

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Lakeland Bank 166 Changebridge Road Montville, NJ 07045						unknown
ACCOUNT NO. 978D Lakeland Bank 250 Oak Ridge Road Oak Ridge, NJ 07438						5,562.90
ACCOUNT NO. Lakeside Consulting 8679 Elmer Hill Road Rome, NY 13440						unknown
ACCOUNT NO. Latitude Equipment Leasing LLC 733 E Rt. 70, Suite 308 Marlton, NJ 08053						unknown
ACCOUNT NO. Lawley Cantrel Insurance 12 Daniel Rd., Suite 201 Fairfield, NJ 07004						unknown
ACCOUNT NO. LCA Bank 3150 Livernois, Suite 300 Troy, MI 48083						unknown
ACCOUNT NO. Leadership 316 North Michigan Ave. Chicago, IL 60601						unknown

Sheet no. 63 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **5,562.90**

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Leaf PO Box 953587 St. Louis, MO 63195		Contract #031-8044084-001				24,362.94
ACCOUNT NO. Leaf Financial Corporation PO Box 643172 Cincinnati, OH 45264						unknown
ACCOUNT NO. Leaf Funding, Inc. 1818 Market St., 9th Floor Philadelphia, PA 19103						unknown
ACCOUNT NO. Leaf Funding, Inc. 110 South Poplar St., Suite 101 Wilmington, DE 19801						unknown
ACCOUNT NO. Leaf Funding, Inc. 100 Executive Center Dr., Suite 10 Columbia, SC 29210						unknown
ACCOUNT NO. Leaf Funding, Inc. C/O American Lease Insurance 654 Amherst Rd., Suite 307 Sunderland, MA 01375						unknown
ACCOUNT NO. Lease Administration 1818 Market St., 9th Flr. Philadelphia, PA 19103						unknown

Sheet no. **64** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **24,362.94**

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

IN RE Allied Health Care Services, Inc.

Debtor(s)

Case No. 10-35561

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Lease Care 4040 Mystic Valley Pkwy. Boston, MA 02155						unknown
ACCOUNT NO. Lease Corporation Of America 3150 Livernois Suite 300 Troy, MI 48083						unknown
ACCOUNT NO. Lease Corporation Of America PO Box 2996 Indianapolis, IN 49206						unknown
ACCOUNT NO. Leasing Innovations, Inc. 261 N. Coast Hwy. 101 Solana Beach, CA 92075						unknown
ACCOUNT NO. Leasing Partners Capital Inc. 1211 Hamburg Tpke. #306 Wayne, NJ 07470						unknown
ACCOUNT NO. Leasing Partners Capital Inc. PO Box 723 New York, NY 10018						unknown
ACCOUNT NO. Leisure-Lift 1800 Merriam Lane Kansas City, KS 66106						unknown

Sheet no. 65 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Debtor(s)

Case No. 10-35561

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Liberty Bank PO Box 1263 Twinsburgh, OH 44087						unknown
ACCOUNT NO. Linton Company, The PO Box 200 Meridian, GA 31319						unknown
ACCOUNT NO. Lordi & Tafro LLC 66 Roseland Ave., Suite 5 Caldwell, NJ 07006						unknown
ACCOUNT NO. Lyon Financial Services, Inc. D/B/A US Bank 1310 Madrid, Suite 100 Marshall, MN 56258						247,115.71
ACCOUNT NO. M & T Credit Services, LLC 17th Floor One M & T Plaza Buffalo, NY 14240						unknown
ACCOUNT NO. M&H Wholesale 1099 Rochester Rd. Troy, MI 48083						unknown
ACCOUNT NO. M&I Marshall & Isley Bank 50 South 6th St., Suite 1000 Minneapolis, MN 55402						unknown

Sheet no. 66 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **247,115.71**

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

\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. M&T Bank PO Box 62176 Baltimore, MD 21264		Inv 1096566				48,492.70
ACCOUNT NO. M2 Lease Funds, LLC 175 N. Patrick Blvd., Suite 135 Brookfield, WI 53045						292,015.50
ACCOUNT NO. MAC Financial Services, LLC C/O Insurance Center PO Box 3886 Bellevue, WA 98009						unknown
ACCOUNT NO. MAC Financial Services, LLC 655 Business Center Dr., Suite 250 Horsham, PA 19044						unknown
ACCOUNT NO. MAC Leasing USA PO Box 244040 Montgomery, AL 36124						unknown
ACCOUNT NO. Macrolease Corporation 1 West Ames Ct., Suit 101 Plainview, NY 11803						unknown
ACCOUNT NO. Madison Capital C/O American Lease Insurance 654 Amherst Rd., Suite 311 Sunderland, MA 01375						unknown

Sheet no. 67 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **340,508.20**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Madison Capital 701 Cathedral St. Baltimore, MD 21201						unknown
ACCOUNT NO. Madison Capital Equipment & Vehicle Leasing 9D Gwynns Mill Court Owings Mills, MD 21117						unknown
ACCOUNT NO. Madison Funding LLC 9D Gwynns Mill Court Owings Mill, MD 21117						unknown
ACCOUNT NO. Madison Funding LLC C/O American Lease Insurance 654 Amherst Rd., Suite 311 Sunderland, MA 01375						unknown
ACCOUNT NO. Maggio Enterprises, LLC Attn: Terri B. Maggio PO Box 1552 Millville, NJ 08332						unknown
ACCOUNT NO. Maher, Bill 122 Cambridge St. Garfield, NJ 07026						unknown
ACCOUNT NO. Mail Finance 478 Wheelers Farm Road Milford, CT 06461		Inv N1891749				96.57

Sheet no. **68** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **96.57**

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Main Post Office 2 Federal Square Newark, NJ 07102						unknown
ACCOUNT NO. Main Street Bank Studebaker-Worthington Leasing Div. 100 Jericho Quadrangle Jericho, NY 11753						unknown
ACCOUNT NO. Main Street Bank 23970 US 59 North Kingwood, TX 77339						unknown
ACCOUNT NO. Main Street Bank C/O Insurance Center PO Box 3886 Bellevue, WA 98009						unknown
ACCOUNT NO. Manifest Funding Services 1310 Madrid St., Suite 103 Marshall, MN 56258						unknown
ACCOUNT NO. Marlborough Co-Operative Div. Of Butler Bank 175 Main Street Marlborough, MA 01752						unknown
ACCOUNT NO. Marlin Leasing Corp. 300 Fellowship Road Mount Laurel, MN 08054						unknown

Sheet no. **69** of **122** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Marquette Equipment Finance LLC 6975 Union Park Center, Suite 200 Midvale, UT 84047						unknown
ACCOUNT NO. Marshfield Savings Bank 207 West 6th Street Marshfield, WI 54449						unknown
ACCOUNT NO. Masimo Americas, Inc. PO Box 51210 Los Angeles, CA 90051		Acct. AL0480\$D				26,450.97
ACCOUNT NO. 6123 Mass Mutual Financial Group Disability Income PO Box 371837 Pittsburgh, PA 15250-7837						1,749.01
ACCOUNT NO. Mass Mutual Financial Group APM Payment Processing Ctr. PO Box 92483 Chicago, IL 60675						unknown
ACCOUNT NO. Mass Mutual Financial Group 1295 State St. Springfield, MA 01111						unknown
ACCOUNT NO. Matsco 2000 Powell St., 4th Flr. Emeryville, CA 94608						unknown

Sheet no. 70 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **28,199.98**

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Matthijssen Inc. 14 Route 10, PO Box 386 East Hanover, NJ 07936						unknown
ACCOUNT NO. Max Leasing USA 400 Eastside Cir. (36117) Montgomery, AL 36124-4040						unknown
ACCOUNT NO. MB Financial Bank N.A. 6111 N. River Road Rosemont, IL 60018		Note #6790				48,100.00
ACCOUNT NO. MB Solutions LLC 57 Harrison Ave. West Caldwell, NJ 07006						unknown
ACCOUNT NO. McConnel, Lenard & Campbell LLP 4 Waterloo Rd., PO Box 111 Stanhope, NJ 07874						unknown
ACCOUNT NO. McNeil & Company, Inc. PO Box 28 Oneida, NY 13421		Policy #MGHL07288701				11,301.18
ACCOUNT NO. McNeil Company 20 Church St., PO Box 5670 Cortland, NY 13045						unknown

Sheet no. 71 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **59,401.18**

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

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IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0976 Med One Capital Funding LLC PO Box 708278 10712 South 1300 East Sandy, UT 84094						27,184.88
ACCOUNT NO. MedBlock Inc. A/K/A Motions Concepts 700 Ensminger Rd., Suite 112 Tonawanda, NY 14150						unknown
ACCOUNT NO. Medi-Dyne PO Box 1649 Colleyville, TX 76034						unknown
ACCOUNT NO. Media Cpaital Assoc. LLC 6991 E. Camelback Rd., #D202 Scottsdale, AZ 85251						unknown
ACCOUNT NO. Medical Repair Center, Inc. 432 Lincoln Blvd. Middlesex, NJ 08846						unknown
ACCOUNT NO. Medical Support Products, Inc. 3125 Nolt Road Lancaster, PA 17601						unknown
ACCOUNT NO. Medical World Inc. 20 Fortune Road West Middletown, NY 10941						unknown

Sheet no. 72 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **27,184.88**

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

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IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Medicare 1665 Washington Rd., Suite 3 Pittsburgh, PA 15228						unknown
ACCOUNT NO. Medline Industries, Inc. PO Box 382075 Pittsburgh, PA 15251		Customer #1025407				2,779.23
ACCOUNT NO. Merchants & Farmers Bank 3513 Pelham Parkway Pelham, AL 35124						unknown
ACCOUNT NO. Merchants & Manufacturers Bank 25140 West Channon Drive Channahon, IL 60410						unknown
ACCOUNT NO. Merit Leasing Corporation 2300 W Park Place Blvd. Stone Mountain, GA 30087						unknown
ACCOUNT NO. Meritain Health Recovery Dept. PO Box 1260 Amherst, NY 14226						unknown
ACCOUNT NO. Merwin & Paolazzi Insurance 518 Stuyvesant Ave. Lyndhurst, NJ 07071						unknown

Sheet no. 73 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **2,779.23**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. MetroMed, Inc. 375 Morgan St., Suite 1A Phoenixville, PA 19460		Inv #21408 & 21443				344.25
ACCOUNT NO. Michigan Heritage Bank Suite 200 28300 Orchard Lane Road Farmington Hills, MI 48334						unknown
ACCOUNT NO. Minnie Mints 705 Industrial Drive West Branch, IA 52358						unknown
ACCOUNT NO. Minnwest Bank Metro 12011 Business Park Blvd N Champlin, MN 55316						unknown
ACCOUNT NO. Minnwest Capital Corporation 14820 Highway 7 Minnetonka, MN 55345						unknown
ACCOUNT NO. MinWest Capital Corporation 14820 Hwy 7 Minnetonka, MN 55345-3630		Inv 29736				119,907.93
ACCOUNT NO. Moen 25300 Al Moen Dr. North Olmstead, OH 44070						unknown

Sheet no. 74 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **120,252.18**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Mountain States Commercial Credit Management PO Box 1070 Englewood, CO 80150		Acct #408632				253,525.30
ACCOUNT NO. MRK Leasing Ltd. 2401 Superior Viaduct, Suite 200 Cleveland, OH 44113						unknown
ACCOUNT NO. MRK Leasing, Ltd. 2401 Superior Viaduct, Suite 200 Cleveland, OH 44113						unknown
ACCOUNT NO. Mueller Sports Medicine Inc. One Quench Dr., PO Box 99 Prairie Du Sac, WI 53578						unknown
ACCOUNT NO. MY Care Centric 2839 Paces Ferry Rd., Suite 900 Atlanta, GA 30339						unknown
ACCOUNT NO. Myron PO Box 802616 Chicago, IL 60680						unknown
ACCOUNT NO. National Bank Of Kansas City 10700 Nail Avenue Overland Park, KS 66211		Loan #CL2007701				46,787.40

Sheet no. 75 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **300,312.70**

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. National Bank, The C/O Giordano Halleran & Ciesla PC 125 Half Mile Rd, Suite 300 Red Bank, NJ 07701						unknown
ACCOUNT NO. National City Commercial Capital Corporation 995 Dalton Ave. Cincinnati, OH 45203						unknown
ACCOUNT NO. National City Commercial Capital Corporation 654 Amherst Road Sunderland, MA 01375						unknown
ACCOUNT NO. National City Equipment Finance 911 North Elm St., Suite 310 Hinsdale, IL 60521						unknown
ACCOUNT NO. National Plan Dept. 274501 PO Box 55000 Detroit, MI 48255						unknown
ACCOUNT NO. Nationwide Funding 5520 Trabuco Rd., 1st Flr. Irvine, CA 92620						unknown
ACCOUNT NO. Nationwide Funding 4165 West Ontario Chicago, IL 60610						unknown

Sheet no. 76 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Nationwide Funding 175 Technology Dr., Suite 100 Irvine, CA 92618						unknown
ACCOUNT NO. Nature Technologies, Inc. 101 Castleton St., Suite 202 Pleasantville, NY 10570						unknown
ACCOUNT NO. NC4 C/O American Lease Insurance 654 Amherst Rd., Suite 302 Sunderland, MA 01375						unknown
ACCOUNT NO. NCMIC Finance Corporation 14001 University Avenue Clive, IA 50325						unknown
ACCOUNT NO. Neopost Leasing PO Box 45840 San Francisco, CA 94145						unknown
ACCOUNT NO. Neopost Leasing 478 Wheelers Farms Rd. Milford, CT 06461						unknown
ACCOUNT NO. Nestle USA PO Box 281383 Atlanta, GA 30384						unknown

Sheet no. 77 of 122 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Netbak Business Finance 100 Executive Center Dr., Suite 101 Columbia, SC 29210						unknown
ACCOUNT NO. Netbank Business Finance 100 Executive Center Dr., Suite 101 Columbia, SC 29210						unknown
ACCOUNT NO. Netbank Business Finance PO Box 527 Columbia, SC 29202						unknown
ACCOUNT NO. Network Solutions PO Box 249 Burlington, MA 01803						unknown
ACCOUNT NO. New Alliance Bank C/O Windels Marx Lane & Mittendorf LLP 120 Albany St. Plaza, 6th Flr. New Brunswick, NJ 08901						586,999.48
ACCOUNT NO. New York State Insurance Fund 199 Church Street New York, NY 10007						unknown
ACCOUNT NO. New York, State Of Medicaid Inspector General Riverview Ctr., 150 Broadway, 4th Flr. Albany, NY 12204						unknown

Sheet no. **78** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **586,999.48**

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

IN RE Allied Health Care Services, Inc.

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Newalliance Bank 195 Church Street New Haven, CT 06510						unknown
ACCOUNT NO. NextireOne, LLC D/B/A Black Box Network Services 5101 Shady Oak Road Minnetonka, MN 55343						unknown
ACCOUNT NO. NHIC Corp. DME MAC Jurisdiction A - Redeterminations PO Box 9150 Hingham, MA		FCN/DCN 10233800070000				423.64
ACCOUNT NO. NJ Dept. Of Health And Senior Services Consumer & Environ. Health Services PO Box 369 Trenton, NJ 08625						unknown
ACCOUNT NO. NJ Division Of Fire Safety PO Box 809 Trenton, NJ 08625						unknown
ACCOUNT NO. NJ Family Support Center PO Box 4880 Trenton, NJ 08650						unknown
ACCOUNT NO. NJ Labor Law Post Service 2020 Pennsylvania Ave., NW #867 Washington, DC 20006						unknown

Sheet no. 79 of 122 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **423.64**

Total
(Use only on last page of the completed Schedule F. Report also on
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IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NJM Insurance Group 301 Sullivan Way West Trenton, NJ 08628						unknown
ACCOUNT NO. NJMMS 309 Bellevue Avenue Hammonton, NJ 08037						unknown
ACCOUNT NO. NJSRC C/O Linda Birnbaum RRT NJHA 760 Alexander Road Princeton, NJ 08540						unknown
ACCOUNT NO. North Fork Equipment Leasing 99 Jericho Turnpike Jericho, NY 11753						unknown
ACCOUNT NO. North Fork Equipment Leasing Attn: Insurance Dept. PO Box 8916 Melville, NY 11747						unknown
ACCOUNT NO. North Jersey Garage Doors, LLC 99 Sunrise Trail Newton, NJ 07860						unknown
ACCOUNT NO. Northfolk Equipment Leasing PO Box 3071 Hicksville, NY 11802						unknown

Sheet no. 80 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NSpire Health 1830 Lefthand Circle Longmont, CO 80501						unknown
ACCOUNT NO. NYC Dept. Of Finance Parking Violations Church Street Station, PO Box 3600 New York, NY 10008						unknown
ACCOUNT NO. OFC Capital Corporation Div. Of Alfa Financial 576 Colonial Park Dr., Suite 200 Roswell, GA 30075						unknown
ACCOUNT NO. OFC Capital Corporation C/O Romano & Garubo 52 Newton Ave., PO Box 456 Woodbury, NJ 08096						198,043.99
ACCOUNT NO. OMNI Fitness 470 Route 10 W Ledgewood, NJ 07852						unknown
ACCOUNT NO. Onset Financial Inc. Suite 275 10813 S. River Front Pkwy. South Jordan, UT 84095						unknown
ACCOUNT NO. OnStar PO Box 430627 Pontiac, MI 48343						unknown

Sheet no. 81 of 122 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **198,043.99**

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

Total
\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. OnStar PO Box 7700 Detroit, MI 48277						unknown
ACCOUNT NO. Orange & Rockland Power & Light 390 West Route 59 Spring Valley, NY 10977						unknown
ACCOUNT NO. Orange Valley Glass 27 Freeman Street West Orange, NJ 07052						unknown
ACCOUNT NO. Orange Water Services 8189 Adams Drive Hummelstown, PA 17036						unknown
ACCOUNT NO. Orion Consulting Group, Inc., The PO Box 65094 Charlotte, NC 28265						unknown
ACCOUNT NO. OSI Education Services, Inc. PO Box 929 Brookfield, WI 53008						unknown
ACCOUNT NO. OSI Education Services, Inc. 5626 Frantz Rd., PO Box 9064-WWU Dulbin, OH 43017						unknown

Sheet no. **82** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Oxypros 2157 SE Ocean Blvd. Stuart, FL 34996						unknown
ACCOUNT NO. Pacific Capital Bank PO Box 60607 Santa Barbara, CA 93160						unknown
ACCOUNT NO. Padco Lease Corp. 100 West Monroe St. Chicago, IL 60603						unknown
ACCOUNT NO. Padso Financial Services, Inc. 100 W. Monroe St., Suite 706 Chicago, IL 60603						unknown
ACCOUNT NO. Panciello Construction LLC 206 S. Hillside Ave. Succasunna, NJ 07876						unknown
ACCOUNT NO. Paramount Financial LLC 6991 E. Camelback Rd., Suite D218 Scottsdale, AZ 85281						unknown
ACCOUNT NO. Park National Bank 28 W. Madison Oak Park, IL 60302						unknown

Sheet no. **83** of **122** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Parkway Insurance Company PO Box 6880 Bridgewater, NJ 08807						unknown
ACCOUNT NO. Parkway Manor Health Center 480 Parkway Dr. East Orange, NJ 07017						unknown
ACCOUNT NO. Partners Equity Capital Company LLC 650 Business Center Dr., Suite 250 Horsham, PA 19044						unknown
ACCOUNT NO. Partners In Community Care, LLC 400 Rella Blvd. Suite 211 Suffern, NY 10901						unknown
ACCOUNT NO. Paterson Medical Smmons Preston 1000 Remington Blvd., Suite 210 Boilingbrook, IL 60440-5117		Cust #104656115				4,310.27
ACCOUNT NO. Pawnee Leasing Corp. 700 Centre Ave. Ft Collins, CO 80526						unknown
ACCOUNT NO. Pension Benefit Guaranty Corporation 1200 K Street, N.W. Washington, DC 20005-4026						unknown

Sheet no. 84 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **4,310.27**

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Pentech Financial Service, Inc. 910 E. Hamilton Ave., Suite 400 Campbell, CA 95008						0.00
ACCOUNT NO. Pentech 654 Amherst Rd., Suite 326 Sunderland, MA 01375						unknown
ACCOUNT NO. Pentech Financial Services, Inc 910 E. Hamilton Ave., Suite 400 Campbell, CA 95008						unknown
ACCOUNT NO. Pentech Financial Services, Inc 5010 Shorehem Pl., SUite 100 San Diego, CA 92122						unknown
ACCOUNT NO. Pentech Financial Services, Inc 222 SW Columbia St., SUite 1000 Portland, OR 97201						unknown
ACCOUNT NO. Pentech Funding LLC 1310 Madrid St., Suite 103 Marshall, MN 56258		Inv 6226112				7,595.39
ACCOUNT NO. Permobil Inc. 6961 Eastgate Blvd. Lebanon, TN 37090						unknown

Sheet no. 85 of 122 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **7,595.39**

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

\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3555 Petro 40 Cragwood Road South Plainfield, NJ 07080						4,798.98
ACCOUNT NO. Petro Heating & Air Conditioning 171 E. Ames Court Plainview, NY 11803						unknown
ACCOUNT NO. Philips Respironics Attn: John Antonucci 125 Chastain Meadows Court Kemesaw, GA 30144						31,546.58
ACCOUNT NO. Phillips Healthcare 1740 Golden Mile Hwy. Monroeville, PA 15146						unknown
ACCOUNT NO. PMC Financial Service Group LLC Suite 145 711 East Kimberly Avenue Placentia, CA 92870						unknown
ACCOUNT NO. PMI/Probasics 15 South Main Street Marlboro, NJ 07746						unknown
ACCOUNT NO. PN Medical 3340 Chatsworth Lane Orlando, FL 32812						unknown

Sheet no. **86** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **36,345.58**

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

\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7349 PNC Bank Consumer Loan Center 2730 Liberty Avenue Pittsburg, PA 15222						355,185.65
ACCOUNT NO. PNC Bank NA And PNC EF LLC C/O Dilworth Paxson LLP 1500 Market St., Suite 3500E Philadelphia, PA 19102						3,042,995.39
ACCOUNT NO. PNC Vehicle Leasing LLC 2730 Liberty Avenue Pittsburgh, PA 15222						unknown
ACCOUNT NO. PNCEF LLC 995 Dalton Avenue Cincinnati, OH 45203						unknown
ACCOUNT NO. 6539 Poland Spring Direct 215 6661 Dixie Hwy, Suite 4 Louisville, KY 40258						106.10
ACCOUNT NO. Popular Leasing USA, Inc. 15933 Clayton Road Ballwin, MO 63011						unknown
ACCOUNT NO. Postmaster, Orange 384 Main Street Orange, NJ 07050						unknown

Sheet no. 87 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ 3,398,287.14

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Preferred Capital Inc. 6860 West Snowville Road, Suite 110 Brecksville, OH 44141						unknown
ACCOUNT NO. Preferred Capital Inc. HNB PO Box 72151 Cleveland, OH 44192						unknown
ACCOUNT NO. Preferred Mutual Insurance Co. One Preferred Way New Berlin, NY 13411						unknown
ACCOUNT NO. Premier Capital Group, Inc. 405 6th Ave., Suite 1100 Des Moines, IA 50309						unknown
ACCOUNT NO. Premier Capital Group, Inc. PO Box 643172 Cincinnati, OH 45264						unknown
ACCOUNT NO. Premium Financing Specialists, Inc. PO Box 419090 Kansas City, MO 64141						unknown
ACCOUNT NO. Prime Alliance Bank 1868 South 500 West Woods Cross, UT 84087						1,908,769.79

Sheet no. 88 of 122 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,908,769.79**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Prime Engineering 4202 W. Sierra Madre Avenue Fresno, CA 93722						unknown
ACCOUNT NO. Prime Security Bank Attn: Hugh Hadlund 1305 Vierling Drive Shakopee, MN 55379						300,002.32
ACCOUNT NO. Primus 13800 NW 14th St., Suite 130 Sunrise, FL 33323						unknown
ACCOUNT NO. Pro Sealer Asphalt Seal Coating Inc. 21 Locust Ave. Dover, NJ 07801						unknown
ACCOUNT NO. Progressive Business Publications 370 Technology Dr., PO Box 3019 Malvern, PA 19355						unknown
ACCOUNT NO. Prosperan Bank 990 Helena Ave. South Oakdale, MN 55128						unknown
ACCOUNT NO. Prudential Insurance Co. Of America Box #3846, PO Box 8500 Philadelphia, PA 19178						unknown

Sheet no. 89 of 122 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **300,002.32**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1803 PSE&G PO Box 1444 New Brunswick, NJ 08906-4444		and 66 150 565 18				unknown
ACCOUNT NO. Public Savings Bank 2755 Philmont Ave., Suite 140 Huntingdon Valley, PA 19006						unknown
ACCOUNT NO. Puget Sound Leasing Co., Inc. PO Box 1295 Issaquah, WA 98027						unknown
ACCOUNT NO. Puget Sound Leasing Co., Inc. 5150 Village Pk Dr. SE, Suite 200 Bellevue, WA 98006						unknown
ACCOUNT NO. Quality Meical Group 4475 S. Clinton Ave., Suite 106 South Plainfield, NJ 07080						unknown
ACCOUNT NO. Quantam Rehab A/K/A Pride Mobility Products Corp. 182 Susquehanna Ave. Exeter, PA 18643						unknown
ACCOUNT NO. Raz Design Inc. 19 Railside Rd. Toronto Ontario, M3A1B2						unknown

Sheet no. 90 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Reasonable Lock & Safe, Inc. PO Box 986 Orange, NJ 07050						unknown
ACCOUNT NO. Reassure America Life Insurance Co. PO Box 305153 Nashville, TN 37230						unknown
ACCOUNT NO. Reassure America Life Insurance Co. PO Box 19099 Newark, NJ 07195						unknown
ACCOUNT NO. Recall Secure Destruction Services PO Box 932726 Atlanta, GA 31193						unknown
ACCOUNT NO. Red Mountain Bank, N.A. PO Box 381748 Birmingham, AL 35238						unknown
ACCOUNT NO. Red Mountain Bank, N.A. 5 Inverness Center Pkwy. Birmingham, AL 35242						unknown
ACCOUNT NO. 5470 Region Oil 15 Richboynton Rd. Dover, NJ 07801						850.75

Sheet no. **91** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **850.75**

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT		AMOUNT OF CLAIM
			UNLIQUIDATED	DISPUTED	
ACCOUNT NO. Republic Bank 801 North 500 West No. 103 West West Bountiful, UT 84087					unknown
ACCOUNT NO. 0001 Republic Bank Of Chicago Loan Servicing 2221 Camden Court Oak Brook, NJ 60523					278,661.04
ACCOUNT NO. Republic Bank, Inc. SUite 260 1560 S. Renaissance Towne Dr. Bountiful, UT 84010					unknown
ACCOUNT NO. Republic Bank, Inc. C/O Norris McLaughlin & Marcus 875 Third Ave., 18th Flr. New York, NY 10022					3,515,346.83
ACCOUNT NO. ResMed Lockbox 534593 Atlanta, GA 30353					unknown
ACCOUNT NO. ResMed Corp. 14040 Danielson St. Poway, CA 92064					unknown
ACCOUNT NO. Resource Capital Corp. PO Box 723 New York, NY 10018					unknown

Sheet no. **92** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) **\$ 3,794,007.87**

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

\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Resource Capital Corp. 1211 Hamburg Tpke. Wayne, NJ 07470						unknown
ACCOUNT NO. Respiratory Health & Critical Care Assoc 297 Lafayette Ave. Hawthorne, NJ 07506						unknown
ACCOUNT NO. Respiratory Warehouse, Inc. PO Box 134 Union, NJ 07083						unknown
ACCOUNT NO. Respiroincs PO Box 640817 Pittsburgh, PA 15264						unknown
ACCOUNT NO. Rice Lake Weighing Systems 230 W Coleman St., PO Box 272 Rice Lake, WI 54868						unknown
ACCOUNT NO. Rock Bottom Sound Production 26 East McClellon Ave. Livingston, NJ 07039						unknown
ACCOUNT NO. Rockland Electric Company 390 West Route 59 Spring Valley, NY 10977						unknown

Sheet no. 93 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Rockwell Financial Group LLC Suite 320 9085 E. Mineral Circle Centennial, CO 80112						unknown
ACCOUNT NO. Rocky Mountain Bank & Trust 755 Cheyenne Meadows Colorado Springs, CO 80906						unknown
ACCOUNT NO. Roho Group, The PO Box 658 Belleville, IL 62221						unknown
ACCOUNT NO. Ronquillo, Godwin C/O Texas Capital Bank, Renaissance Twr 1201 Elm St., Suite 1700 Dallas, TX 75270						unknown
ACCOUNT NO. Roxy Florist 328 Glenwood Ave. Bloomfield, NJ 07003						unknown
ACCOUNT NO. Royal Savings Bank 9226 S. Commercial Ave. Chicago, IL 60617						unknown
ACCOUNT NO. Salerno Duane Mitsubishi 989 Route 10 Randolph, NJ 07869						unknown

Sheet no. 94 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Sammons Preston 1000 Remington Blvd., Suite 210 Bolingbrook, IL 60440						unknown
ACCOUNT NO. Sandin, Kenneth C. 851 Crowe Road Bloomville, NY 13739						unknown
ACCOUNT NO. Santa Barbara Bank & Trust Div Of Pacific Capital Bk NA-Leasing Div PO Box 60607 Santa Barbara, CA 93160						unknown
ACCOUNT NO. Santa Barbara Bank & Trust C/O American Lease 654 Amherst Rd., Suite 308 Sundreland, MA 01375						unknown
ACCOUNT NO. Satellite Tracking Systems, Inc. 56 W. Tomlin Station Road Mickleton, NJ 08056						unknown
ACCOUNT NO. Savino, Angelo 122 South Valley Road West Orange, NJ 07052						unknown
ACCOUNT NO. SBBT C/O American Lease Insurance 654 Amherst Rd., Suite 308 Sunderland, MA 01375						unknown

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Sheet no. 95 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. SCG Capital Corporation 74 West Park Place Stamford, CT 06901						unknown
ACCOUNT NO. Schwabb, Inc. PO Box 3128 Milwaukee, MI 53202						unknown
ACCOUNT NO. Schwartz Juner, PC 10 West Hanover Ave., Suite 111 Randolph, NJ 07869						unknown
ACCOUNT NO. Scott H. Marcus & Associates 121 Johnson Road Turnersville, NJ 08012						unknown
ACCOUNT NO. Security Bank USA C/O Archer & Greiner PC One Centennial Sq. Haddonfield, NJ 08033						109,314.31
ACCOUNT NO. Security Fence Co. 23 McKinley Ave. East Hanover, NJ 07936						unknown
ACCOUNT NO. Select Towing & Repair 52 Washington St. West Orange, NJ 07052						unknown

Sheet no. **96** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **109,314.31**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Sentry Financial Corporation Suite 1400 201 South Main Street Salt Lake City, UT 84111						unknown
ACCOUNT NO. Sequal Technologies, Inc. 11436 Sorrento Valley Road San Diego, CA 92121						unknown
ACCOUNT NO. Shauger Cleaning Services, Inc. 429 Dodd Street East Orange, NJ 07017						unknown
ACCOUNT NO. 1605 Shell Customer Service PO Box 6406 Sioux Falls, SD 57117						unknown
ACCOUNT NO. 8426 Shell Customer Service PO Box 6406 Sioux Falls, SD 57117						1,216.46
ACCOUNT NO. Shell Card Center PO Box 689151 Des Moines, IA 50368						unknown
ACCOUNT NO. Shopper Mobility Products, Inc. 21184 Figueroa St. Carson, CA 90745						unknown

Sheet no. 97 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,216.46**

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

\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Silvermark Capital 400 Gulf Freeway, Suite 300 Houston, TX 77023						unknown
ACCOUNT NO. SleepNet Corporation 5 Merrill Industrial Drive Hampton, NH 03842						unknown
ACCOUNT NO. Smiths Medical 5200 Upper Metro Pl., Suite 200 Dublin, OH 43017						unknown
ACCOUNT NO. Smiths Medical ASD, Inc. PO Box 7247-7784 Philadelphia, PA 19170						unknown
ACCOUNT NO. SMiths Medical PM, Inc. N7 W22025 Johnson Dr. Waukesha, WI 53186						unknown
ACCOUNT NO. Solutions Homecare LLC C/O Norris McLaughlin & Marcus 721 Rte 202-206, PO Box 1018 Somerville, NJ 08876						unknown
ACCOUNT NO. 2114 South Orange Disposal Co. 185 Church St., PO Box 179 South Orange, NJ 07079						274.60

Sheet no. 98 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **274.60**

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

\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5356 South Orange Village Water Services Customer Service Center 101 South Orange Avenue South Orange, NJ 07079						86.46
ACCOUNT NO. South Orange Village, Township Of 101 South Orange Ave. South Orange, NJ 07079						unknown
ACCOUNT NO. Sovereign Bank PO Box 14833 Reading, PA 19612-4833		1081228				446.82
ACCOUNT NO. Sparta, Township Of Water Utility 65 Main Street Sparta, NJ 07871						unknown
ACCOUNT NO. Spectrum Medical Leasing NW 7668 PO Box 1450 Minneapolis, MN 55485						unknown
ACCOUNT NO. Spectrum Technologies, Inc. PO Box 228 Elysburg, PA 17824						unknown
ACCOUNT NO. Standard Professional Services LLC 1101 Skokie Blvd., Suite 225 Northbrook, IL 60062						unknown

Sheet no. 99 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **533.28**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Standard Professional Services LLC 707 Skokie Blvd., Suite 190 Northbrook, IL 60062						unknown
ACCOUNT NO. Staples Credit Plan PO Box 689020 Des Moines, IA 50368						unknown
ACCOUNT NO. Star-Ledger, The PO Box 119 Newark, NJ 07102						unknown
ACCOUNT NO. State Insurance Fund Disability Benefits PO Box 4779 Syracuse, NY 13221						unknown
ACCOUNT NO. State Insurance Fund, The Disability Benefits One Watervliet Ave. Extension Albany, NY 12206						unknown
ACCOUNT NO. State Insurance Fund, The Disability Benefits 15 Computer Drive West Albany, NY 12205		Policy #5122 48-7				710.15
ACCOUNT NO. State Street Financial LLC 18 West State St., Suite 208 Doylestown, PA 18901						0.00

Sheet no. **100** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **710.15**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Sterling Bank Leasing 654 Amherst Rd, Suite 324 Sunderland, MA 01375						unknown
ACCOUNT NO. Sterling National Bank 500 Seventh Ave., 11th Flr. New York, NY 10018						unknown
ACCOUNT NO. Sterling National Bank C/O American Lease Insurance 654 Amherst Rd., Suite 324 Sunderland, MA 01375						unknown
ACCOUNT NO. Sterling National Bank C/O Platzer Swergold Karlin Levine 1065 Avenue Of The Americas New York, NY 10018						113,366.18
ACCOUNT NO. Sterling National Bank-Leasing Dept. PO Box 1570 Church Street Station New York, NY 10008-1570		Contract #001-0012505-001				15,765.79
ACCOUNT NO. Stonebridge Bank 624 Willowbrook Lane West Chester, PA 15382						unknown
ACCOUNT NO. Strassburg Sock JT Enterprises PO Box 1213 Lockport, NY 14095						unknown

Sheet no. 101 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **129,131.97**

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

\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Studebaker-Worthington Leasing Corp. 100 Jericho Quadrangle Jericho, NY 11753						unknown
ACCOUNT NO. Sun National Bank Commercial Loan Dept. 226 Landis Avenue Vineland, NJ 08360		Cust #ALLHE01				287,943.45
ACCOUNT NO. Sun National Bank PO Box 885 Vineland, NJ 08362						unknown
ACCOUNT NO. Sun National Bank 400 Broad Acres Dr., Suite 100 Bloomfield, NJ 07003						unknown
ACCOUNT NO. Sun National Bank Commercial Loan Dept. 226 Landis Avenue Vineland, NJ 08360						13,218,326.04
ACCOUNT NO. Sunmed Finance Inc. 7477A East Drycreek Parkway Longmont, CO 80503						unknown
ACCOUNT NO. Sunrise Medical Inc. 7477 East Drycreek Parkway Longmont, CO 80503						unknown

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Sheet no. 102 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **13,506,269.49**

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

\$

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Sunrise Medical Inc. 2382 Faraday Avenue, Suite 200 Carlsbad, CA 92008						unknown
ACCOUNT NO. Sunrise Medical Inc. PO Box 933058 Altanta, GA 31193						unknown
ACCOUNT NO. Sunrise Medical Technologies 2498 Roll Drive, SUite 820 San Diego, CA 92173						unknown
ACCOUNT NO. Sunrise Medical, CCC Inc. 5001 Joerns Drive Stevens Point, WI 54481						unknown
ACCOUNT NO. Suntrust Equipment Finance & Leasing Corp. 300 East Joppa Rd., Suite 700 Towson, MD 21286						unknown
ACCOUNT NO. Suntrust Equipment Finance & Leasing Corp. 1414 Raleigh Rd., Suite 100 Chapel Hill, NC 27517						unknown
ACCOUNT NO. Supracor, Inc. 2050 Corporate Ct. San Jose, CA 95131						unknown

Sheet no. 103 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Susquehanna Bank PA C/O Chesapeake Industrial Leasing Co. 9512 Harford Road Baltimore, MD 21234						unknown
ACCOUNT NO. Susquehanna Commercial Finance Inc. C/O American Lease Insurance 654 Amherst Rd., SUite 303 Sunderland, MA 01375		Customer #23426				23,119.97
ACCOUNT NO. Susquehanna Patriot Commercial Leasing Company, Inc. 1566 Medical Dr., Sulte 201 Pottstown, PA 19164						unknown
ACCOUNT NO. Sussex Rural Electric Cooperative Inc. 64 County Route 639, PO Box 346 Sussex, NJ 07461						unknown
ACCOUNT NO. Synergy Resources Attn: Bankruptcy Dept. 1310 Madrid St., Suite 100 Marshall, MN 56258						5,295.16
ACCOUNT NO. Synovus Capital Finance 1124 Broadway Columbus, GA 31901						unknown
ACCOUNT NO. Synovus Capital Finance PO Box 2485 1132 Broadway Columbus, GA 31902		Cust #1000901				24,109.86

Sheet no. **104** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **52,524.99**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. T Tafro Floor Coverings, LLC 8 Fairmout Terr. West Orange, NJ 07052						unknown
ACCOUNT NO. Tall Pines Industrial Park, Inc. PO Box 427 Monsey, NY 10952						unknown
ACCOUNT NO. Taycore Financial 6065 Bristol Pkwy. Culver City, CA 90230						unknown
ACCOUNT NO. TCD Company C/O Timothy S. Donovan 68 Defeo Lane Somers Point, NJ 08244		Inv 10-08				1,070.00
ACCOUNT NO. TD Banknorth Leasing Corporation 5 Commerce Park North Bedford, NH 03110						unknown
ACCOUNT NO. TD Banknorth Leasing Corporation PO Box 5000 Lewiston, ME 04243						unknown
ACCOUNT NO. TD Equipment Finance, Inc. 5 Commerce Park North Bedford, NH 03110						unknown

Sheet no. 105 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,070.00**

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

IN RE Allied Health Care Services, Inc.

Debtor(s)

Case No. 10-35561

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. TD Equipment Finance, Inc. Attn: Lisa Branch 2059 Springdale Road Cherry Hill, NJ 08003						unknown
ACCOUNT NO. Team Capital Bank 210 Penns Trail, Suite 104 Newtown, PA 18940						unknown
ACCOUNT NO. Team Capital Bank C/O Trenk DiPasquale Webster 347 Mt. Pleasant Ave., Suite 104 West Orange, NJ 07052						794,242.92
ACCOUNT NO. Technology Leasing Services 4740 34th St., Suite 9 San Diego, CA 92116						unknown
ACCOUNT NO. Telerent Leasing Co. 400 West Main Street Freehold, NJ 07728						unknown
ACCOUNT NO. Telerent Leasing Corporation 4191 Fayetteville Road Raleigh, NC 27603						unknown
ACCOUNT NO. Telerent Leasing Corporation 400 W Main St. Freehold, NJ 07728						unknown

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Sheet no. 106 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **794,242.92**

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Terminix 271 Cox Street Roselle, NJ 07203		Cust #3012488				276.06
ACCOUNT NO. Terminix International 2181 15 A Melanie Lane, Unit 5 East Hanover, NJ 07936						unknown
ACCOUNT NO. Tetra Corporate Services, Inc. Suite 520 6925 Union Park Center Midvale, UT 84047						unknown
ACCOUNT NO. Tetra Corporate Services, LLC 3165 East Millrock Dr., Suite 400 Salt Lake City, UT 84121						unknown
ACCOUNT NO. Texas Capital Bank 2100 McKinney Ave., Suite 900 Dallas, TX 75201						unknown
ACCOUNT NO. Texas Capital Bank 5800 Granite Parkway, Suite 155 Dallas, TX 75204						unknown
ACCOUNT NO. Tiara Subsidiary Of Cardinal Health 14414 Detroit Ave., Suite 206 Lakewood, OH 44107						unknown

Sheet no. 107 of 122 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **276.06**

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

\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Tiger Leasing, LLC 105 Chambers Street, 3rd Flr. New York, NY 10007,						unknown
ACCOUNT NO. Tisport LLC PO Box 3970 Pasco, WA 99302						unknown
ACCOUNT NO. Town & Country Leasing Co. 1097 Commercial Ave., PO Box 329 East Petersburg, PA 17520						unknown
ACCOUNT NO. Towne Center Bank, The Two Appletree Sq., Suite 325 Bloomington, MN 55425						unknown
ACCOUNT NO. 9900 Towne Center Bank, The 1310 Madrid St., Suite 106 Marshall, MN 56258						5,295.16
ACCOUNT NO. 9734 Transworld Systems, Inc. FKA NCO Financial Systems, Inc. 507 Prudential Road Horsham, PA 19044						895.87
ACCOUNT NO. 4016 Travelers CL Remittance Center Hartford, CT 06183-1008						109,313.25

Sheet no. 108 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **115,504.28**

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Travelers Cushman Ins Agency, Inc. PO Box 1069 Herndon, VA 20172						unknown
ACCOUNT NO. Travelers Companies, Inc., The 1100 American Rd., 2nd Flr. Morris Plains, NJ 07950						unknown
ACCOUNT NO. Trendline Financial, A Div. Of National Bank Of Kansas City 10700 Nall Ave., Suite 102 Overland Park, KS 66211						unknown
ACCOUNT NO. Tri-State Insurance Agency 96 Route 206 Augusta, NJ 07822						unknown
ACCOUNT NO. TriCenturion PO Box 100282 AZ-190 Columbia, SC 29202						unknown
ACCOUNT NO. TRISM Business Solutions LLC 4974 S. Rainbow Blvd., Suite 100 Las Vegas, NV 89118						unknown
ACCOUNT NO. Tustin Community Bank 13891 Newport Ave., Suite 100 Tustin, CA 92708						unknown

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Sheet no. **109** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE **Allied Health Care Services, Inc.**

Case No. **10-35561**

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Tustin Community Bank PO Box 4260 Napa, CA 94558						unknown
ACCOUNT NO. Tustin Community Bank PO Box 2013 Tustin, CA 92781						unknown
ACCOUNT NO. TYCO Healthcare C/O Mallinckrodt Inc. 675 McDonnell Blvd. Hazelwood, MO 63042						unknown
ACCOUNT NO. TYCO Healthcare C/O Mallinckrodt Inc. PO Box 13667 Newark, NJ 07188						unknown
ACCOUNT NO. U.S. Bancorp Equipment Finance PO Box 230789 Portland, OR 97281						unknown
ACCOUNT NO. Union Safe Deposit Bank PO Box 2149 Gig Harbor, WA 98335						unknown
ACCOUNT NO. United Leasing Associates 3275 Intertech Dr., Suite 100 Brookfield, WI 53045						unknown

Sheet no. **110** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE **Allied Health Care Services, Inc.**

Debtor(s)

Case No. **10-35561**

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED AMOUNT OF CLAIM
ACCOUNT NO. United Leasing Associates Of America N116W16150 Main Street PO Box 428 Germantown, WI 53022					unknown
ACCOUNT NO. United Leasing Inc. PO Box 5089 Evansville, IN 47716					unknown
ACCOUNT NO. United Leasing, Inc. 3700 Morgan Ave. Evansville, IN 47715		Customer #016610			98,114.65
ACCOUNT NO. United Security Co. PO Box 4231 West New York, NJ 07093					unknown
ACCOUNT NO. United States Post Office 384 Main Street Orange, NJ 07050					unknown
ACCOUNT NO. United Water New York 360 West Nyack Rd. West Nyack, NY 10994					unknown
ACCOUNT NO. United Western Bank C/O ReedSmith LLP 136 Main Street, Suite 250 Princeton, NJ 08540-7839					unknown

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Sheet no. **111** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **98,114.65**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0001 United Western Bank 700 17th St., Suite 100 Denver, CO 80202						51,825.00
ACCOUNT NO. Unitrin Direct PO Box 790074 Saint Louis, MO 63179						unknown
ACCOUNT NO. Univest Capital, Inc. Greenwood Square 3325 Street Rd., Suite 125 Bensalem, PA 19020		Lease #1056				6,993.70
ACCOUNT NO. Univest Capital, Inc. C/O American Lease Insurance 654 Amherst Rd., Suite 331 Sunderland, MA 01375						unknown
ACCOUNT NO. 4421 Univest Capital, Inc. C/O Greenberg Grant & Richards Inc 585 Westheimer Rd., Suite 500 Houston, TX 77057						16,747.69
ACCOUNT NO. UPS PO Box 7247-0244 Philadelphia, PA 19170-0001		Inv 2360E5370				22.00
ACCOUNT NO. US Bancorp. PO Box 580337 Minneapolis, MN 55458						unknown

Sheet no. 112 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **75,588.39**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. US Bancorp. PO Box 580337 Minneapolis, MN 55458						unknown
ACCOUNT NO. US Bancorp. 1310 Madrid Street Marshall, MN 56258						unknown
ACCOUNT NO. US Bancorp. PO Box 230789 Portland, OR 97281						unknown
ACCOUNT NO. US Bancorp. Attn: Bkcy. Dept. 1450 Channel Pkwy. Marshall, MN 56258						247,115.71
ACCOUNT NO. US Bank F/K/A Park National Bank 13010 SW 68th Pkwy., Suite 100 Portland, OR 97232		Inv 159802180				14,430.00
ACCOUNT NO. US Bank National Association 400 City Center Oshkosh, WI 54901						unknown
ACCOUNT NO. US Bank Portfolio Services 1310 Madrid St., Suite 103 Marshall, MN 56258						unknown

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Sheet no. 113 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **261,545.71**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED AMOUNT OF CLAIM
ACCOUNT NO. US Finance, Inc. 5435 Bull Valley Rd., Suite 302 Mchenry, IL 60050					unknown
ACCOUNT NO. Valley Forge Life Ins. Co. PO Box 305153 Nashville, TN 37230					unknown
ACCOUNT NO. Valley National Bank Auto Loan Service Center PO Box 558 Wayne, NJ 07474					unknown
ACCOUNT NO. Van G Miller PO Box 2817 Waterloo, IA 50704					unknown
ACCOUNT NO. Vanguard 654 Amherst Rd., Suite 331 Sunderland, MA 01375					unknown
ACCOUNT NO. Vanguard Leasing, Inc. 3325 Street Rd. Suite 125 Bensalem, PA 19020					unknown
ACCOUNT NO. Vanguard Leasing, Inc. 654 Amherst Rd., Suite 331 Sunderland, MA 01375					unknown

Sheet no. 114 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBETOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Vantage Point Bank 1250 Virginia Drive, Suit 175 Fort Washington, PA 19031						199,390.61
ACCOUNT NO. Vantage Point Bank 1250 Virginia Drive, Suit 175 Fort Washington, PA 19031						231,374.01
ACCOUNT NO. Varilease Technology Finance Group 8451 Boulder Court Walled Lake, MI 48390						unknown
ACCOUNT NO. Varilease Technology Finance Group 2121 SW Broadway 2nd Flr. Portland, OR 97201						unknown
ACCOUNT NO. Varilite PO Box 94547 Seattle, WA 98124						unknown
ACCOUNT NO. Varilite Cascade Designs 4000 1st Ave. South Seattel, WA 98134						unknown
ACCOUNT NO. Vendor Lease Management Group 1719 Route 10 East, Suite 306 Parsippany, NJ 07054						967,183.28

Sheet no. 115 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,397,947.90**

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

\$

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0696 Verizon PO Box 15124 Albany, NY 12212-5124						unknown
ACCOUNT NO. 116Y Verizon PO Box 4833 Trenton, NJ 08650-4833						89.22
ACCOUNT NO. 0001 Verizon Wireless PO Box 4003 Acworth, GA 30101						unknown
ACCOUNT NO. VGM Financial Services A Div Of TGM Leasing Inc. 1111 San Marnan Drive Waterloo, IA 50701						641,695.47
ACCOUNT NO. VGM Financial Services PO Box 77077 Minneapolis, MN 55480		Inv #2047871				165,757.78
ACCOUNT NO. VGM Insurance 111 W. San Marnan Dr., PO Box 1328 Waterloo, IA 50704						unknown
ACCOUNT NO. Violations Processing Center PO Box 15186 Albany, NY 12212		Violation #T011012812015				30.25

Sheet no. 116 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **807,572.72**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Vision Financial Group Inc. 615 Iron City Drive Pittsburgh, PA 15205						unknown
ACCOUNT NO. Vision Share, Inc. SDS-12-2343, PO Box 86 Minneapolis, MN 55486						unknown
ACCOUNT NO. Visiting Nurse Services In Westchester, Inc. 360 Mamaroneck Ave. White Plains, NY 10605						unknown
ACCOUNT NO. Vital Wear, Inc. 384 Oyster Point Blvd. #16 South San Francisco, CA 94080						unknown
ACCOUNT NO. Vodafone Specialist Communications Ltd. 3 The Courtyards, Phoenix Sq, Wincolls Rd Colchester, Essex, CO4, 9PE United Kingdom,						unknown
ACCOUNT NO. Volocom 9601 Blackwell Rd., Suite 250 Rockville, MD 20850						unknown
ACCOUNT NO. Wachovia Dealer Services PO Box 25341 Santa Ana, CA 92799						unknown

Sheet no. 117 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Wagner And Associates 445 South Figueroa St., 26th Floor Los Angeles, CA 90071						unknown
ACCOUNT NO. Walk Easy, Inc. PO Box 812432 Boca Raton, FL 33481						unknown
ACCOUNT NO. Wallington Family Dentistry PA 172 Maple Ave. Wallington, NJ 07057						unknown
ACCOUNT NO. Washington Mutual Bank 1201 3rd Ave., Suite 1000 Seattle, WA 98101						unknown
ACCOUNT NO. Washington Mutual Bank 989 McBride Ave., Suite 200 West Paterson, NJ 07424						unknown
ACCOUNT NO. 3749 Waste Management Of NJ Wast Management Northeast 107 Silvia St. Ewing, NJ 08628						321.06
ACCOUNT NO. Waterloo Farmers State Bank 1009 Peoples Square Waterloo, IA 50702		Loan #CL41-0606-492				30,105.60

Sheet no. 118 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **30,426.66**

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Web MD Corporation 26 Century Blvd., Suite 601 Nashville, TN 37214						unknown
ACCOUNT NO. Wells Fargo 7 Giralda Farms, 2nd Flr. Madison, NJ 07940						unknown
ACCOUNT NO. Wells Fargo Bank, N.A. ABC Custody Vault Mac N0311 160 625 Marquette Ave. Minneapolis, MN 55479						unknown
ACCOUNT NO. Wells Fargo Bank, N.A. Suite 100 300 Tri-State International Lincolnshire, IL 60069						unknown
ACCOUNT NO. Wells Fargo Equipment Finance Inc. 733 Marquette Ave., Suite700 Minneapolis, MN 55402		Inv #5885633				63,862.17
ACCOUNT NO. Wells Fargo Financial Leasing C/O Deirdre Richards, Esq. 3600 Horizon Blvd., Suite 200 Trevoise, PA 19053						1,389,009.89
ACCOUNT NO. Wells Fargo Financial Leasing C/O Deirdre Richards, Esq. 3600 Horizon Blvd., Suite 200 Trevoise, PA 19053						1,966,076.03

Sheet no. 119 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) **\$ 3,418,948.09**

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

\$

IN RE Allied Health Care Services, Inc.

Debtor(s)

Case No. 10-35561

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306						unknown
ACCOUNT NO. West Orange Municipal Court 60 Main Street West Orange, NJ 07052						unknown
ACCOUNT NO. West Suburban Bank 717 S. Westmore Avenue Lombard, IL 60148						unknown
ACCOUNT NO. Western Alliance Equipment Finance 4646 E. Van Buren, Suite 125 Phoenix, AZ 85008						unknown
ACCOUNT NO. Western Alliance Leasing 9977 N 95th St., Suite 105 Scottsdale, AZ 85258						unknown
ACCOUNT NO. Western Alliance Leasing 2121 SW Broadway, Suite 200 Portland, OR 97201						unknown
ACCOUNT NO. Western Alliance Leasing Company PO Box 98809 Las Vegas, NV 89193						unknown

Sheet no. 120 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Wetsch, David L., Esq. 974 73rd St., Suite 20 Des Moines, IA 50324		Case #CL 118959				unknown
ACCOUNT NO. Whidbey Island Bank PO Box 589 Oak Harbor, WA 98277						unknown
ACCOUNT NO. Whitmyer Biomechanix, Inc. 1833 Junwin Ct. Tallahassee, FL 32308						unknown
ACCOUNT NO. William Penn Life Ins Co. Of NY PO Box 740527 Atlanta, GA 30374						unknown
ACCOUNT NO. Wills Of Ohio, Inc. 26 Century Blvd., PO Box 305191 Nashville, TN 37230						unknown
ACCOUNT NO. Workers Compensation Board Finance Office 20 Park Street Albany, NY 12207						unknown
ACCOUNT NO. World Roam Limited 3 The Couryards Phoenix Sq. Wyncolis Rd Colchester, Essex, CO4, 9PE United Kingdom,						unknown

Sheet no. 121 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

IN RE Allied Health Care Services, Inc.

Case No. 10-35561

Debtor(s)

(If known)

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. XM Satellite Radio PO Box 33174 Detroit, MI 48232						unknown
ACCOUNT NO. Zenon Zyga Equipment Leasing 1876 Meadow Dr. Hinckley, OH 44233						unknown
ACCOUNT NO. Zevex, Inc. 4314 Zevex Park Lane Salt Lake City, UT 84123						unknown
ACCOUNT NO. Zylstra, Jim PO Box 2592 Branchville, NJ 07826						unknown
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 122 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

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

\$ **40,491,480.09**