.00
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Total▶

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

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Totals▶

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

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In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Baxter, Janet C. 3522 S. Glenrose Rd Spokane, WA 99223			Wages				\$185.00	\$185.00	\$0.00
Account No.									
Bowker, Tracy 9710 W. Ownby Dr. Nine Mile Falls, WA 99026			Wages				\$119.00	\$119.00	\$0.00
Account No.									
Davis, Diane M. 4020 N. Nettleton Spokane, WA 99205			Wages				\$176.00	\$176.00	\$0.00

Sheet no. **2** of **8** continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals▶
(Totals of this page)

\$ **480.00** \$ **480.00** \$ **\$0.00**

Total▶

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$

Totals▶

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ \$

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Dondero, Katherine A. 1711 N. Walnut Road Spokane Valley, WA 99206			Wages				\$136.00	\$136.00	\$0.00
Account No.									
Egleston, DuQuesne L. 6290 HWY 291 Nine Mile Falls, WA 99026			Wages				\$288.00	\$288.00	\$0.00
Account No.									
Emerson, Carol J. 10212 E. Tallman Road Chattaroy, WA 99003			Wages				\$140.00	\$140.00	\$0.00

Sheet no. **3** of **8** continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals▶
(Totals of this page)

\$ **564.00** \$ **564.00** \$ **\$0.00**

Total▶

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$

Totals▶

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ \$

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Hall, Brenda C. 5112 N. Fruithill Road Spokane, WA 99217			Wages				\$307.76	\$307.76	\$0.00
Account No.									
Hultquist, Dorothy L. 14502 N. Freya Mead, WA 99021			Wages				\$236.00	\$236.00	\$0.00
Account No.									
Majors, Shanna S. 1706 W. 14th Avenue Spokane, WA 99204			Wages				\$512.88	\$512.88	\$0.00

Sheet no. **4** of **8** continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals▶
(Totals of this page)

	\$ 1,056.64	\$ 1,056.64	\$ 0.00
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Total▶

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

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Totals▶

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

		\$	\$
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In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Martzall, Kristie L. PO Box 7547 Spokane, WA 99207			Wages				\$144.00	\$144.00	\$0.00
Account No.									
Matson, Melanie J. 7413 N. Jensen Road Spokane, WA 99217			Wages				\$269.28	\$269.28	\$0.00
Account No.									
Mortlock, Nancy J. 1325 E. Blue Heron Court Spokane, WA 99208			Wages				\$272.00	\$272.00	\$0.00

Sheet no. **5** of **8** continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals▶
(Totals of this page)

\$ **685.28** \$ **685.28** \$ **\$0.00**

Total▶

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$

Totals▶

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$ \$

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Shawen, Lisa C. 413 E. Wild Rose Road Colbert, WA 99005			Wages				\$159.00	\$159.00	\$0.00
Account No.									
Stang, Howard D. 7307 E. Big Meadows Road Chattaroy, WA 99003			Wages				\$1,100.00	\$1,100.00	\$0.00
Account No.									
Stryd, Diane S. 7006 N. Tucannon Court Spokane, WA 99208			Wages				\$108.00	\$108.00	\$0.00
Subtotals▶ (Totals of this page)							\$ 1,367.00	\$ 1,367.00	\$0.00
Total▶ (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)							\$		
Totals▶ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								\$	\$

Sheet no. 6 of 8 continuation sheets attached to Schedule of Creditors Holding Priority Claims

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Tachell, Vicki A. 5511 W. Rifle Club Road Spokane, WA 99208			Wages				\$105.00	\$105.00	\$0.00
Account No.									
Walker, Patricia L. 20430 N. Little Spokane Drive Colbert, WA 99005			Wages				\$136.00	\$136.00	\$0.00
Account No.									
Wieber, Whitney L. 7527 N. Orchard Prairie Road Spokane, WA 99217			Wages				\$106.00	\$106.00	\$0.00

Sheet no. 7 of 8 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals▶
(Totals of this page)

\$	347.00	\$	347.00	\$	0.00
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Total▶
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$					
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Totals▶
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

		\$		\$	
--	--	----	--	----	--

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No. Zdanovec, Carol S. 38914 N. Hatch Road Deer Park, WA 99006			Wages				\$62.40	\$62.40	\$0.00

Sheet no. **8** of **8** continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals▶ (Totals of this page)	\$ 62.40	\$ 62.40	\$ 0.00
Total▶ <i>(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)</i>	\$ 4,865.32		
Totals▶ <i>(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)</i>		\$ 4,865.32	\$ 0.00

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is 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). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
A-L Compressed Gases, Inc. 4230 E. Trent Avenue Spokane, WA 99202							\$458.24
ACCOUNT NO.							
Alpha IRB 1001 Avenida Pico Suite C #497 San Clemente, CA 92673							\$600.00
ACCOUNT NO.							
AlSCO PO Box 3084 Spokane, WA 99220							\$3,154.58

Subtotal ▶ \$ **4,212.82**

Total ▶ \$

13 continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1000 American Express PO Box 650448 Dallas, TX 75265-0448							\$24,601.51
ACCOUNT NO. Asuris PO Box 35022 Seattle, WA 98124-3500							\$12,000.00
ACCOUNT NO. Bayer Healthcare 100 Global View Drive Warrendale, PA 15086							\$518.02
ACCOUNT NO. Beckman Coulter, Inc. Dept. CH 10164 Palatine, IL 60055-0164							\$2,000.00

Sheet no. 1 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **39,119.53**

Total▶
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Black Box Network Services Dept LA 21578 Pasadena, CA 91185							\$245.23
ACCOUNT NO.							
Bozzi Media 104 S Freya #209 Spokane, WA 99202							\$3,790.00
ACCOUNT NO.							
Bracco Medical Systems PO Box 532411 Charlotte, NC 28290-2411							\$187.59
ACCOUNT NO.							
Century Link PO Box 91155 Seattle, WA 98111-9255							\$130.81

Sheet no. 2 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **4,353.63**

Total ▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Choice Health Leasing PO Box 641419 Pittsburgh, PA 15264-1419							\$282.07
ACCOUNT NO.							
Country Living Magazine PO Box 6093 Harlan, IA 51593-1593							\$12.00
ACCOUNT NO.							
Daniel F. Johnson Lewis Brackin Flowers & Johnson 265 W. Main Street Dothan, AL 36301			Notice only				\$0.00
ACCOUNT NO.							
DeVries Records Mgmt 601 E. Pacific Spokane, WA 99202							\$35.00

Sheet no. 3 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **329.07**

Total ▶
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Etter McMahon 618 W. Riverside, Ste 210 Spokane, WA 99201							\$1,504.00
ACCOUNT NO.							
FedEx PO Box 94515 Palatine, IL 60094-4515							\$121.51
ACCOUNT NO.							
GE Healthcare PO Box 640200 Pittsburgh, PA 15264-0200							\$469.18
ACCOUNT NO.							
Hartford Insurance Co. PO Box 660916 Dallas, TX 75266-0916							\$1,056.47

Sheet no. 4 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ▶ \$ **3,151.16**

Total ▶
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Helveticka 202 E. Spokane Falls Blvd Suite 303 Spokane, WA 99201							\$6,179.38
ACCOUNT NO.							
Henry Schein Medical 2500 Westchester Avenue Purchase, NY 10577			Notice only				\$0.00
ACCOUNT NO.							
Henry Schein-Lab Acct Dept CH 14125 Palatine, IL 60055-4125							\$13,000.00
ACCOUNT NO.							
McDirmid Mikkelsen & Secret, P.S. 926 W. Sprague Avenue, Suite 300 Spokane, WA 99201-4000							\$9,668.49

Sheet no. 5 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **28,847.87**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
McKesson Medical PO Box 634404 Cincinnati, OH 45263-4404			Medical				\$9,516.66
ACCOUNT NO.							
PAML PO Box 2687 Spokane, WA 99220							\$500.00
ACCOUNT NO.							
Password 1303 W. First Suite 200 Spokane, WA 99201							\$255.25
ACCOUNT NO.							
PetNet Solutions PO Box 2714 Carol Stream, IL 60132-2714							\$45,272.32

Sheet no. 6 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **55,544.23**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Proficiency Testing Service 205 W. Levee St Brownsville, TX 78520-5596							\$1,034.00
ACCOUNT NO.							
Providence Health & Services PO Box 389672 Seattle, WA 98138-9672							\$3,798.11
ACCOUNT NO.							
Providence Holy Family Hospital 5633 N. Lidgerwood St. Spokane, WA 99208							\$200.00
ACCOUNT NO.							
Providence Holy Family Hospital 5633 N. Lidgerwood St. Spokane, WA 99208							\$110.00

Sheet no. 7 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **5,142.11**

Total▶ \$
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Providence Sacred Heart Medical Center PO Box 2555 Spokane, WA 99220-2555							\$275.00
ACCOUNT NO.							
Quest Diagnostics PO Box 91514 Los Angeles, CA 90074-1514							\$3,473.20
ACCOUNT NO.							
Relay Health PO Box 98347 Chicago, IL 60693-8347							\$686.52
ACCOUNT NO.							
Roche Diagnostics Mail Code 5021 PO Box 660367 Dallas, TX 75266							\$1,243.26

Sheet no. 8 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **5,677.98**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Additional Contacts for Roche Diagnostics:							
<p>Roche Diagnostics 201 4th Avenue North Suite 400 Nashville, TN 37219</p>							
ACCOUNT NO.							
<p>Sheryl Anthony 710 E. 23rd Avenue Spokane, WA 99203</p>	X		Co-Debtor				Unknown
<hr/>							
ACCOUNT NO.							
<p>Siemens Medical Solutions USA, Inc. Dept LA 21536 Pasadena, CA 91185-1536</p>							\$39,999.42
<hr/>							
Additional Contacts for Siemens Medical Solutions USA, Inc.:							
<p>Siemens Medical Solutions USA, Inc. 22010 SE 51st Street, 1st Floor Issaquah, WA 98029</p>							

Sheet no. 9 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **39,999.42**

Total▶
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Small Business Administration United States of America	X		See Newtek Business Services, Inc.'s claim.				\$0.00
ACCOUNT NO. Southwest Diagnostic Imaging 2323 W. Rose Garden Phoenix, AZ 85027							\$15,825.00
ACCOUNT NO. Southwest Diagnostic Imaging #2 2323 W. Rose Garden Phoenix, AZ 85027							\$22,297.10
ACCOUNT NO. Spectrum Pharmaceuticals Dept 3374 Los Angeles, CA 90084							\$115,395.84

Sheet no. 10 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **153,517.94**

Total▶
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
State of Washington Department of Health PO Box 1099 Olympia, WA 98507-1099							\$7,800.00
ACCOUNT NO.							
Stephen P. Anthony 21230 N. Saddle Mountain Lane Colbert, WA 99005	X		Equity Holder, Co-Debtor, and Loans				\$144,900.00
ACCOUNT NO.							
Stericycle PO Box 6578 Carol Stream, IL 60197-6578							\$219.47
ACCOUNT NO.							
Tim's Comfort Plus 6507 E. Mallon Spokane, WA 99212							\$1,099.88

Sheet no. 11 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **154,019.35**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
United Health Care PO Box 31362 Salt Lake City, UT 84130							\$1,363.50
ACCOUNT NO.							
Unlimited Systems 8044 Montgomery Road, Suite 450 Cincinnati, OH 45227							\$6,735.00
ACCOUNT NO.							
Varian Medical Systems 70140 Network Place Chicago, IL 60673-1701							\$15,761.52
ACCOUNT NO.							
Vygon USA PO Box 8500-7426 Philadelphia, PA 19178-7426							\$1,147.19

Sheet no. 12 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal▶ \$ **25,007.21**

Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re **Evergreen Hematology & Oncology, P.S.**,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Washington Dental Service PO Box 84885 Seattle, WA 98124-6185							\$1,073.15
ACCOUNT NO. Witherspoon Kelley Davenport & Toole 422 W. Riverside Avenue, Suite 1100 Spokane, WA 99201-0300							\$1,472.90

Sheet no. 13 of 13 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ► \$ **2,546.05**

Total ►
(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

\$ **521,468.37**

In re Evergreen Hematology & Oncology, P.S.,
Debtor

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 or 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.

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>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.</p>
<p>Siemens Financial Services, Inc. 170 Wood Avenue South Iselin, NJ 08830</p>	<p>Description: Debtor, as lessee, leases from Siemens Financial Services, Inc., as lessor, a 1 Biograph 6 True Point and all equipment related thereto as described in supplier's Quote #1-BN1TPC ("Imaging Machine") pursuant to a 63 month Leasing Schedule #16308 to that certain Master Equipment Lease Agreement dated August 18, 2008 with option to purchase at the fair market value of the Imaging Machine, requiring payments of \$19,223.00 per month. Lease expires on or about January 2, 2014, and is subject to renewal for 12 months effective January 2, 2014, pursuant to renewal dated on or about September 24, 2013.</p> <p>Nature of Debtor's Interest: Lessee</p>
<p>Ricoh Americas Corporations 5 Dedrick Place West Caldwell, NJ 07006</p>	<p>Description: Debtor, as lessee, leases from Ricoh Americas Corporation, as lessor, dated on or about May 21, 2013, for a Ricoh 40025P, paper feed cassette, bin tray, fax option, post script 3, Ricoh 301SPF, HDD option, paper feed unit, supplies, and maintenance, pursuant to a 60 month lease Order Agreement with option to purchase for the fair market value of the leased items, requiring payments in the sum of \$404.36 per month</p> <p>Nature of Debtor's Interest: Lessee</p>
<p>Wandermere Estates, LLC 12906 N. Addison St. Spokane, WA 99218</p>	<p>Description: Debtor, as lessee, leases from Wandermere Estate, LLC, as lessor, that real property commonly known as 309 E. Farwell Road #100, Spokane, Washington 99218, pursuant to a 5 year commercial property lease dated October 1, 2013, requiring payments in the sum of \$21,827.08 per month beginning October 1, 2013.</p> <p>Nature of Debtor's Interest: Lessee</p>

In re Evergreen Hematology & Oncology, P.S.,
Debtor

Case No. _____
 (if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>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.</p>
<p>Siemens Medical Solutions USA, Inc. Dept LA 21536 Pasadena, CA 91185-1536</p>	<p>Description: Debtor is a party to a service agreement with Siemens Medical Solutions USA, Inc. for the service of a 1 Biograph 6 True Point and all equipment related thereto, requiring monthly payments in the sum of \$13,333.00. Expires September, 2014.</p>
<p>McKesson Specialty Care Distribution Joint Venture, LP 15212 Collections Ctr Chicago, IL 60693</p>	<p>Description: Debtor is a party to a Service Agreement with McKesson Specialty Care Distribution Joint Venture, LP for the service of a Lynx Mobile (a cabinet used to secure and dispense drugs), requiring payments in the sum of \$298.00 per month.</p>
<p>Roche Diagnostics Mail Code 5021 PO Box 660367 Dallas, TX 75266</p>	<p>Description: Debtor is a party to a 36 month Service Agreement beginning September 27, 2013 with Roche Diagnostics Corporation for the service of Cabas C (III) with w/ISE (Lab Equipment) requiring an annual payment in the sum of \$4,050.00, beginning September 27, 2012 and terminating on September 27, 2013.</p>
<p>Bayer Healthcare 100 Global View Drive Warrendale, PA 15086</p>	<p>Description: Debtor is a party to a 1 year Service Agreement beginning September 17, 2013 with Bayer Healthcare for the service of a DCB-SCTD (a contrast dispensing unit for molecular imaging), requiring payments in the sum of \$3,640.00 per year.</p>
<p>Beckman Coulter, Inc. PO Box 169015 11800 SW 147th Avenue Mail Code 42-B06 Miami, FL 33116-9015</p>	<p>Description: Debtor is a party to a Service Agreement with Beckman Coulter for the service of a Beckman Coulter AC Diff, requiring two payments in the sum of \$5,820.00 ending on November 25, 2013, and subject to renewal for an additional year from November 26, 2013 to November 25, 2014.</p>
<p>Choice Health Leasing PO Box 641419 Pittsburgh, PA 15264-1419</p> <p>Choice Health Leasing 450 Mamaroneck Avenue Harrison, NY 10528</p>	<p>Description: Debtor, as lessee, leases from Choice Health Leasing, as lessor, a Beckman Coulter AC Diff, pursuant to a 61 month lease dated on or about August 19, 2008, requiring payments of \$600.27 per month with only two lease payments remaining, plus the option to purchase for \$1.00. Balance due \$282.07.</p> <p>Nature of Debtor's Interest: Lessee</p>

In re Evergreen Hematology & Oncology, P.S.,
Debtor

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>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.</p>
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In re Evergreen Hematology & Oncology, P.S.,
Debtor

Case No. _____
(if known)

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
Stephen P. Anthony 21230 N. Saddle Mountain Lane Colbert, WA 99005 Sheryl Anthony 710 E. 23rd Avenue Spokane, WA 99203	Columbia State Bank PO Box 1757 Tacoma, WA 98401-1757
Stephen P. Anthony 21230 N. Saddle Mountain Lane Colbert, WA 99005	ASD Specialty Healthcare, Inc. d/b/a Oncology Supply 2801 Horace Shepard Drive Dothan, AL 36303
Stephen P. Anthony 21230 N. Saddle Mountain Lane Colbert, WA 99005	Choice Health Leasing (PO Box 641419, Pittsburgh, Pennsylvania 15264-1419) PO Box 641419 Pittsburgh, PA 15264-1419
Stephen P. Anthony 21230 N. Saddle Mountain Lane Colbert, WA 99005 Sheryl Anthony 710 E. 23rd Avenue Spokane, WA 99203	Newtek Business Services, Inc. 60 Hempstead Ave., 2nd Floor West Hempstead, NY 11552
Stephen P. Anthony 21230 N. Saddle Mountain Lane Colbert, WA 99005 Sheryl Anthony 710 E. 23rd Avenue Spokane, WA 99203	Small Business Administration United States of America

1 KEVIN O'ROURKE
SOUTHWELL & O'ROURKE, P.S.
Attorneys at Law
2 960 Paulsen Center
W. 421 Riverside Avenue
3 Spokane, WA 99201
(509) 624-0159

4
5 UNITED STATES BANKRUPTCY COURT
6 IN AND FOR THE EASTERN DISTRICT OF WASHINGTON

7 In re:

8 **EVERGREEN HEMATOLOGY &
ONCOLOGY, P.S.,**

9
10 Debtor.

No.: **13-**

Chapter **11**

SCHEDULES I & J

11 Attached hereto and marked as Exhibit "A" is a true and correct copy of Debtor's
12 Profit and Loss statement for January through September, 2013.

13
14 DATED this 1st day of October, 2013.

15 EVERGREEN HEMATOLOGY &
16 ONCOLOGY, P.S.

17
18 BY: /s/ Stephen P. Anthony
STEPHEN P. ANTHONY DO, Sole
19 Officer, Director, and 100%
20 Shareholder

21
22
23
24
25 Schedules I & J-1

SOUTHWELL & O'ROURKE, P.S.
A PROFESSIONAL SERVICE CORPORATION
ATTORNEYS AT LAW
SUITE 960, PAULSEN CENTER
WEST 421 RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201
TELEPHONE (509) 624-0159

Evergreen Hematology & Oncology, P.S.
Profit & Loss
 January through September 2013

10/02/13

	Jan - Sep 13
Ordinary Income/Expense	
Income	
Professional Fees	
Administrative Fees	951.90
Insurance Checks	2,723,374.06
Insurance Refunds	-1,166.66
Medicare	2,447,451.76
Patient Assistance	701.20
Patient Payments	189,375.01
Patient Refunds	-9,020.11
Total Professional Fees	5,351,667.16
Research	112,102.40
Total Income	5,463,769.56
Cost of Goods Sold	
Chemotherapy	3,815,640.93
Total COGS	3,815,640.93
Gross Profit	1,648,128.63
Expense	
Advertising & Marketing	15,699.74
Bank and Credit Card Fees	1,814.70
Business Licenses	11,950.00
Computer Expense	
Internet Access	2,068.92
Small Hardware	1,185.57
Software	2,251.57
Support / IT Consulting	27,425.56
Computer Expense - Other	196.40
Total Computer Expense	33,128.02
Continuing Education	
CME Employees	4,903.42
Travel	175.00
Total Continuing Education	5,078.42
Donations	6,620.00
Dues and Subscriptions	322.45
Employee Benefits	
Cobra	44.00
Dental Insurance	6,593.20
Medical Insurance	65,739.93
Total Employee Benefits	72,377.13
Employee Mileage	187.69
Equipment Leases	
Choice (Chem)	4,567.43
PET / CT	173,007.00
Equipment Leases - Other	2,327.45
Total Equipment Leases	179,901.88
Insurance Expense	
Business Insurance	12,624.78
Malpractice Insurance	19,166.30
Insurance Expense - Other	-534.91
Total Insurance Expense	31,256.17
Laboratory Fees	11,474.69
Legal & Accounting	
Accounting	13,726.05
Asset Planning	1,270.05

Evergreen Hematology & Oncology, P.S.
Profit & Loss
 January through September 2013

10/02/13

	Jan - Sep 13
Legal	
Legal - Ongoing	9,292.50
Legal - Other	4,722.67
Total Legal	14,015.17
Legal & Accounting - Other	16,213.00
Total Legal & Accounting	45,224.27
Medical Supplies	
F-18 FDG	49,188.56
Linens	15,581.18
Oxygen	1,147.39
Medical Supplies - Other	254,704.63
Total Medical Supplies	320,621.76
Miscellaneous Expense	-5.00
Office Expense	
Communicatlons	3,682.28
Office Supplies	7,133.21
Postage and Delivery	2,660.12
Printing	-1,223.45
Office Expense - Other	629.78
Total Office Expense	18,328.84
Patlent Perks	3,918.12
Payroll Expenses	
Taxes	81,863.72
Wages	781,640.55
Payroll Expenses - Other	162.34
Total Payroll Expenses	863,666.61
Professional Services	
Consulting	2,426.28
Imaging	30,000.00
Locums Services	4,500.00
Professional Services - Other	720.00
Total Professional Services	37,646.28
Recruitment Expense	1,673.77
Rent Expense	165,384.38
Repairs and Maintenance	10,321.89
Research Expenses	10,641.49
Retirement Plan Contribution	21,952.36
Service Contracts	122,393.46
Taxes - B&O	58,667.96
Taxes - Property	2,883.29
Telephone and Cell Expenses	10,027.68
Wasted/Expired Medications	670.63
Total Expense	2,064,090.68
Net Ordinary Income	-415,952.05
Other Income/Expense	
Other Income	
Depreciation and Amortization	-87,760.00
Interest Expense	
Bank of Whitman Term Loan	-6,571.80
SBA Loan	-40,199.81
Interest Expense - Other	-16,266.32
Total Interest Expense	-63,037.93
Interest Income	0.16
Late Fee	-8,307.61
Total Other Income	-159,105.38

Evergreen Hematology & Oncology, P.S.

Profit & Loss

January through September 2013

10/02/13

	<u>Jan - Sep 13</u>
Other Expense	
Physician Comp & Fringes	
CME & Travel	
Continuing Education	760.00
Meals & Entertainment	519.30
Parking	30.00
Total CME & Travel	<u>1,309.30</u>
Dues, Subscriptions, Licenses	4,171.06
Malpractice	-1,764.00
Medical and Dental Insurance	15,109.55
Physicians Salary	124,850.00
Total Physician Comp & Fringes	<u>143,675.91</u>
Total Other Expense	<u>143,675.91</u>
Net Other Income	<u>-302,861.29</u>
Net Income	<u><u>-718,813.34</u></u>

In re **Evergreen Hematology & Oncology, P.S.**
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 39 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **October 1, 2013**

Signature: **s/Stephen P. Anthony DO**
Evergreen Hematology & Oncology, P.S. Debtor

Date _____

Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

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 by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

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 signed 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.

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

I, the **Stephen P. Anthony DO** [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the **See Attachment 2** [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 39 sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

Stephen P. Anthony DO
[Print or type name of individual signing on behalf of debtor.]
Sole Officer, Director, and 100% Shareholder

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

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Attachment

Attachment 1

39

Attachment 2

Evergreen Hematology & Oncology, P.S.