

United States Bankruptcy Court Northern District of West Virginia

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Medical Rehab Services, Ltd
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) 55-0703778
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 1 Community Street Wheeling, WV ZIP Code 26003
Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: Ohio
County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): P.O. Box 2146 Wheeling, WV ZIP Code 26003
Mailing Address of Joint Debtor (if different from street address): ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box)
Nature of Business (Check one box)
Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
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)
Nature of Debts (Check one box)

Filing Fee (Check one box)
Chapter 11 Debtors
Check one box:
Check if:
Check all applicable boxes:

Statistical/Administrative Information
Debtor estimates that funds will be available for distribution to unsecured creditors.
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
Estimated Assets
Estimated Liabilities

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition

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

Name of Debtor(s):
Medical Rehab Services, Ltd

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
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Location Where Filed:	Case Number:	Date Filed:
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Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: Terrence and Tracey Mason	Case Number: 5:14-bk-00769	Date Filed: 7/08/14
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District: Northern District of West Virginia	Relationship: 100% owner of Med Reh Serv	Judge: Flatley
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Exhibit A

(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.)

Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

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 delivered to the debtor the notice required by 11 U.S.C. §342(b).

Signature of Attorney for Debtor(s) (Date)

Exhibit C

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?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

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.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

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

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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

Name of Debtor(s):

Medical Rehab Services, Ltd

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

Signatures

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

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

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

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

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

(Check only one box.)

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

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

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Salene R.M. Kraemer WV
Signature of Attorney for Debtor(s)

Salene R.M. Kraemer WV 10687
Printed Name of Attorney for Debtor(s)

MAZURKRAEMER BUSINESS LAW
Firm Name

3205 PENNSYLVANIA AVENUE
Weirton, WV 26062

Address

Email: SALENE@MAZURKRAEMER.COM

304-300-0593
Telephone Number

August 8, 2014
Date

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

Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

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

Address

X _____
Date

Date

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

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

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

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

Signature of Debtor (Corporation/Partnership)

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

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

X /s/ Terrence L. Mason
Signature of Authorized Individual

Terrence L. Mason
Printed Name of Authorized Individual

President Sole Shareholder
Title of Authorized Individual

August 8, 2014
Date

Date

**United States Bankruptcy Court
Northern District of West Virginia**

In re Medical Rehab Services, Ltd

Debtor(s)

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
American Electric Power 1 Riverside Plaza Columbus, OH 43215-2372	American Electric Power 1 Riverside Plaza Columbus, OH 43215-2372	electrical services re: Camelot		5,016.62
Brick Street Insurance 400 Quarrier Street Charleston, WV 25301	Brick Street Insurance 400 Quarrier Street Charleston, WV 25301	insurance		7,800.00
Cap One PO Box 85520 Richmond, VA 23285	Cap One PO Box 85520 Richmond, VA 23285	credit card		10,634.00
City of Wheeling B&O Taxes City-County Building 1500 Chapline Street Wheeling, WV 26003	City of Wheeling B&O Taxes City-County Building 1500 Chapline Street Wheeling, WV 26003	B.O. Taxes Camelot, LLC and Medical Rehabilitative Services, Ltd.	Disputed	35,800.00
City of Wheeling Fire Service Fee 1500 Chapline Street Rm. 115 Wheeling, WV 26003-3553	City of Wheeling Fire Service Fee 1500 Chapline Street Rm. 115 Wheeling, WV 26003-3553	Ohio County, WV Fire Service Fee	Disputed	13,792.61
Digital Connections 452 Casteel Road Bruceton Mills, WV 26525	Digital Connections 452 Casteel Road Bruceton Mills, WV 26525	Service at Medical Rehabilitative Services		3,298.65
Green Tree Servicing 332 Minnesota St., Ste. 610 Saint Paul, MN 55101	Green Tree Servicing 332 Minnesota St., Ste. 610 Saint Paul, MN 55101	deficiency from loan for double wide	Disputed	11,784.00
IRS 162 West Chestnut St. Washington, PA 15301	IRS 162 West Chestnut St. Washington, PA 15301	Camelot (735,145); Med Reh Service (348,856)	Disputed	1,084,000.52
Johnson Boiler Works 53 Marshall Street N. Benwood, WV 26031	Johnson Boiler Works 53 Marshall Street N. Benwood, WV 26031			2,600.00
LVNV Funding c/o Resurgent Capi PO Box 10497 MS Greenville, SC 29603	LVNV Funding c/o Resurgent Capi PO Box 10497 MS Greenville, SC 29603	Citibank		11,764.00

B4 (Official Form 4) (12/07) - Cont.

In re Medical Rehab Services, Ltd

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Marling Leasing PO Box 13604 Philadelphia, PA 19101-3604	Marling Leasing PO Box 13604 Philadelphia, PA 19101-3604			1,603.63
Mountaineer Gas 916 South 14th Street PO Box 988 Harrisburg, PA 17108	Mountaineer Gas 916 South 14th Street PO Box 988 Harrisburg, PA 17108	gas services		2,216.85
Nationwide Insurance Payment Processing Center-27 PO Box 55126 Boston, MA 02205-5126	Nationwide Insurance Payment Processing Center-27 PO Box 55126 Boston, MA 02205-5126	Insurance		1,525.59
Ohio County, WV Personal Prop. Tax Ohio County Sherriff Tax Office 1500 Chapline Street PO Box 188 Wheeling, WV 26003	Ohio County, WV Personal Prop. Tax Ohio County Sherriff Tax Office 1500 Chapline Street Wheeling, WV 26003	Ohio County, WV Personal Prop. Tax 75K is for Camelot, rest is for Med Rehab Serv	Disputed	82,500.00
Ohio County, WV Real Estate Taxes Ohio County Sheriff Tax Office 1500 Chapline Street PO Box 188 Wheeling, WV 26003	Ohio County, WV Real Estate Taxes Ohio County Sheriff Tax Office 1500 Chapline Street Wheeling, WV 26003	Real estate taxes	Disputed	28,103.66
State of Ohio BWC Insurance Fund Corporate Processing Dept. Columbus, OH 43271-0977	State of Ohio BWC Insurance Fund Corporate Processing Dept. Columbus, OH 43271-0977	Ohio Workers Comp Taxes	Disputed	7,811.22
State of Ohio Dept. of Taxation PO Box 347 Columbus, OH 43216-0347	State of Ohio Dept. of Taxation PO Box 347 Columbus, OH 43216-0347	Ohio Employer Withholding Taxes	Disputed	38,074.32
State of West Virginia - Sales Tax State Tax Dept. Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003	State of West Virginia - Sales Tax State Tax Dept. Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003	Sales Tax	Disputed	113,672.59
State of West Virginia Sales & Use Tax State Tax Dept. Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003	State of West Virginia Sales & Use Tax State Tax Dept. Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003	Combined Sales & Use Tax	Disputed	128,865.02

B4 (Official Form 4) (12/07) - Cont.

In re Medical Rehab Services, Ltd

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
State of West Virginia Withholding State Tax Dept, Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003	State of West Virginia Withholding State Tax Dept, Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003	WV Withholding Camelot (35K, rest is Med Rehab Serv)	Disputed	220,552.61

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

I, the President Sole Shareholder of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date August 8, 2014Signature /s/ Terrence L. Mason**Terrence L. Mason****President Sole Shareholder**

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.

United States Bankruptcy Court
Northern District of West Virginia

In re Medical Rehab Services, Ltd
 Debtor

Case No. _____

Chapter 11

SUMMARY OF SCHEDULES

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

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	2,200,000.00		
B - Personal Property	Yes	4	78,360.00		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	2		1,984,198.63	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		1,753,172.55	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		64,010.32	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	3			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		19			
Total Assets			2,278,360.00		
Total Liabilities				3,801,381.50	

**United States Bankruptcy Court
Northern District of West Virginia**

In re Medical Rehab Services, Ltd
Debtor

Case No. _____
Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re Medical Rehab Services, Ltd Case No. _____
 Debtor

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 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
Restaurant/Rehab Center 1 Community Street Wheeling, WV 26003	possessory interest only	-	2,200,000.00	1,984,198.63
Parking Lot connected to rehab center 1 Community Street Wheeling, WV 26003	possessory interest only	-	Unknown	0.00

Sub-Total > **2,200,000.00** (Total of this page)
 Total > **2,200,000.00**
 (Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re Medical Rehab Services, Ltd

Case No. _____

Debtor

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 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 petitioner 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.		United Bank 21 12th Street, Wheeling, WV 26003 8777 (MRS) 5496 (MRS accounts payable)	-	50.00
		PNC Bank, 30 S. 4th Street Martins Fery, Ohio 43935 4382 (MRS)	-	10.00
		Huntington Bank 980 National Road Wheeling, WV 26003 0186 (MRS Checking)	-	Unknown
3. Security deposits with public utilities, telephone companies, landlords, and others.		Water (\$100); Mountaineer Gas (\$200); AEP (\$200), etc.	-	500.00
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			
Sub-Total >				560.00
(Total of this page)				

3 continuation sheets attached to the Schedule of Personal Property

In re Medical Rehab Services, Ltd, Debtor Case No. _____

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON 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
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			
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.		Billing receivables from Medical Rehab. Services, LLC (100% owned by Terry Mason) 1 Community Street Wheeling WV 26003 most over 120 days old	-	40,000.00
		Indirect interest Billing receivables from Trans Medical Rehab. Services, LLC (90% owned by Tracey Mason) 1 Community Street Wheeling WV 26003	-	10,000.00
		services rendered pursuant to OVMC Independent Contractor Agreement Location: 113 Bello Vedere, Wheeling WV 26003	-	21,800.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
			Sub-Total >	71,800.00
			(Total of this page)	

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re Medical Rehab Services, Ltd Case No. _____
 Debtor

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

Type of Property	NON 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
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.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
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.		Patient lists of Medical Rehabilitative Services	-	Unknown
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Ford Ranger Location: 113 Bello Vedere, Wheeling WV 26003 necessary for the rehab center (titled in name of Terry Mason)	-	6,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
			Sub-Total >	6,000.00
			(Total of this page)	

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

In re Medical Rehab Services, Ltd, Case No. _____
 Debtor

SCHEDULE B - PERSONAL PROPERTY
 (Continuation Sheet)

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
29. Machinery, fixtures, equipment, and supplies used in business.		clinic equipment; computers for 30 offices; gym and sports equipment in two gyms; physical therapy tools; patient treatment room equipment; office furniture, restaurant furnishings Location: 1 Community Street, Wheeling WV 26003 (20 years old) (not clear if assets of Camelot, LLC, Debtor, or the Masons)	-	Unknown
30. Inventory.	X			
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.	X			

Sub-Total >	0.00
(Total of this page)	
Total >	78,360.00

(Report also on Summary of Schedules)

Sheet 3 of 3 continuation sheets attached to the Schedule of Personal Property

In re Medical Rehab Services, Ltd

Case No. _____

Debtor

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 a creditor, 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" 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" 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 ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H W J C	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No.	X -	First Mortgage						1,491,316.12	0.00
Enterprise Bank Mount Royal Blvd Pittsburgh, PA 15223		Restaurant/Rehab Center 1 Community Street Wheeling, WV 26003							
		Value \$ 2,200,000.00							
Account No.	X -	Second Mortgage						492,882.51	0.00
Enterprise Bank Mount Royal Blvd Pittsburgh, PA 15223		Restaurant/Rehab Center 1 Community Street Wheeling, WV 26003							
		Value \$ 2,200,000.00							
Account No.	-	Billing receivables from Medical Rehab. Services, LLC (100% owned by Terry Mason) 1 Community Street Wheeling WV 26003 most over 120 days old						0.00	0.00
Enterprise Bank									
		Value \$ 40,000.00							
Account No.	-	services rendered pursuant to OVMC Independent Contractor Agreement Location: 113 Bello Vedere, Wheeling WV 26003						0.00	0.00
Enterprise Bank									
		Value \$ 21,800.00							
Subtotal								1,984,198.63	0.00
(Total of this page)									

1 continuation sheets attached

In re Medical Rehab Services, Ltd
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R H W J C	Husband, Wife, Joint, or Community			A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N , I F A N Y
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D		
Account No. Enterprise Bank	-	clinic equipment; computers for 30 offices; gym and sports equipment in two gyms; physical therapy tools; patient treatment room equipment; office furniture, restaurant furnishings Location: 1 Community Street, Wheeling WV 26003 (20 years o			0.00	Unknown
Value \$		Unknown				
Account No. IRS	-	Billing receivables from Medical Rehab. Services, LLC (100% owned by Terry Mason) 1 Community Street Wheeling WV 26003 most over 120 days old			0.00	0.00
Value \$		40,000.00				
Account No. IRS	-	services rendered pursuant to OVMC Independent Contractor Agreement Location: 113 Bello Vedere, Wheeling WV 26003			0.00	0.00
Value \$		21,800.00				
Account No.						
Value \$						
Account No.						
Value \$						
Subtotal (Total of this page)					0.00	0.00
Total (Report on Summary of Schedules)					1,984,198.63	0.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re Medical Rehab Services, Ltd Case No. _____
Debtor

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).

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).

* 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 Medical Rehab Services, Ltd,
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. City of Wheeling B&O Taxes City-County Building 1500 Chapline Street Wheeling, WV 26003		-	B.O. Taxes Camelot, LLC and Medical Rehabilitative Services, Ltd.			X	35,800.00	0.00 35,800.00
Account No. City of Wheeling Fire Service Fee 1500 Chapline Street Rm. 115 Wheeling, WV 26003-3553		-	Ohio County, WV Fire Service Fee			X	13,792.61	0.00 13,792.61
Account No. IRS 162 West Chestnut St. Washington, PA 15301	X	-	2007 to date Camelot (735,145); Med Reh Service (348,856)			X	1,084,000.52	0.00 1,084,000.52
Account No. Ohio County, WV Personal Prop. Tax Ohio County Sherriff Tax Office 1500 Chapline Street PO Box 188 Wheeling, WV 26003	X	-	2007 to present Ohio County, WV Personal Prop. Tax 75K is for Camelot, rest is for Med Rehab Serv			X	82,500.00	0.00 82,500.00
Account No. Ohio County, WV Real Estate Taxes Ohio County Sheriff Tax Office 1500 Chapline Street PO Box 188 Wheeling, WV 26003	X	-	Real estate taxes			X	28,103.66	0.00 28,103.66
Subtotal							1,244,196.79	0.00 1,244,196.79
(Total of this page)							1,244,196.79	1,244,196.79

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re Medical Rehab Services, Ltd
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. State of Ohio BWC Insurance Fund Corporate Processing Dept. Columbus, OH 43271-0977	X	-	Ohio Workers Comp Taxes			X	7,811.22	0.00
							7,811.22	7,811.22
Account No. State of Ohio Dept. of Taxation PO Box 347 Columbus, OH 43216-0347	X	-	Ohio Employer Withholding Taxes			X	38,074.32	0.00
							38,074.32	38,074.32
Account No. State of West Virginia - Sales Tax State Tax Dept. Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003	X	-	2007 to date for Camelot Sales Tax			X	113,672.59	0.00
							113,672.59	113,672.59
Account No. State of West Virginia Sales & Use Tax State Tax Dept. Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003	X	-	2007 to present for Camelot Combined Sales & Use Tax			X	128,865.02	0.00
							128,865.02	128,865.02
Account No. State of West Virginia Withholding State Tax Dept, Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003	X	-	WV Withholding Camelot (35K, rest is Med Rehab Serv)			X	220,552.61	0.00
							220,552.61	220,552.61

Sheet 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page) **508,975.76** **0.00**
508,975.76

Total
(Report on Summary of Schedules) **1,753,172.55** **0.00**
1,753,172.55

In re Medical Rehab Services, Ltd Case No. _____
 Debtor

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 (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. American Electric Power 1 Riverside Plaza Columbus, OH 43215-2372	X	-					5,016.62
Account No. Brick Street Insurance 400 Quarrier Street Charleston, WV 25301	X	-					7,800.00
Account No. 5178***** Cap One PO Box 85520 Richmond, VA 23285	-						10,634.00
Account No. 5401**** Cap One PO Box 85520 Richmond, VA 23285	-						85.00
Subtotal (Total of this page)							23,535.62

4 continuation sheets attached

In re Medical Rehab Services, Ltd, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx9701** Cap One 26525 N. Riverwoods Blvd Lake Forest, IL 60045							130.00
Account No. xxxx9900*** Cap One PO Box 85520 Richmond, VA 23285							121.00
Account No. 2765***** Credit Coll/USA 16 Distributor Dr., Ste. 1 Morgantown, WV 26501	X	-					0.00
Account No. xxxx1189 Digital Connections 452 Casteel Road Bruceton Mills, WV 26525	X	-					3,298.65
Account No. x3773**** Erie Insurance 100 Erie Insurance Plaza Erie, PA 16530	X	-					1,404.69
Subtotal (Total of this page)							4,954.34

Sheet no. 1 of 4 sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

In re Medical Rehab Services, Ltd, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
Account No. 3747**** First National Collect 610 Waltham Way Sparks, NV 89434	X -		10/2011 DirectTV				326.00	
Account No. 5731**** Green Tree Servicing 332 Minnesota St., Ste. 610 Saint Paul, MN 55101	-		7/1996 deficiency from loan for double wide			X	11,784.00	
Account No. x2327 H.E. Neuman PO Box 6208 Wheeling, WV 26003	X -		131/2014				1,466.83	
Account No. x5621 J.C. Mensore Distribution, Inc. 134 North Bridge Street New Martinsville, WV 26155	X -		April 2011 to Jan 2014				487.30	
Account No. Johnson Boiler Works 53 Marshall Street N. Benwood, WV 26031	-						2,600.00	
Sheet no. <u>2</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	16,664.13

In re Medical Rehab Services, Ltd, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. xxxxxxxx2311**** LVNV Funding c/o Resurgent Capi PO Box 10497 MS Greenville, SC 29603			7/2008 Citibank				11,764.00	
Account No. xx4448 Marling Leasing PO Box 13604 Philadelphia, PA 19101-3604	X	-					1,603.63	
Account No. xxx4646**** Mountaineer Gas 916 South 14th Street PO Box 988 Harrisburg, PA 17108	X	-	11/2013 gas services				2,216.85	
Account No. Nationwide Insurance Payment Processing Center-27 PO Box 55126 Boston, MA 02205-5126		-	Insurance				1,525.59	
Account No. xxx-2204**** SimplexGrinnell Dept. CH 10320 Palatine, IL 60055-0320	X	-	2/3/2014 repair services for sprinkler				1,257.77	
Sheet no. <u>3</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	18,367.84

In re Medical Rehab Services, Ltd, Case No. _____
 Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. Waller Pools and Spas PO Box 6131 1718 Eoff Street Wheeling, WV 26003	X -		pool maintenance at Medical Rehabilitative Services			488.39	
Account No.							
Account No.							
Account No.							
Account No.							
Sheet no. <u>4</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) Total (Report on Summary of Schedules)	488.39 64,010.32

In re Medical Rehab Services, Ltd, Case No. _____
Debtor

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.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
OVMC Independent HMO Contract 220 Eoff Street Wheeling, WV 26003	independent contract for the services of Terry Mason through Debtor (under negotiation)

0

_____ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re Medical Rehab Services, Ltd

Case No. _____

Debtor

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 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
Camelot, LLC 1 Community Street Wheeling, WV 26003	IRS 162 West Chestnut St. Washington, PA 15301
Camelot, LLC 1 Community Street Wheeling, WV 26003	Ohio County, WV Personal Prop. Tax Ohio County Sherriff Tax Office 1500 Chapline Street PO Box 188 Wheeling, WV 26003
Camelot, LLC 1 Community Street Wheeling, WV 26003	Ohio County, WV Real Estate Taxes Ohio County Sheriff Tax Office 1500 Chapline Street PO Box 188 Wheeling, WV 26003
Camelot, LLC 1 Community Street Wheeling, WV 26003	State of Ohio BWC Insurance Fund Corporate Processing Dept. Columbus, OH 43271-0977
Camelot, LLC 1 Community Street Wheeling, WV 26003	State of Ohio Dept. of Taxation PO Box 347 Columbus, OH 43216-0347
Camelot, LLC 1 Community Street Wheeling, WV 26003	State of West Virginia - Sales Tax State Tax Dept. Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003
Camelot, LLC 1 Community Street Wheeling, WV 26003	State of West Virginia Sales & Use Tax State Tax Dept. Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003
Camelot, LLC 1 Community Street Wheeling, WV 26003	State of West Virginia Withholding State Tax Dept, Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003
Camelot, LLC 1 Community Street Wheeling, WV 26003	J.C. Mensore Distribution, Inc. 134 North Bridge Street New Martinsville, WV 26155
Camelot, LLC 1 Community Street Wheeling, WV 26003	Erie Insurance 100 Erie Insurance Plaza Erie, PA 16530

In re **Medical Rehab Services, Ltd**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Camelot, LLC 1 Community Street Wheeling, WV 26003	SimplexGrinnell Dept. CH 10320 Palatine, IL 60055-0320
Camelot, LLC 1 Community Street Wheeling, WV 26003	American Electric Power 1 Riverside Plaza Columbus, OH 43215-2372
Medical Rehab Services, Ltd 1 Community St Wheeling, WV 26003	Marling Leasing PO Box 13604 Philadelphia, PA 19101-3604
Medical Rehab Services, Ltd 1 Community St Wheeling, WV 26003	H.E. Neuman PO Box 6208 Wheeling, WV 26003
Medical Rehabilitative Services 1 Community Street Wheeling, WV 26003	Waller Pools and Spas PO Box 6131 1718 Eoff Street Wheeling, WV 26003
Medical Rehabilitative Services 1 Community Street WV 26603	Digital Connections 452 Casteel Road Bruceton Mills, WV 26525
Medical Rehabilitative Services 1 Community Street Wheeling, WV 26003	Credit Coll/USA 16 Distributor Dr., Ste. 1 Morgantown, WV 26501
Medical Rehabilitative Services 1 Community Street Wheeling, WV 26003	First National Collect 610 Waltham Way Sparks, NV 89434
Medical Rehabilitative Services 1 Community Street Wheeling, WV 26003	Mountaineer Gas 916 South 14th Street PO Box 988 Harrisburg, PA 17108
Terrence and Tracey Mason 115 Bello Vedere Wheeling, WV 26003	State of West Virginia Withholding State Tax Dept, Compliance Division 40-14th Street Suite 101 Wheeling, WV 26003
Terrence and Tracey Mason 113 Bello Vedere Wheeling, WV 26003	IRS 162 West Chestnut St. Washington, PA 15301
Terrence and Tracy Mason 115 Bello Vedere Wheeling, WV 26003	Brick Street Insurance 400 Quarrier Street Charleston, WV 25301

Sheet 1 of 2 continuation sheets attached to the Schedule of Codebtors

In re Medical Rehab Services, Ltd, Case No. _____
Debtor

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Terrence L. Mason 113 Bello Vedere Wheeling, WV 26003	Enterprise Bank Mount Royal Blvd Pittsburgh, PA 15223
Terrence L. Mason 113 Bello Vedere Wheeling, WV 26003	Enterprise Bank Mount Royal Blvd Pittsburgh, PA 15223

**United States Bankruptcy Court
Northern District of West Virginia**

In re Medical Rehab Services, Ltd

Debtor(s)

Case No. _____

Chapter 11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President Sole Shareholder of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date August 8, 2014

Signature /s/ Terrence L. Mason

**Terrence L. Mason
President Sole Shareholder**

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.

**United States Bankruptcy Court
Northern District of West Virginia**

In re Medical Rehab Services, Ltd

Debtor(s)

Case No.

Chapter 11

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; 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; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

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
\$494,743.00	2012: \$494,743 (gross profit from business); \$180,000 (rents)
\$210,000.00	2014 YTD: 210,000
\$445,000.00	2013: Estimated \$445,000 (gross income from business); \$180,000 (rents)

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, or 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
\$7,000.00	2013/14: Debtor Mom

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AMOUNT	SOURCE
\$10,000.00	2013/14: Debtor Sister
\$5,000.00	2013/14: Debtor Sister
\$5,000.00	2013/14: Debtor Mom/Dad
\$20,000.00	2013/14: Debtor Son
\$180,000.00	2012: \$180,000 rents from Ohio Valley Medical Center
\$180,000.00	2013: \$180,000 (rents from Ohio Valley Medical Center)
\$45,000.00	2014: \$45,000 (rents from Ohio Valley Medical Center)

3. Payments to creditors

None **Complete a. or b., as appropriate, and c.**

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
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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
Enterprise Bank	various; some were levies	\$0.00	\$0.00
Internal Revenue Service	various; some were levies	\$0.00	\$0.00

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
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* 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.

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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 Acquired Capital I, LP vs. Medical Rehabilitative Services, Ltd. and Terrence L. Mason	NATURE OF PROCEEDING cause of action arising out of default on loan (over \$225,425)	COURT OR AGENCY AND LOCATION Circuit Court Ohio County, West Virginia	STATUS OR DISPOSITION pending
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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 Internal Revenue Service	DATE OF SEIZURE Dec, 4, 2014 to May 9, 2014	DESCRIPTION AND VALUE OF PROPERTY Accounts Receivable directly from patients, insurance companies, Bank Accounts Amount unknown
Enterprise Bank	since 2012	seize accounts receivable and assignment of rents

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
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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
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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
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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
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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
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9. Payments related to debt counseling or bankruptcy

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 the 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
MAZURKRAMER BUSINESS LAW 3205 Pennsylvania Avenue Weirton, WV 26062	\$1700 August 5, 2014	\$1700

10. Other transfers

None 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
Trans Medical Services 1 Community Street Wheeling, WV 26003 affiliate of the Debtor	Spring 2014	Trans Medical is using the equipment and space once occupied by the Debtor in order to keep the physical therapy services as a going concern to pay back creditors

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 accounts

None 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
United Bank 21 12th Street Wheeling, WV 26003	MRS checking account 5477 Camelot Checking 1555 Camelot Checking 2025	2014

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
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13. Setoffs

None 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 person

None 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
Trans Medical Services, LLC 1 Community Street Wheeling, WV 26003	Debtor may be in control or possession of all assets of Trans Medical Services, to the extent title has been deemed transferred	1 Community Street, Wheeling, WV 26003
Camelot, LLC 1 Community St Wheeling, WV 26003	tables, equipments, linens	1 Community Street, Wheeling, WV 26003
Terry and Tracey Mason 113 Bello Vedere Wheeling, WV 26003	Debtor is in possession or control of assets of the Masons located at 1 Community Street, Wheeling. It is unclear which assets are the Masons and which are the Debtor's.	

15. Prior address of debtor

None If the 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 Spouses

None 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
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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
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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.

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	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME	55-0703778	1 Community Street P.O. Box 2146 Wheeling, WV 26003	Physical Therapy Terry Mason, CEO (100% owner)	2014 stopped operating
Medical Rehab Services, Ltd.				

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

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
Seachrist, Kennor, Marling 21 Wardew Run Road Wheeling, WV 26003	last 15 years to present

None b. List all firms or individuals who within the **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

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

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
Enterprise Bank	AUG 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)
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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
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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
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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
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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
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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
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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, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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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)
----------------------------	--------------------------------------

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

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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 August 8, 2014

Signature /s/ Terrence L. Mason
Terrence L. Mason
President Sole Shareholder

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

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 Northern District of West Virginia

In re Medical Rehab Services, Ltd

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor 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:

Table with 2 columns: Description and Amount. Rows include: For legal services, I have agreed to accept (\$ 1,700.00), Prior to the filing of this statement I have received (\$ 1,700.00), Balance Due (\$ 0.00).

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

Debtor [] Other (specify): money came from Trans Medical Services, LLC

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 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, statement 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;
d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

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

Dated: August 8, 2014

/s/ Salene R.M. Kraemer WV
Salene R.M. Kraemer WV 10687
MAZURKRAEMER BUSINESS LAW
3205 PENNSYLVANIA AVENUE
Weirton, WV 26062
304-300-0593
SALENE@MAZURKRAEMER.COM

United States Bankruptcy Court
Northern District of West Virginia

In re Medical Rehab Services, Ltd

Debtor

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Terrence L. Mason 113 Bello Vedere Wheeling, WV 26003	Common Stock	100%	stock

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President Sole Shareholder of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 8, 2014Signature /s/ Terrence L. Mason

Terrence L. Mason
President Sole Shareholder

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.

**United States Bankruptcy Court
Northern District of West Virginia**

In re Medical Rehab Services, Ltd

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President Sole Shareholder of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: August 8, 2014

/s/ Terrence L. Mason

Terrence L. Mason/President Sole Shareholder

Signer/Title

Medical Rehab Services, Ltd
P.O. Box 2146
Wheeling, WV 26003

Salene R.M. Kraemer WV
MAZURKRAEMER BUSINESS LAW
3205 PENNSYLVANIA AVENUE
Weirton, WV 26062

American Electric Power
1 Riverside Plaza
Columbus, OH 43215-2372

Brick Street Insurance
400 Quarrier Street
Charleston, WV 25301

Camelot, LLC
1 Community Street
Wheeling, WV 26003

Cap One
PO Box 85520
Richmond, VA 23285

Cap One
26525 N. Riverwoods Blvd
Lake Forest, IL 60045

Central Credit Control
PO BOX 988
Harrisburg, PA 17108

City of Wheeling B&O Taxes
City-County Building
1500 Chapline Street
Wheeling, WV 26003

City of Wheeling Fire Service Fee
1500 Chapline Street Rm. 115
Wheeling, WV 26003-3553

Credit Coll/USA
16 Distributor Dr., Ste. 1
Morgantown, WV 26501

Credit Collection Services
Two Wells Avenue
Newton Center, MA 02459

Digital Connections
452 Casteel Road
Bruceeton Mills, WV 26525

Enterprise Bank
Mount Royal Blvd
Pittsburgh, PA 15223

Enterprise Bank

Erie Insurance
100 Erie Insurance Plaza
Erie, PA 16530

First National Collect
610 Waltham Way
Sparks, NV 89434

Green Tree Servicing
332 Minnesota St., Ste. 610
Saint Paul, MN 55101

H.E. Neuman
PO Box 6208
Wheeling, WV 26003

IRS
162 West Chestnut St.
Washington, PA 15301

IRS

J.C. Mensore Distribution, Inc.
134 North Bridge Street
New Martinsville, WV 26155

Johnson Boiler Works
53 Marshall Street N.
Benwood, WV 26031

LVNV Funding
c/o Resurgent Capi
PO Box 10497 MS
Greenville, SC 29603

Marling Leasing
PO Box 13604
Philadelphia, PA 19101-3604

Medical Rehab Services, Ltd
1 Community St
Wheeling, WV 26003

Medical Rehabilitative Services
1 Community Street
Wheeling, WV 26003

Medical Rehabilitative Services
1 Community Street
WV 26603

Mountaineer Gas
916 South 14th Street
PO Box 988
Harrisburg, PA 17108

Nationwide Insurance
Payment Processing Center-27
PO Box 55126
Boston, MA 02205-5126

Ohio County, WV Personal Prop. Tax
Ohio County Sherriff Tax Office
1500 Chapline Street
PO Box 188
Wheeling, WV 26003

Ohio County, WV Real Estate Taxes
Ohio County Sheriff Tax Office
1500 Chapline Street
PO Box 188
Wheeling, WV 26003

OVMC Independent HMO Contract
220 Eoff Street
Wheeling, WV 26003

Randy Foster
Joseph, Mann, and Creed
PO Box 22253
Beachwood, OH 44122-0253

SimplexGrinnell
Dept. CH 10320
Palatine, IL 60055-0320

State of Ohio BWC Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

State of Ohio Dept. of Taxation
PO Box 347
Columbus, OH 43216-0347

State of West Virginia - Sales Tax
State Tax Dept. Compliance Division
40-14th Street Suite 101
Wheeling, WV 26003

State of West Virginia Sales & Use Tax
State Tax Dept. Compliance Division
40-14th Street Suite 101
Wheeling, WV 26003

State of West Virginia Withholding
State Tax Dept, Compliance Division
40-14th Street Suite 101
Wheeling, WV 26003

Terrence and Tracey Mason
115 Bello Vedere
Wheeling, WV 26003

Terrence and Tracey Mason
113 Bello Vedere
Wheeling, WV 26003

Terrence and Tracy Mason
115 Bello Vedere
Wheeling, WV 26003

Terrence L. Mason
113 Bello Vedere
Wheeling, WV 26003

Waller Pools and Spas
PO Box 6131
1718 Eoff Street
Wheeling, WV 26003

**United States Bankruptcy Court
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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 Medical Rehab Services, Ltd 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*]

August 8, 2014

Date

/s/ Salene R.M. Kraemer WV**Salene R.M. Kraemer WV 10687**

Signature of Attorney or Litigant

Counsel for Medical Rehab Services, Ltd**MAZURKRAEMER BUSINESS LAW****3205 PENNSYLVANIA AVENUE****Weirton, WV 26062****304-300-0593****SALENE@MAZURKRAEMER.COM**