

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF WASHINGTON

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name PMO Care, PLLC

2. All other names debtor used in the last 8 years DBA Integra Health
Include any assumed names, trade names and FDBA PMO Care, LLC doing business as names

3. Debtor's federal Employer Identification Number (EIN) 26-0587868

4. Debtor's address Principal place of business 1215 120th AVE NE, Suite 201
Bellevue, WA 98005
Number, Street, City, State & ZIP Code
King
County
Mailing address, if different from principal place of business PO Box 3465
Bellevue, WA 98009-3465
P.O. Box, Number, Street, City, State & ZIP Code
Location of principal assets, if different from principal place of business
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.integra-hc.com

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

6213

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

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

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **PMO Care, PLLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 7, 2017**
MM / DD / YYYY

/s/ Jill G Franskousky
Signature of authorized representative of debtor

Title **CEO**

Jill G Franskousky
Printed name

18. Signature of attorney

/s/ Tuella O. Sykes
Signature of attorney for debtor

Date **April 7, 2017**
MM / DD / YYYY

Tuella O. Sykes
Printed name

Law Offices of Tuella O. Sykes
Firm name

**600 Stewart Street
Suite 1300
Seattle, WA 98101**
Number, Street, City, State & ZIP Code

Contact phone **206.721.0086** Email address **tos@tuellasykeslaw.com**

36179
Bar number and State

Fill in this information to identify the case:

Debtor name **PMO Care, PLLC**
 United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Banner Bank PO Box 907 Walla Walla, WA 99362		Credit card purchases	Disputed			\$4,221.30
Homestreet Bank 601 Union ST, Suite 2000 Seattle, WA 98101		All Inventory, Chattel Paper, Accounts, Equipment, Fixtures, Investment Property, Documents, Deposit Accounts, Letter of Creditor Rights, Supporting O	Disputed	\$896,566.97	\$0.00	\$896,566.97
Martin B Shultz 10505 248th AVE NE Redmond, WA 98053		Accounts; Chattel Paper; Inventory; Equipment; Fixtures; Instruments; Investment Property; Documents; Deposit Accounts; Letter of Credit Rights; Gener	Disputed	\$1,317,500.56	\$0.00	\$1,317,500.56
Umpqua Bank 1 SW Columbia ST Portland, OR 97258		Credit card purchases	Disputed			\$24,721.42

ALEX BUCHELE
7621 WEST GREEN LAKE DR N
SEATTLE, WA 98103

AMBER RILEY
4924 116TH PL SE
BELLEVUE, WA 98006

ARTHUR L MCFADDEN
C/O NORRIS & STEVENS
900 SW 5TH AVE, 17TH FL
PORTLAND, OR 97204

BANNER BANK
PO BOX 907
WALLA WALLA, WA 99362

CARL MOORE
401 TAYLOR AVE NW #6
RENTON, WA 98057

CHRISTINA OLIVER, MD
9735 SW SHADY LANE, SUITE 103
PORTLAND, OR 97233

EMPLOYMENT SECURITY DEPARTMENT
UI TAX ADMIN
PO BOX 9046
OLYMPIA, WA 98507

FIDELITY CAPITAL PARTNERS, LLC
C/O LCA BANK CORPORATION
3150 LIVEMOIS RD, SUITE 300
TROY, MI 48083

HOMESTREET BANK
601 UNION ST, SUITE 2000
SEATTLE, WA 98101

HUNTINGTON
MACQUARIE EQUIPMENT FINANCE
2285 FRANKLIN RD, SUITE 100
BLOOMFIELD HILLS, MI 48302

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

JASON WACHA
150 ROCKRIDGE RD
SAN CARLOS, CA 94070

JILL G FRANSKOUSKY
PO BOX 3465
BELLEVUE, WA 98009-3465

KAREN TINDALL
325 POPPY RD
BOTHELL, WA 98012

KENZI WIRKKALA
14411 SE 15TH ST
BELLEVUE, WA 98007

KHAMMONE WORKMAN
6617 88TH PL NE
MARYSVILLE, WA 98270

LCA BANK CORPORATION
3150 LIVEMOIS RD, SUITE 300
TROY, MI 48083

MARTIN B SHULTZ
10505 248TH AVE NE
REDMOND, WA 98053

MULTNOMAH FAMILY CARE CENTER
ATTN: KIRSTEN CARR, MD
4834 SW IOWA ST
PORTLAND, OR 97221

ONA CRUISE
603 NW 79TH ST
VANCOUVER, WA 98665

OREGON ST DEPT OF REVENUE
ODR BKC
955 CENTER NE #353
SALEM, OR 97301-2555

OREGON ST EMPLOYMENT DEPT
875 UNION ST NE
SALEM, OR 97311

PINE FOREST PROPERTIES, INC
11908 NE 24TH ST, SUITE 200
BELLEVUE, WA 98005

REBECCA BAY, MD
10526 NE 68TH ST, SUITE 100
KIRKLAND, WA 98033

ROBERT FRANSKOUSKY
PO BOX 3465
BELLEVUE, WA 98009-3465

SAMBORN HOEY
2100 LAKE WASHINGTON BLVD
#B106
RENTON, WA 98056

SELECT LAB PARTNERS
1100 REVOLUTION MILL DR, #1
GREENSBORO, NC 27405

SERENA GOLDSTEIN
15720 MANOR WAY L2
LYNNWOOD, WA 98087

THERMO FISHER SCIENTIFIC
168 THIRD AVE
WALTHAM, MA 02451

UMPQUA BANK
1 SW COLUMBIA ST
PORTLAND, OR 97258

VERONICA WASHINGTON
1215 120TH AVE NE #201
BELLEVUE, WA 98005

WASH ST DEPT OF L&I
PO BOX 44171
OLYMPIA, WA 98504-4171

WASH ST DEPT OF REVENUE
2101 4TH AVE #1400
SEATTLE, WA 98121-2300

**United States Bankruptcy Court
Western District of Washington**

In re PMO Care, PLLC

Debtor(s)

Case No. _____

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for PMO Care, PLLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

April 7, 2017

Date

/s/ Tuella O. Sykes

Tuella O. Sykes 36179

Signature of Attorney or Litigant

Counsel for **PMO Care, PLLC**

Law Offices of Tuella O. Sykes

600 Stewart Street

Suite 1300

Seattle, WA 98101

206.721.0086 Fax:206.721.0087

tos@tuellasykeslaw.com