

United States Bankruptcy Court	Voluntary Petition
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Name of Debtor (if individual, enter Last, First, Middle): Community Health Foundation of Man, West Virginia, Inc.	Name of Joint Debtor (Spouse) (Last, First, Middle):
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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):
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Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 55-0488036	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
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Street Address of Debtor (No. and Street, City, and State): 600 East McDonald Ave. Man, WV <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE 25635</div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE</div>
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County of Residence or of the Principal Place of Business: Logan	County of Residence or of the Principal Place of Business:
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Mailing Address of Debtor (if different from street address): <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE</div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE</div>
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Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right; border: 1px solid black; padding: 2px;">ZIP CODE</div>	
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<p>Type of Debtor (Form of Organization) (Check one box.)</p> <p><input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input checked="" type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p> <p><u>Not-for-profit, 501(c)(3)</u></p>	<p>Nature of Business (Check one box.)</p> <p><input checked="" type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <hr/> <p>Tax-Exempt Entity (Check box, if applicable.)</p> <p><input checked="" type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).</p>	<p>Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)</p> <p><input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <hr/> <p>Nature of Debts (Check one box.)</p> <p><input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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<p>Filing Fee (Check one box.)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached.</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.</p>	<p>Chapter 11 Debtors</p> <p>Check one box:</p> <p><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p>Check if:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.</p> <p>-----</p> <p>Check all applicable boxes:</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p>
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<p>Statistical/Administrative Information</p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p> <p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input checked="" type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> Over 100,000</td> </tr> </table> <p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table> <p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input checked="" type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	<p>THIS SPACE IS FOR COURT USE ONLY</p>
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Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Community Health Foundation of Man, West Virginia, Inc.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed:	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A		Exhibit B	
(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.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		(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 have delivered to the debtor the notice required by 11 U.S.C. § 342(b). X _____ 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?			
<input checked="" type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input type="checkbox"/> 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.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> 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.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> 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)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

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

Name of Debtor(s):

Community Health Foundation of Man, West Virginia, Inc.

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 _____
Signature of Attorney for Debtor(s)
W. Bradley Sorrells

Printed Name of Attorney for Debtor(s)
Robinson & McElwee PLLC

Firm Name Post Office Box 1791

Address Charleston, WV 25326

304-344-5800

Telephone Number 1/28/2010

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

X _____
Signature of Authorized Individual
Hershel Chafin

Printed Name of Authorized Individual
CFO & Chapter 11 Designee

Title of Authorized Individual
1/28/2010

Date

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

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.

[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]

UNITED STATES BANKRUPTCY COURT

Southern District of West Virginia

In re	Community Health Foundation of Man, West Virginia, Inc.),	Case No. _____
	Debtor)	
)	
)	Chapter 11 _____

EXHIBIT "C" TO VOLUNTARY PETITION

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

Medical Waste.

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

Medical waste is generated on an ongoing basis as a normal part of the Debtor's operations. Such waste is properly collected and stored on-site in approved biohazard containers, which are removed on a regular basis by Stericycle, Inc., a licensed biohazard waste management company.



Community Health Foundation WEST VIRGINIA

CERTIFICATE OF RESOLUTION
BY THE BOARD DIRECTORS

OF COMMUNITY HEALTH FOUNDATION OF MAN, WEST VIRGINIA, INC.

The undersigned, secretary of the Board of Directors of Community Health Foundation of Man, West Virginia, Inc., a West Virginia non-profit corporation, does hereby certify that at a meeting noticed and held on December 31, 2009, the following resolution was duly and lawfully adopted by the Board of Directors:

RESOLVED: That it is in the best interest of the corporation to file a petition under Chapter 11 of the United States Bankruptcy Code. Accordingly, the Chief Financial Officer, Hershel Chafin, is hereby authorized to retain W. Bradley Sorrells and the law firm of Robinson & McElwee PLLC for the purpose of filing such petition in the United States Bankruptcy Court for the Southern District of West Virginia on such date not later than February 26, 2010, that they deem best for the corporation. Mr. Chafin is authorized and directed to work with Mr. Sorrells in all matters related to bankruptcy and to act as the corporation's designee once the petition is filed.



John White III, Secretary

STATE OF WEST VIRGINIA,
COUNTY OF LOGAN; to wit:

Taken, subscribed and sworn to before me on this 30th day of January, 2010, by John White III, the secretary of the Board of Directors of Community Health Foundation of Man, West Virginia, Inc.

My Commission Expires: July 9, 2017




NOTARY PUBLIC

**UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA**

IN RE:

Community Health Foundation
of Man, West Virginia, Inc.

CASE NO. 10-bk-_____
CHAPTER 11

CORPORATE OWNERSHIP STATEMENT

Pursuant to Rules 1007(a)(1) and 7007.1 of the Federal Rules of Bankruptcy Procedures, the Community Health Foundation of Man, West Virginia, Inc. ("CHFM") hereby certifies that it is a not-for-profit, 501(c)(3) corporation, and that as such it has no equity interests of any class. Accordingly, CHFM states:

 X there are no entities to report under FRBP 1007(a)(1) or 7007.1.

CHFM further acknowledges its duty to file a supplemental statement promptly upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

January 28, 2010

**Community Health Foundation
of Man, West Virginia, Inc.**

By: 
Hershel Chafin
Its: Chief Financial Officer

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

In re:

Community Health Foundation
of Man, West Virginia, Inc.,

Case No. _____
Chapter 11

Debtor-in-Possession.

VERIFICATION OF CREDITOR MATRIX

The above-named debtor, and counsel for the debtor, hereby verify that to the best of our knowledge the attached mailing matrix of creditors is complete, correct and consistent with the debtor's to-be-filed schedules.


Community Health Foundation
of Man, West Virginia, Inc.

By:



Hershel Chafin, its CEO

1/28/10
Date



W. Bradley Sorrells
Counsel for the Debtor

1/28/10
Date

A-1 Heating & Cooling
P.O. Box 113
Accoville, WV 25606

Adkins Pharmacy
P.O. Box 1537
Gilbert, WV 25621

Airgas Med America
P.O. Box 802615
Chicago, IL 60680-2615

American Electric Power
P. O. Box 40014
Roanoke, VA 24022-0014

Amis Systems, Inc.
221 22nd St
P.O. Box 2249
Huntington, WV 25723-2249

Anda Generics, Inc.
Box 930219
Atlanta, GA 31193

Aquis Communications
P.O. Box 64010
Baltimore, MD 21264-4010

Aramark
P.O. Box 1027
Bluefield, VA 24605-4027

B & B Microscopes, Ltd.
490 Lowries Run Road
Pittsburgh, PA 15237

Beckman Coulter, Inc.
Dept Ch10164
Palatine, IL 60055-0164

Benco Dental Company
11 Bear Creek Blvd.
P. O. Box 1108
Wilkes-Barre, PA 18773-1108

Best Impressions
P.O. Box 67082
Century City Station
Los Angeles, CA 90067

Brasseler USA
One Brasseler Blvd
Savannah, GA 31419

Briggs Health Care Products
P. O. Box 1355
Des Moines, IA 50305-1355

Cherri Hatfield
PO Box 883
Gilbert, WV 25621

Clayton Meade
Gilbert, WV 25621

Clia Laboratory Program
Box 105422
Atlanta, GA 30348-5422

CSX Transportation
P.O. Box 116628
Atlanta, GA 30368-6623

Dermatec Direct/
Ambiderm Div Of Meditex-Adler, J.V.
P.O. Box 310107
Tampa, FL 33610-0107

Evergreen Gardens
Box 312
Man, WV 25635-0312

Family Discount Pharmacy
Box 1247
Mount Gay, WV 25637

Federal Express Corporation
P.O. Box 1140
Memphis, TN 38101-1140

Fibernet
P.O. Box 2021
Mechanicsburg, PA 17055-2021

Film Bin
9944 Weber Street
Brighton, MI 48116

Fisher Healthcare
P.O. Box 360153
Pittsburgh, PA 15250-6153

Gary Fink
Rt. 1 Box 227B
Bluefield, WV 24701

General Injectables & Vaccines
P.O. Box 640352
Pittsburgh, PA 15264-0352

Gilbert Water Works
P.O. Box 188
Gilbert, WV 25621

Glidewell Laboratories
Box 6260
Newport Beach, CA 92658

Gordon Stowe & Assoc., Inc.
586 Palwaukee Drive
Wheeling, WV 60090-6047

Gray, Griffith & Mays
1700 Charleston National Plaza
Charleston, WV 25301

Hayflich & Steinberg, C.P.A. #8
Stonecrest Drive
Huntington, WV 25701

HMI Practice Resource
P.O. Box 43300
Brooklyn Park, MN 55443-0300

HRSA
5600 Fishers Lane
Rockville, MD 20857

Indiana Paging Network, Inc.
6745 West Johnson Road
La Porte, IN 46350

Ingenix
Box 27116
Salt Lake City, UT 84127

Integrated Computer Systems
P.O. Box 8039
South Charleston, WV 25303

Internal Revenue Service
Cincinnati, OH 45999-0005

IPC Inc.
PO Box 72
Pembina, ND 58271

Ivans
Church Street Station
PO Box 6262
New York, NY 10249-6262

J L Medical, Inc.
1731 Larkin Williams Road
Fenton, MO 63026

Jackson & Kelly
P.O. Box 11276
Charleston, WV 25339

Jerry Toler
P.O. Box 256
Bruno, WV 25611

JJ Keller & Assoc. Inc.
P.O. Box 548
Neenah, WI 54957-0548

Kuntz & Associates, P.L.L.C.
P.O. Box 4549
Bridgeport, WV 26330

Laboratory Corp. Of America
P. O. Box 2240
Burlington, NC 27216-2240

Laboratory Corp. Of America
P.O. Box 12140
Burlington, NC 27216-2140

Lafayette Life Insurance Co.
Disability Income Division
One Monarch Place
Springfield, MA 01133-0001

Logan Bank & Trust
PO Box 250
Man, WV 25635

Logan Office Supply
443 Stratton Street
Logan, WV 25601

Logan Regional Medical Center
20 Hospital Drive
Logan, WV 25601

M. Doudlgass Allan, Ms
4 Mohawk Trail
Huntington, WV 25705

Market Lab Dept. 77386
P.O. Box 77000
Detroit, MI 48277-0386

McKesson General Medical Corp.
P.O. Box 740215
Cincinnati, OH 45274-0215

McKesson Medical-Surgical, Inc.
P.O. Box 1190
Westbrook, MN 04098-1190

McNeely Do-It Center
Man, WV 25635

Medi Home Care
P.O. Box 890412
Charlotte, NC 28289-0412

Medical Arts Press
P.O. Box 43600
Minneapolis, MN 55443-0600

Medical Integrated Services
2020 Front Street, Suite 203
Cuyahoga Falls, OH 44221

Mercedes Medical, Inc.
7590 Commerce Court
Sarasota, FL 34243

Merry X-Ray
4640 Hinckley Ind Prkwy
Cleveland, OH 44109

Morgan Sanitation
P.O. Box 779
Hanover, WV 24839

Mountaineer Radiologists, Inc.
Box 1942 Dept L-2524
Charleston, WV 25327

National Imaging Systems, Inc.
14504 Friar Street Van
Nuys, CA 91411

Nelco Laboratories, Inc.
154 Brook Avenue
Deer Park, NY 11729

New England Business Service
500 Main Street
Groton, MA 01471-0004

Onestar Communications
P.O. Box 3085
Evansville, IN 47730

Onetime
Opti Medical Systems, Inc.
P.O. Box 932005
Atlanta, GA 31193-2005

Opti Medical Systems, Inc.
P.O. Box 932005
Atlanta, GA 31193-2005

Orasure Technologies, Inc.
Dept. #269701
Box 67000
Detroit, MI 48267-2697

Phillip Williamson
PO Box 92
Chapmanville, WV 25508

Phillips Termite & Pest Contro
P.O. Box 983
Williamson, WV 25661

Physician Sales & Service
1950 Ruffin Mill Road
Colonial Heights, CA 23834

Pitney Bowes
P.O. Box 85390
Louisville, KY 40285-5390

Pitney Bowes Credit Corp
P.O. Box 85460
Louisville, KY 40285-5460

Pitney Bowes Purchase Power
P.O. Box 856042
Louisville, KY 40285-6042

Postage By Phone
P.O. Box 7900071
St. Louis, MO 63179-0071
Progressive Business Publicati
370 Technology Drive
P.O. Box 3019
Malvern, PA 19355

Quadax
3690 Orange Pl Ste 270
Beachwood, OH 44122-4438

Quadex, Inc
3690 Orange Pl Ste 270
Beachwood, OH 44122-4438

Quality Forms Printing
Rt. 16, So. - Colonial Village
P.O. Box 861
Sophia, WV 25921

Randall Walters, MD
c/o Community Health Foundatio
600 East McDonald Avenue
Man, WV 25635

Roche Biomedical Laboratories
P.O. Box 12140
Burlington, NC 27216-2140

Roche Diagnostics Corp.
P.O. Box 406318
Atlanta GA 30384-6318

Roche Diagnostics Corp.
P.O. Box 75341
Chicago, IL 60675-5341

Ruth Tomblin
West McDonald Ave
Man, WV 25635

S.A. Consulting, Inc.
10881 Washington Blvd.
Culver City, CA 90232

Sacks Biologicals
143 Wagner Road
Evans City, PA 16033

Sanitary Linen Service
P.O. Box 343
Parkersburg, WV 26102

Siemens
c/o Bank Of America
Lock Box 13776
Collections Center Drive
Chicago, IL 60693

Simplex Grinnell
2800 7th Avenue, Suite 102
Charleston, WV 25312

Smith Medical Partners, L.L.C.
950 Lively Boulevard
Wood Dale, IL 60191

Smith's Addressing Machine Ser
151 Technology Drive
Garner, NC 27529

Southeastern Chemical Company
356 Prince Street
Beckley, WV 25801

Southern Employers Association
100 Sycamore St.
P.O. Box 1886
Bristol Va 24203-1886

Southern Public Service Co
109 Market Street
Man, WV 25635

St. Paul Travelers Cl & Specialty
Remittance Ctr.
Hartford, CT 06183-1008

Stericycle
PO Box 9001588
Louisville, KY 40290-1588

Stericycle, Inc.
P.O. Box 9001558
Louisville, KY 40290-1588

Steven Davis
464 Mt. View Avenue
Amherstdale, WV 25607

Streck
P.O. Box 45625
Omaha, NE 68145-0625

Sudden Link
P.O. Box 742529
Cincinnati, OH 45274-2529

Superior Office Service, Inc.
108 W Eighth Ave
Huntington, WV 25701

Susie-Q's Cleaning Service
Levauda Blankenship
P.O. Box 193
Lorado, WV 25630

Tartan Textile Services
P.O. Box 7425
Huntington, WV 25776-7425

The Chapman Printing Company
PO Box 2867
Huntington, WV 25728

The Community Prescription Ctr
601 E. McDonald Ave.
Man, WV 25635

The Compounding Shop
2520 Windy Hill Road Suite 201
Marietta, GA 30067

The Phone Company, LLC
P.O. Box 386
Charleston, WV 25322

The Potomac Group/Medifax
P. O. Box 30132
Nashville, TN 37241-0132

Tincher Dental Laboratory
P.O. Box 18057
South Charleston, WV 25303

Tomas Vigo, MD
132 Gilchrist Ave.
Tornado, WV 25202

Topbulb
5204 Indianapolis Blvd East
Chicago, IN 46312

Plaridel Tordilla
c/o Community Health Foundatio
600 East McDonald Avenue
Man, WV 25635

Town Of Man Sanitary Board
P.O. Box 70, City Hall
Man, WV 25635

Town Of Man Water Works
P.O. Box 70, City Hall
Man, WV 25635

United Parcel Service
P.O. Box 4980
Hagerstown, MD 21747-4980

United Steelworkers
H&W Fund
P.O. Box 903
Johnstown, PA 15907

Verizon
PO Box 64809
Baltimore, MD 21264-4809

Verizon
P.O. Box 17577
Baltimore, MD 21297-0513

Verizon
P.O. Box 64809
Baltimore, MD 21264

Viasys Healthcare
Box 371203
Pittsburgh, PA 15251-7203

Viking Office Products
P.O. Box 30488
Los Angeles, CA 90030

Virgil E. Merritt
PO Box 550
Lyburn, WV 25632

Vital Diagnostics
2883 Paysphere Circle
Chicago IL 60674

W.V. State Tax Dept.
PO Box 1667
Charleston, WV 25326

Ward Hardware & Furniture
Route 52 P.O. Box 405
Gilbert, WV 25621

Waste Management
P.O. Box 280
Pecks Mill, WV 25547

Welch-Allyn
4341 State Street Road Box 220
Skaneateles Falls, NY 13153-0220

West Virginia Primary Care
1219 Virginia Street, East
Charleston, WV 25301

Westfield Insurance Companies
Westfield Center, OH 44251

Williamson Daily News
15397 Collections Center Drive
Chicago, IL 60693

Wyeth-Ayerst Laboratories
PO Box 8175
Philadelphia, PA 19175-8175

X-Rite, Inc.
P.O. Box 633354
Cincinnati, OH 45263-3354

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Las Vegas, NV 89109