

IN RE Allied Health Care Services, Inc.

Debtor(s)

Case No. 10-35561

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

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

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

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

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

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. A Duie Pyle, Inc. PO Box 564 West Chester, PA 19381						unknown
ACCOUNT NO. A.B.C.O. Leasing, Inc. 22232 17th Ave SE, Suite 204 Bothell, WA 98021						unknown
ACCOUNT NO. A.R.T. Group Whitmyer Biomechaniz 3373 Garber Dr. Tallahassee, FL 32303						unknown
ACCOUNT NO. Ablenet 2808 North Fairview Ave. Roseville, MN 55113						unknown
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.)						\$

122 continuation sheets attached

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. ACC Alliance Commercial Capital, Inc. Med One Capital Funding LLC 865 North Lasalle Chicago, IL 60610						unknown
ACCOUNT NO. ACC Capital Corporation 1787 E. Fort Union Blvd. #200 Salt Lake City, UT 84121						unknown
ACCOUNT NO. ACC Capital Corporation, ISAOA 1787 E. Forth Union Blvd., Suite 200 Salt Lake City, UT 84121						unknown
ACCOUNT NO. Access Point Medical PO Box 535009 Atlanta, GA 30353						unknown
ACCOUNT NO. ACE Drive Products & Services, Inc. Truck Parts & Services 520 York Street Elizabeth, NJ 07201		Inv #13508				100.00
ACCOUNT NO. Action Products, Inc. 954 Sweeney Dr. Hagerstown, MD 21740						unknown
ACCOUNT NO. Activeaid 101 Activeaid Rd., PO Box 359 Redwood Falls, MN 56283						unknown

Sheet no. 1 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **100.00**

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.

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. Administration Services 2005 Market St., 15th Flr. Philadelphia, PA 19103						unknown
ACCOUNT NO. Advance Acceptance/All-Lines Leasing Div. Of First Western Bank & Trust 100 Prairie Center Drive Eden Prairie, MN 55344		Inv 2079409				45,882.95
ACCOUNT NO. Advanced Furnace 409 Cumberland Drive Bayville, NJ 08721						unknown
ACCOUNT NO. AEL Financial LLC 600 N. Buffalo Grove Rd. Buffalo Grove, IL 60089						266,575.85
ACCOUNT NO. AEL Financial LLC ATIMA 6991 East Camelback Rd, Suite D202 Scottsdale, AZ 85251						unknown
ACCOUNT NO. AEL Financial LLC PO Box 88046 Milwaukee, WI 53288-0046		Contract #28065031				260,729.60
ACCOUNT NO. Aetna Plan Sponsor Services One Farr View, PO Box 9610 Cranbury, NJ 08512						unknown

Sheet no. 2 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **573,188.40**

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. Air Gorup LLC 1 Prince Road Whippany, NJ 07981						unknown
ACCOUNT NO. Airgas East 27 Northwestern Drive Salem, NH 03079		Account #GDG55/2				26,374.61
ACCOUNT NO. Alert Ambulance Service, Inc. PO Box 192 Brick, NJ 08723						unknown
ACCOUNT NO. Alerus Financial C/O Dorsey & Whitney LLP 50 South Sixth St., Suite 1500 Minneapolis, MN 55402						unknown
ACCOUNT NO. Alex Orthopedic 1174 N Great Southwest Pkwy. Suite 10 Grand Prairie, TX 75050						unknown
ACCOUNT NO. Alfa Financial Corporation D/B/A OFC Capital 576 Colonial Park Dr., Suite 200 Roswell, GA 30075						unknown
ACCOUNT NO. AliMed Inc. PO Box 9135 Dedham, MA 02027						unknown

Sheet no. 3 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **26,374.61**

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. All Points Capital Corp. 275 Broad Hollow Road Melville, NY 11747						unknown
ACCOUNT NO. All Points Capital Corp. PO Box 9020 Hicksville, NY 11801						unknown
ACCOUNT NO. All Safe Fire Sprinkler Co., Inc. 65 Raymond Ave. Nutley, NJ 07110						unknown
ACCOUNT NO. All Types Advertising, Inc. 12 Carol Court Pomona, NY 10970						unknown
ACCOUNT NO. All-Safe Fire Sprinkler Co., Inc. 65 Raymond Ave. Nutley, NJ 07110						unknown
ACCOUNT NO. Allegiance One Leasing Company LLC 4365 Lawn Avenue, Suite 1 Westerns Springs, IL 60558						unknown
ACCOUNT NO. Allegiance One Leasing Company LLC 225 West Wacker, Suite 2600 Chicago, IL 60606						unknown

Sheet no. 4 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. Allegiant Partners Incorporated 900 Fourth St., Suite 200 San Rafael, CA 94901						unknown
ACCOUNT NO. Allegiant Partners Incorporated ISAOA Attn: Brent Thorn 999 Fifth Ave., Suite 300 San Rafael, CA 94901						unknown
ACCOUNT NO. Allegiant Partners Incorporated PO Box 150210 San Rafael, CA 94915						unknown
ACCOUNT NO. Alliance Bank 510 North US 35 Winamac, IN 46996						unknown
ACCOUNT NO. Alliance Bank 209 Rickey Road Monticello, IN 47960						unknown
ACCOUNT NO. Alliance Bank C/O James R. Schrier PO Box 280 Lafayette, IN 47902						107,877.15
ACCOUNT NO. Alliance Bank C/O James R. Schrier PO Box 280 Lafayette, IN 47902						114,747.65

Sheet no. 5 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **222,624.80**

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. Alliance Commercial Capital 865 North Lasalle Chicago, IL 60610						unknown
ACCOUNT NO. Alliance Financial LLC PO Box 2149 7901 Skansie Avenue, Suite 200 Gig Harbor, WA 98335						unknown
ACCOUNT NO. Alliance Leasing Inc. 120 Madison St. Tower II 17th Flr Syracuse, NY 13202						unknown
ACCOUNT NO. Alliance Leasing Inc. C/O Maselli Warren PC 600 Alexander Road Princeton, NJ 08540						577,174.93
ACCOUNT NO. Allied Heathcare Products 1720 Sublette Ave. St. Louis, MO 63110						unknown
ACCOUNT NO. Allied Interstate PO Box 1962 Southgate, MI 48195						unknown
ACCOUNT NO. American Association For Respiratory Care (AARC) 9425 N. MacArthur Blvd., Suite 100 Irving, TX 75063						unknown

Sheet no. 6 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **577,174.93**

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. American Association For Homecare 625 Slaters Lane, Suite 200 Alexandria, VA 22314						unknown
ACCOUNT NO. 4906 American Bank FSB D/B/A American Bank Leasing 8510 McAlpine Park Dr. #210 Charlotte, NC 28211						48,523.50
ACCOUNT NO. American Bank FSB Attn: Erik Bolog, Esq. 9001 Edmonston Rd., Suit 100 Greenbelt, MD 20770						unknown
ACCOUNT NO. American Bank Leasing 555 Sun Valley Dr, Bldg. E5 Roswell, GA 30076						unknown
ACCOUNT NO. American Capital Group 175 Technology Dr., Suite 100 Irvine, CA 92618						unknown
ACCOUNT NO. American Chartered Bank 932 W. Randolph Street Chicago, IL 60607						unknown
ACCOUNT NO. American Equipment Leasing 6 Commercial Drive Reading, PA 19607						unknown

Sheet no. 7 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **48,523.50**

Total
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 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. American Equipment Leasing PO Box 7247-7878 Philadelphia, PA 19170						unknown
ACCOUNT NO. American Express Bank C/O Becket And Lee LLP PO Box 3001 Malvern, PA 19335						unknown
ACCOUNT NO. American Express Business Finance 600 Travis Street, Suite 1300 Houston, TX 77002						unknown
ACCOUNT NO. Americhoice Of New Jersey Two Gateway Ctr., 13th Flr. Newark, NJ 07102						unknown
ACCOUNT NO. Americorp Financial LLC PO Box 633553 Cincinnati, OH 45263						unknown
ACCOUNT NO. Amerigroup New Jersey Inc. PO Box 62509 Virginia Beach, VA 23466						unknown
ACCOUNT NO. Amerimark Bank 5456 South Lagrange Road Countryside, IL 60525						unknown

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Sheet no. 8 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. Amoco/BP PO Box 9033 Carlsbad, CA 92008						unknown
ACCOUNT NO. Amsource Capital Ltd. 6942 Signat Houston, TX 77041						unknown
ACCOUNT NO. Anthrose Medical Group Inc. 1858 220th St. Hiawatha, KS 66434						unknown
ACCOUNT NO. Aquaflow Sewer & Drain Services PO Box 1497 Orange, NJ 07051						unknown
ACCOUNT NO. Arata, Dolores 78 Bellevue Avenue Butler, NJ 07405						unknown
ACCOUNT NO. ARC Of Rockland 25 Hemlock Dr. Congers, NY 10920						unknown
ACCOUNT NO. Arclight Magazine 25 Hemlock Drive Congers, NY 10920						unknown

Sheet no. 9 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. Aristo 651 Route 15 South Lake Hopatcong, NJ 07849						unknown
ACCOUNT NO. 5696 Arlington Capital Leasing PO Box 41602 Philadelphia, PA 19101-1602						14,078.61
ACCOUNT NO. Arlington Computer Products 851 Commerce Court Buffalo Grove, IL 60089						unknown
ACCOUNT NO. Armstrong Plumbing & Heating Inc. 209 Hillside Ave. Springfield, NJ 07081						unknown
ACCOUNT NO. Associated Bank NA PO Box 42 Red Wing, MN 55066						unknown
ACCOUNT NO. Associated Bank NA C/O William H. Henney 5101 Thimsen Ave., #200 Minnnetonka, MN 55345						534,103.56
ACCOUNT NO. Astra Tech Inc. 890 Winter St. Waltham, MA 02451						unknown

Sheet no. **10** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **548,182.17**

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>	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. Astra Tech Inc. 590 Lincoln Street Waltham, MA 02451		Payer #US51756				895.87
ACCOUNT NO. AT&T PO Box 78522 Phoenix, AZ 85062						unknown
ACCOUNT NO. 1001 AT&T PO Box 105068 Atlanta, GA 30348						3,876.21
ACCOUNT NO. AT&T 7915 S Emerson Ave., Box 233 Indianapolis, IN 46237						unknown
ACCOUNT NO. AT&T C/O James Grudus, Esq. One AT&T Way, Room 3A218 Bedminster, NJ 07921						2,208.41
ACCOUNT NO. Atlantic Medical Specialists 100 Queens Drive King Of Prussia, PA 19406						unknown
ACCOUNT NO. Atzl, Scatassa & Zigler, PC 234 North Main Street New City, NY 10956						unknown

Sheet no. 11 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **6,980.49**

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.)

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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>	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. Axis Capital, Inc. PO Box 2555 308 N. Locust St., Suite 100 Grand Island, NE 68801		Inv #719637				27,028.70
ACCOUNT NO. Axis Capital, Inc. C/O Lease Insurance Services PO Box 979285 Miami, FL 33197						unknown
ACCOUNT NO. Axis Capital, Inc. Customer Service 600 Travis, Suite 1300 Houston, TX 77002						unknown
ACCOUNT NO. Axis Capital, Inc. 308 N. Locust St., Suite 100 Grand Island, NE 68801						41,352.18
ACCOUNT NO. BA Merchant Services WA2-505-01-40 PO Box 2485 Spokane, WA 99210						unknown
ACCOUNT NO. Balboa Capital Corporation 2010 Main Street, 11th Fl. Irvine, CA 92614						unknown
ACCOUNT NO. Balboa Capital Corporation 654 Amherst Rd., Suite 332 Sunderland, MA 01375						unknown

Sheet no. 12 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **68,380.88**

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.) \$

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. BancLeasing, Inc. 628 N. Shore Rd. Absecon, NJ 08201						unknown
ACCOUNT NO. BancLeasing, Inc. 660 N Central Expressway, Suite 400 Plano, TX 75074						unknown
ACCOUNT NO. BancLeasing, Inc. And Sun National Bank Sandra Peters Credit Administration PO Box 885 Vineland, NJ 08360						unknown
ACCOUNT NO. BancLeasing, Inc. And Sun National Bank Suite 400 660 North Central Expressway Vineland, NJ 08360						unknown
ACCOUNT NO. Bank Financial FSB 15W060 North Frontage Road Burr Ridge, IL 60527						unknown
ACCOUNT NO. Bank Of Arizona Attn: Lockbox Processing 5976 Euclid St. Las Vegas, NV 89120						unknown
ACCOUNT NO. Bank Of New York 385 Rifle Camp Road Woodland Park, NJ 07424						unknown

Sheet no. 13 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$

Total
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 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. Bank Of The West 201 North Civic Dr., Suite 360B Walnut Creek, CA 94596						unknown
ACCOUNT NO. Bank Of The West PO Box 3886 Bellevue, WA 98004						unknown
ACCOUNT NO. Bank Of The West PO Box 4002 Concord, CA 94524						unknown
ACCOUNT NO. 8669 Bank Of The West Dept. LA 23091 Pasadena, CA 91185-3091						53,059.80
ACCOUNT NO. Bankers Capital 203 SW Cutoff Northborough, MA 01532						unknown
ACCOUNT NO. Bankers Leasing C/O American Lease Insurance 654 Amherst Rd, SUite 323 Sunderland, MA 01375						unknown
ACCOUNT NO. Bankers Leasing Company PO Box 7740 10052 Justiv Dr., Suite A Urbandale, IA 50323						unknown

Sheet no. 14 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **53,059.80**

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. Banleaco Equipment Lease 10052 Justin Dr., Suite A Urbandale, IA 50322						unknown
ACCOUNT NO. Barlett Tree Experts PO Box 3067 Stamford, CT 06905						unknown
ACCOUNT NO. Barre Savings Bank 56 Common Street Barre, MA 01005						unknown
ACCOUNT NO. Bartlett Tree Experts C/O Lars Teschauer 98 Ford Rd., Suite 3C Denville, NJ 07834						unknown
ACCOUNT NO. BB&T Equipment Finance Corporation PO Box 428 Timonium, MD 21094						unknown
ACCOUNT NO. BB&T Equipment Finance Corporation PO Box 580155 Charlotte, NC 28258						unknown
ACCOUNT NO. BB&T Equipment Finance Corporation C/O Alpert Butler & Weiss PC 449 Mt. Pleasant Ave. West Orange, NJ 07052						421,388.83

Sheet no. 15 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **421,388.83**

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. BB&T Leasing Corporation 5130 Parkway Plaza Blvd. Charlotte, NC 28217						unknown
ACCOUNT NO. BB&T Leasing Corporation PO Box 890589 Charlotte, NC 28289						unknown
ACCOUNT NO. BCI Inc. N7 W22025 Johnson Road Waukesha, WI 53186						unknown
ACCOUNT NO. Bellack, Michael 57 Harrison Avenue West Caldwell, NJ 07006						unknown
ACCOUNT NO. 3531 Beneficial Mutal Savings Bank 530 Walnut St. Philadelphia, PA 19106-3696						50,701.57
ACCOUNT NO. Berger, Bernard B., CLU 6 Becker Farm Road Roseland, NJ 07065						unknown
ACCOUNT NO. Binova C/O Smith Medical 5200 Upper Metro Pl., Suite 200 Dublin, OH 43017						unknown

Sheet no. **16** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **50,701.57**

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>	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. Bio-Med Devices, Inc. 61 Soundview Road Guilford, CT 06437						unknown
ACCOUNT NO. Biodynamics Corp. 3809 Stone Way N #100 Seattle, WA 98103						unknown
ACCOUNT NO. Bits & Pieces 111 East Wacker Dr., Suite 500 Chicago, IL 60601						unknown
ACCOUNT NO. Blue Ship Medical Products, Inc. 7-11 Suffern Pl. Suffern, NY 10901						unknown
ACCOUNT NO. BMT Leasing, Inc. 6 South Bryn Mahw Ave. Bryn Mawr, PA 19010						unknown
ACCOUNT NO. BNY Leasing Edge Corp. PO Box 41601 Philadelphia, PA 19101-1601						unknown
ACCOUNT NO. Body Point Inc. 558 First Ave. South, Suite 300 Seattle, WA 98104						unknown

Sheet no. 17 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. 8113 BP Customer Service PO Box 923928 Norcross, GA 30010					unknown
ACCOUNT NO. Brandywine Capital Associates, Inc. 113 E. Evans Street West Chester, PA 19380					unknown
ACCOUNT NO. Brandywine Capital Associates, Inc. PO Box 563 Marshall, MN 56258					unknown
ACCOUNT NO. Brandywine Capital Associates, Inc. AOISA 1310 Madrid St., Suite 103 Marshall, MN 56258					unknown
ACCOUNT NO. Brandywine Capital Associates, Inc. PO Box 496 Marshall, MN 56258		Inv #6243265			45,732.95
ACCOUNT NO. 3108 Brandywine Capital Associates, Inc. PO Box 493 Marshall, MN 56258					70,674.40
ACCOUNT NO. Breathing Care Associates PO Box 1964 Dothan, AL 36301					unknown

Sheet no. 18 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ 116,407.35

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. Brown & Fortunato, P.C. PO Box 9418 905 S. Fillmore, Suite 400 Amarillo, TX 79105						unknown
ACCOUNT NO. Bryn Mawr Funding 6 South Bryn Mawr Ave. Bryn Mawr, PA 19010						unknown
ACCOUNT NO. BSB Direct Financing, LLC 5201 Olympic Dr., NW GIG Harbor, WA 98335						unknown
ACCOUNT NO. BSB Direct Financing, LLC Attn: Lease Services-Insurance Dept. PO Box 2149 Gig Harbor, WA 98335						unknown
ACCOUNT NO. Bucks County Bank 200 South Main Street Doylestown, PA 18901						unknown
ACCOUNT NO. Burke/Leisure-Lift Inc. 1800 Merriam Lane Kansas City, KS 66106						unknown
ACCOUNT NO. Butler Capital Corporation PO Box 677 Cockeysville, MD 21030						unknown

Sheet no. 19 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. Butler Capital Corporation C/O American Lease Insurance Attn Deb 654 Amherst Rd., Suite 309 Sunderland, MA 01375						unknown
ACCOUNT NO. C.E. Kiff Inc. 83 Main St., PO Box 151 Delhi, NY 13753						unknown
ACCOUNT NO. Campbell Fire Protection, Inc. PO Box 389 43 Chestnut Street Suffern, NY 10901		Inv 25802				390.15
ACCOUNT NO. 9093 Capalbo's Gift Baskets 350 Allwood Rd. Clifton, NJ 07012						211.64
ACCOUNT NO. Capital One Bank PO Box 85147 Richmond, VA 23276						unknown
ACCOUNT NO. Capital One Equipment Leasing & Finance 99 Jericho Tpke Jericho, NY 11753						unknown
ACCOUNT NO. Capital One Equipment Leasing & Finance Attn: Insurance Dept. PO Box 8916 Melville, NY 11747						unknown

Sheet no. 20 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **601.79**

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>	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. Cardinal Health 17400 Medina Rd., Suite 100 Minneapolis, MN 55447					unknown
ACCOUNT NO. Care Centric 2839 Paces Ferry Road, Suite 900 Atlanta, GA 30339		Customer ID#5031			123.50
ACCOUNT NO. CareCentral Business Solutions Overlook II 2839 Paces Ferry Rd., Suite 900 Atlanta, GA 30339					unknown
ACCOUNT NO. CareFusion F/K/A Pulmonetic Systems, Inc. 17400 Medina Rd. Plymouth, MN 55447		Customer #000301			14,258.97
ACCOUNT NO. Carlin & Ward 25A Vreeland Rd., PO Box 751 Florham Park, NJ 07932					unknown
ACCOUNT NO. Cash Flow Lease C/O Sun National Bank-Comm Loan Dept. 266 Landis Avenue Vineland, NJ 08360		Cust #ALLHE01			59,531.51
ACCOUNT NO. CBF Commercial Collections, Inc. PO Box 901510 Kansas City, MO 64190					unknown

Sheet no. 21 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **73,913.98**

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>	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. Cedar Rapids Bank & Trust 500 1st Ave NE, Suite 100 Cedar Rapids, IA 52401		Note #P1099922322				99,451.38
ACCOUNT NO. Centerpoint Funding Company 1310 Madrid St., Suite 103 Marshall, MN 56258						unknown
ACCOUNT NO. Central Time Clock 5-23 50th Ave. Long Island City, NY 11101						unknown
ACCOUNT NO. Central Valley Community Bank 600 Pollasky Ave. Clovis, CA 93612						unknown
ACCOUNT NO. Ceres Purchasing Solutions 1000 Fianna Way Fort Smith, AR 72919						unknown
ACCOUNT NO. CFC Investment Company PO Box 145496 Cincinnati, OH 45250		Customer #6763344				22,260.75
ACCOUNT NO. CFC Investment Company 6200 South Gilmore Road Fairfield, OH 45014						unknown

Sheet no. **22** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) **\$ 121,712.13**

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>	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. CFC Investment Company 6200 S. Gilmore Rd. Fairfield, OH 45014						unknown
ACCOUNT NO. CFC Investment Company PO Box 145496 Cincinnati, OH 45250						unknown
ACCOUNT NO. Champaign Bank PO Box 729 Urbana, OH 43078						unknown
ACCOUNT NO. Charter Capital 6991 E. Camelback Rd., Suite D 202 Scottsdale, AZ 85251						unknown
ACCOUNT NO. Charter Capital 7975 N. Hayden Rd., Suite D-365 Scottsdale, AZ 85258						unknown
ACCOUNT NO. Chase Industries, Inc. 109 Ottawa Avenue Grand Rapids, MI 49503						unknown
ACCOUNT NO. Chase Industries, Inc. 1700 East Beltline NE Suite 130 Grand Rapids, MI 49525						unknown

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Sheet no. 23 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. Cherokee And Walker Management LLC 6440 S Wasatch Blvd., Suite 200 Salt Lake City, UT 84121						unknown
ACCOUNT NO. Chesapeake Industrial Leasing Co., Inc. PO Box 28365 Baltimore, MD 21234-8365		Inv 10101511				4,823.65
ACCOUNT NO. Chesapeake Industrial Leasing Co., Inc. 9512 Harford Road Baltimore, MD 21234						unknown
ACCOUNT NO. Circadiance 3554 North Hills Road Murrysville, PA 15668						unknown
ACCOUNT NO. 9969 Citgo Customer Service PO Box 923928 Norcross, GA 30010						unknown
ACCOUNT NO. Citi Cards PO Box 6062 Sioux Falls, SD 57117						unknown
ACCOUNT NO. Citi Cards PO Box 183061 Columbus, OH 43218						unknown

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Sheet no. 24 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **4,823.65**

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. Citicorp Vendor Finance PO Box 7247-0371 Philadelphia, PA 19170						unknown
ACCOUNT NO. Clarkstown Carting Co., Inc. 183 Western Hwy., PO Box 276 West Nyack, NY 10994		Inv #9892				189.66
ACCOUNT NO. Clearbrook House 1100 E. Northhampton St. Wilkes Barre, PA 18702						unknown
ACCOUNT NO. CNA PO Box 946220 Maitland, FL 32794						unknown
ACCOUNT NO. Co-Active Capital Partners 655 Business Center Dr., SUite 250 Horsham, PA 19044						unknown
ACCOUNT NO. CoActive Capital Partners LLC 655 Business Center Dr., Suite 250 Horsham, PA 19044		Cust #1002932				14,500.00
ACCOUNT NO. Cocozello, Vincent 8 Brentwood Court Sparta, NJ 07871						unknown

Sheet no. 25 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **14,689.66**

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>	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. Cohne, Rappaport & Segal PO Box 11008 257 E 200 South #700 Salt Lake City, UT 84147		Inv #107843				1,552.00
ACCOUNT NO. Comfort Company, Inc., The 851 Bridger Dr., Suite 1 Bozeman, MT 59715						unknown
ACCOUNT NO. Commerce Commercial Leasing LLC 2059 Springdale Road Cherry Hill, NJ 08003						unknown
ACCOUNT NO. Commonwealth Capital Corp. 400 Cleveland St., 7th Flr. Clearwater, FL 33755						unknown
ACCOUNT NO. Commonwealth Capital Corp. Brandywine Bldg. 1, Suite 200 2 Christy Drive Chadds Ford, PA 19317						unknown
ACCOUNT NO. Community Bank C/O Chesapeake Industrial Leasing Co. 9512 Harford Road Baltimore, MD 21234						unknown
ACCOUNT NO. Community Banks PO Box 233 Hanover, PA 17331						unknown

Sheet no. 26 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,552.00**

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>	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. Complete Medical Supplies 100 Route 59, Suite 103A Suffern, NY 10901						unknown
ACCOUNT NO. Confires Fire Protection Service, LLC 910 Oak Tree Rd., PO Box 764 South Plainfield, NJ 07080						unknown
ACCOUNT NO. Continental Bank Suite 350 620 W. Germantown Pike Plymouth Meeting, PA 14962						unknown
ACCOUNT NO. Continental Bank Suite 420 15 West South Temple Salt Lake City, UT 84101						unknown
ACCOUNT NO. Contour Products 4740-A Dwight Evans Road Charlotte, NC 28217						unknown
ACCOUNT NO. Convoid Products PO Box 4209 Palos Verdes, CA 90274						unknown
ACCOUNT NO. Coston & Rademacher, PC 105 West Adams, Suite 1400 Chicago, IL 60603						unknown

Sheet no. 27 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. Court Square Leasing Corporation 14 Great Valley, Suite 100 Malvern, PA 19355					unknown
ACCOUNT NO. Court Square Leasing Corporation C/O Insurance Center 15325 S.E. 30th Pl., Suite 100 Bellevue, WA 98007					unknown
ACCOUNT NO. Court Square Leasing Corporation PO Box 17645 Baltimore, MD 21297					unknown
ACCOUNT NO. Covidien 5870 Stoneridge Dr., Suite 6 Pleasanton, CA 94588					unknown
ACCOUNT NO. Credential Leasing Corporation PO Box 5796 Harrisburg, PA 17110		Lease #0891300			16,803.00
ACCOUNT NO. Creek Ridge Capital LLC 7808 Creek Ridge Circle, Suite 250 Edina, MN 55439		Contract #001-0795901-002			65,367.17
ACCOUNT NO. Crossroads Bank FKA First Fed Savings Bk C/O Westermann Sheehy Keenan 333 Earle Ovington Blvd., Suite 702 Uniondale, NY 11553					144,778.20

Sheet no. 28 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **226,948.37**

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. CSI Leasing, Inc. 9990 Old Olive Street Rd, Suite 101 St. Louis, MO 63141						unknown
ACCOUNT NO. Cushman Insurance Agency, Inc. PO Box 1069 Herndon, VA 20172						unknown
ACCOUNT NO. Cushman Insurance Agency, Inc. 775 Station St. Herndon, VA 20170						unknown
ACCOUNT NO. CW Onset, LLC 10813 S River Front Pkwy. S Jordan, UT 84095						unknown
ACCOUNT NO. D & R Placements, Inc. 6240 Henryk Woods Rd. Cicero, NY 13039						unknown
ACCOUNT NO. D&R Replacements, Inc. 8394 Elta Drive, Suite B Cicero, NY 13039						unknown
ACCOUNT NO. Dale Medical Products, Inc. 7 Cross St., PO Box 1556 Plaintville, MA 02762						unknown

Sheet no. 29 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. Damascus Community Bank PO Box 1 26500 Ridge Road Damascus, MD 20872						unknown
ACCOUNT NO. Damascus Community Bank C/O Chesapeak Industrial Leasing Co. Inc 9512 Harford Road Baltimore, MD 21234						unknown
ACCOUNT NO. Daniel Swift LLC 5 Cold Hill Rd South, Suite 19 Mendham, NJ 07945						unknown
ACCOUNT NO. Dav-Mar Medical Products 35 E Grassy Sprain Rd. Yonkers, NY 10710						unknown
ACCOUNT NO. De Lage Landen PO Box 41602 Philadelphia, PA 19101-1602		Inv 7202559				20,906.84
ACCOUNT NO. De Lage Landen Financial Services, Inc. 1111 Old Eagle School Road Wayne, PA 19087						unknown
ACCOUNT NO. Delaware County Electric Co-Op, Inc. PO Box 471, 39 Elm St. Delhi, NY 13753						unknown

Sheet no. **30** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **20,906.84**

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. 9799 Delhi Telephone Company PO Box 271 Delhi, NY 13753						126.75
ACCOUNT NO. Dept. Of Health And Human Services 10 Waterview Blvd. Parsippany, NJ 07054						unknown
ACCOUNT NO. DeVilbiss Healthcare 100 DeVilbiss Dr. Somerset, PA 15501						unknown
ACCOUNT NO. Direct Response Insurance Admin Services, Inc. PO Box 9485 Minneapolis, MN 55440						unknown
ACCOUNT NO. Discover Network PO Box 3016 New Albany, OH 43054						unknown
ACCOUNT NO. Discrete Wireless PO Box AT 952204 Atlanta, GA 31192-2204		Inv AT0678733				440.05
ACCOUNT NO. Diversified Capital Credit Corp. 550 Mountain Avenue PO Box 409 Gillette, NJ 07933						unknown

Sheet no. **31** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **566.80**

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. Diversified Capital Credit Corp. 101 S. Mercer St., Suite 302 New Castle, PA 16101						unknown
ACCOUNT NO. Dixon County Bank 117 E. Third Street Ponca, NE 68770						unknown
ACCOUNT NO. DJ's For You 31 Phyllis Road West Orange, NJ 07052						unknown
ACCOUNT NO. DJO 1430 Decision St. Vista, CA 92081						unknown
ACCOUNT NO. DMC Graphic Design 116 Algonquin Trail Wayne, NJ 07470						unknown
ACCOUNT NO. DNB Leasing PO Box 571 Marshall, MN 56258		Cust #1111857				55,557.07
ACCOUNT NO. DNB First National Association 1310 Madrid St., Suite 103 Marhsall, MN 56259						unknown

Sheet no. **32** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **55,557.07**

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>	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. Dolphin Capital Corporation 1720 Crete Street Moberly, MO 65270						unknown
ACCOUNT NO. Dolphin Capital Corporation PO Box 644006 Cincinnati, OH 45264						unknown
ACCOUNT NO. Dolphin Capital Corporation PO Box 605 Moberly, MO 65270						unknown
ACCOUNT NO. Dolphin Capital Corporation PO Box 644006 Cincinnati, OH 45264						15,734.16
ACCOUNT NO. Dolphin Capital Corporation PO Box 644006 Cincinnati, OH 45264						47,164.89
ACCOUNT NO. Donner Medical Marketing, Inc. C/O Marks & Sokolov LLC 1835 Market St., 28th Flr. Philadelphia, PA 19103						unknown
ACCOUNT NO. Donner Medical Marketing, Inc. 70 Sutton Drive Berkeley Heights, NJ 07922						unknown

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Sheet no. **33** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **62,899.05**

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. Donner, Bruce C/O Marks & Sokolov LLC 1835 Market St., 28th Flr. Philadelphia, PA 19103						unknown
ACCOUNT NO. DR Computer 180 Brittany Ct. Clifton, NJ 07013						unknown
ACCOUNT NO. Drake Bank 60 East Platto Blvd. St. Paul, MN 55017						unknown
ACCOUNT NO. Drive Medical Design & Mfg. 99 Seaview Blvd. Port Washington, NY 11050						unknown
ACCOUNT NO. Dun & Bradstreet 899 Eaton Ave. Bethlehem, PA 18025						unknown
ACCOUNT NO. Dunakey & Klatt, P.C. 531 Commercial St., Suite 250 PO Box 2363 Waterloo, IA 50705		Inv #11155				781.50
ACCOUNT NO. DVI Financial Services Inc. PO Box 790 Marshall, MN 56258						unknown

Sheet no. 34 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **781.50**

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. DVI Financial Services Inc. PO Box 103 Marshall, MN 56258						unknown
ACCOUNT NO. Dynamic Scales 1466 South 8th Street Terre Haute, IN 47802						unknown
ACCOUNT NO. E & M O'Hara, Inc. 144 Main Street West Orange, NJ 07052						unknown
ACCOUNT NO. 9263 E-Z Pass Correspondence Center PO Box 52003 Newark, NJ 07101-8202		Tag # 02206001750, 02206001751, 02206001752, 02206001759				unknown
ACCOUNT NO. 9263 E-Z Pass Customer Service Center PO Box 52002 Newark, NJ 07101-8202						1,535.00
ACCOUNT NO. Eagle National Bank 789 East Lancaster Ave., Suite 210 Villanova, PA 19085						unknown
ACCOUNT NO. East Coast Credit C/O Sunrise Medical 7477 East Dry Creek Pkwy. Longmont, CO 80503						unknown

Sheet no. **35** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,535.00**

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>	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. Eastern Funding LLC 213 West 35th Street, Suite 1000 New York, NY 10001						unknown
ACCOUNT NO. Edwards Angell Palmer & Dodge, LLP 750 Lexington Ave. New York, NY 10022						unknown
ACCOUNT NO. Emdeon Business Services 26 Century Blvd., Suite 601 Nashville, TN 37214						unknown
ACCOUNT NO. Emdeon Business Services 3055 Lebanon Tpke., Suite 1000 Nashville, TN 37214						unknown
ACCOUNT NO. EMed NY C/O Computer Sciences Corp. 1 CSC Way Rensselaer, NY 12144						unknown
ACCOUNT NO. Emergency Medical Associates PO Box 717 Livingston, NJ 07039						unknown
ACCOUNT NO. Empire Financial Funding 71 Maple Ave. Morristown, NJ 07960						unknown

Sheet no. 36 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. EQ Acquisitions 2004, Inc. As Assignee Of Greysto 50 Washington St., 10th Floor South Norwalk, CT 06854						313,281.54
ACCOUNT NO. Equilease Financial Services, Inc. 50 Washington St., Suite 1211 South Norwalk, CT 06854		Customer #G060153				43,561.48
ACCOUNT NO. Equipment Leasing Company 53 Loveton Circle, Suite 100 Sparks, MD 21152						unknown
ACCOUNT NO. Equipment Leasing Company C/O Chesapeake Industrial Leasing Co Inc 9512 Harford Road Baltimore, MD 21234						unknown
ACCOUNT NO. Equipment Leasing Specialists, Inc. 2020 Grand River Annex Brighton, MI 48114						unknown
ACCOUNT NO. Essex Regional Health Commission 2 Babcock Pl. West Orange, NJ 07052						unknown
ACCOUNT NO. Euler Hermes UMA 7-11 South Broadway, Suite 314 White Plains, NY 10601		File #246157				21,248.26

Sheet no. **37** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **378,091.28**

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.

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. Evans National Leasing One Grimsby Dr. Hamburg, NY						unknown
ACCOUNT NO. Evans National Leasing, Inc. One Grimsby Dr. Hamburg, NY 14075						unknown
ACCOUNT NO. EVO Medical Solutions C/O David C. Berman 71 Maple Ave. Morristown, NJ 07960						unknown
ACCOUNT NO. 0601 Express Mail Main Post Office 2 Federal Square Newark, NJ 07102						540.05
ACCOUNT NO. 0926 Exxon Mobil Customer Service PO Box 6404 Sioux Falls, SD 57117						unknown
ACCOUNT NO. Exxon Mobil Credit Card PO Box 688940 Des Moines, IA 50368						unknown
ACCOUNT NO. EZ Access PO Box 462 Spokane, WA 99210						unknown

Sheet no. 38 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **540.05**

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. EZ Pass PO Box 52002 Newark, NJ 07101						unknown
ACCOUNT NO. 1520 Fairclough Fuel Inc. 91 Hamtpon House Rd., Route 206 Newton, NJ 07860						625.81
ACCOUNT NO. Falcon Leasing, LLC 183 Cedar Drive Foley, MN 56329						unknown
ACCOUNT NO. Falcon Leasing, LLC Suite 103 1310 Madrid Street Marhsall, MN 56258		Inv 6218218				46,457.75
ACCOUNT NO. Farmers Exchange Bank 1920 Main Street Louisville, AL 36048						unknown
ACCOUNT NO. Farmers State Bank 1009 Peoples Square Waterloo, IA 50702						unknown
ACCOUNT NO. FDIC Michigan Heritage Bank 28300 Orchard Lake Rd, Suite 200 Farmington Hills, MI 48334						unknown

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Sheet no. 39 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **47,083.56**

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. Fedex Ground PO Box 108 Pittsburgh, PA 15230						unknown
ACCOUNT NO. Ferraris Respiratory Inc. 901 Front St. Louisville, CO 80027						unknown
ACCOUNT NO. 1368 FIA Card Services PO Box 15026 Wilmington, DE 19850-5026						806.82
ACCOUNT NO. FIA Card Services PO Box 15719 Wilmington, DE 19886						unknown
ACCOUNT NO. 3025 FIA Card Services PO Box 15019 Wilmington, DE 19886						31.78
ACCOUNT NO. Fidelity Cooperative Bank 9 Leominster Connector Leominster, MA 01453						unknown
ACCOUNT NO. Fifth Third Bank United Leasing, Inc. PO Box 5089 Evansville, IN 47716						unknown

Sheet no. **40** of **122** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **838.60**

(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>	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. Fireman's Fund Ins Company CH 0162 Palatine, IL 60055-0162		Policy #FZD06652748				1,328.30
ACCOUNT NO. Firmco Medical, Inc. 4700 South State St. Murray, UT 84107						unknown
ACCOUNT NO. First Bank Of Greenwich 444 East Putnam Avenue Greenwich, CT 06807						unknown
ACCOUNT NO. First Corp. 191 Waukegan Rd., Suite 315 Northfield, IL 60093		Cust #224181				1,196.88
ACCOUNT NO. 8447 First Data Global Leasing PO Box 173845 Denver, CO 80217						158.08
ACCOUNT NO. First Federal Leasing 31 North 9th Street PO Box 1145 Richmond, IN 47375						unknown
ACCOUNT NO. First Federal Savings Bank 11805 North Pennsylvania Street Carmel, IN 46032						unknown

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Sheet no. **41** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **2,683.26**

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. First Independence Bank 6960 Orchard Lake Road, Suite 306A West Bloomfield, MI 48322						221,338.36
ACCOUNT NO. First Lease, Inc. 1300 Virginia Dr., Suite 450 Fort Washington, PA 19034		Lease #9363				7,663.81
ACCOUNT NO. First Lease, Inc. 185 Commerce Dr., Unit 102 Fort Washington, PA 19034						unknown
ACCOUNT NO. First Merit Leasing Company 106 South Main Street Akron, OH 44308						unknown
ACCOUNT NO. First Merrit Leasing Company 106 S. Main Street TOW90 Akron, OH 44308						unknown
ACCOUNT NO. First Niagara Bank 6950 S. Transit Road Lockport, NY 14094						unknown
ACCOUNT NO. First Niagara Bank 726 Exchange St., SUite 900 Buffalo, NY 14210						unknown

Sheet no. **42** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **229,002.17**

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>	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. First Niagara Bank PO Box 990 Lockport, NY 14095						unknown
ACCOUNT NO. First Personal Bank 14701 Ravinia Ave. Orland Park, IL 60462						unknown
ACCOUNT NO. First Premier Bank 601 S. Minnesota Ave. Sioux Falls, SD 57101						unknown
ACCOUNT NO. First Premier Capital LLC 5201 Eden Ave., Suite 180 Edina, MN 55436						unknown
ACCOUNT NO. First Security Bank - Canby 102 St. Olaf Street Canby, MN 56220						unknown
ACCOUNT NO. First Security Bank - Canby PO Box 70 Canby, MN 56220						unknown
ACCOUNT NO. First Western Bank & Trust DBA Advance C/O Charles A. Gruen, Esq. 381 Broadway, Suite 300 Westwood, NJ 07675						163,825.55

Sheet no. 43 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **163,825.55**

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. First Western Bank And Trust 100 Prairie Center Eden Prairie, MN 55344						unknown
ACCOUNT NO. FirstCorp. 654 Amherst Rd., Suite 305 Sunderland, MA 01375						unknown
ACCOUNT NO. Firstlease, Inc. 185 Commercei Dr., Unit 102 Fort Washington, PA 19034						unknown
ACCOUNT NO. Firstlease, Inc. C/O American Lease Insurance 654 Amherst Rd., SUite 326 Sundreland, MA 01375						unknown
ACCOUNT NO. Firstmerit Bank NA 111 Cascade Plaza Akron, OH 44308						unknown
ACCOUNT NO. FLA Orthopedics 5825 Carnegie Blvd. Charlotte, NC 28209		Inv #246980				760.21
ACCOUNT NO. FLA Orthopedics 2881 Corporate Way Miramar, FL 33025						unknown

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Sheet no. 44 of 122 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **760.21**

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. Flagship Credit Services, LLC 445 E Lake St., Suite 110 Wayzata, MN 55391						unknown
ACCOUNT NO. Flagship Credit Services, LLC 407 E. Lake St., Suite 200 Wayzata, MN 55391						unknown
ACCOUNT NO. Floor Shine Floor Specialist 12 Molter Place Bloomfield, NJ 07003						unknown
ACCOUNT NO. FPC Funding II LLC 8700 Waukegan Road, Suite 100 Morgon Grove, IL 60053						unknown
ACCOUNT NO. Freedmon Business Machines, Inc. 333 Sparta Ave. Sparta, NJ 07871						unknown
ACCOUNT NO. Friedman LLP 100 Eagle Rock Ave. East Hanover, NJ 07936						unknown
ACCOUNT NO. Frontier Funding Corp. II Dept. 40234 PO Box 740209 Atlanta, GA 30374		Acct #44032				25,850.67

Sheet no. 45 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **25,850.67**

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. Frontier Leasing Corporation C/O American Lease Insurance 654 Amherst Rd., Suite 320 Sunderland, MA 01375						unknown
ACCOUNT NO. Frontier Leasing Corporation 11180 Aurora Ave. Urbandale, IA 50322						unknown
ACCOUNT NO. Fruit Guys, The 405 Victory Ave., #D South San Francisco, CA 94080						unknown
ACCOUNT NO. Full Source LLC 7018 A C Skinner Pkwy, Suite 239 Jacksonville, FL 32256						unknown
ACCOUNT NO. Gallagher Appraisal Services, LLC 75 Claremont Rd., Suite 311 Bernardsville, NJ 07924						unknown
ACCOUNT NO. GE Capital Colonial Pacific PO Box 642752 Pittsburgh, PA 15264						unknown
ACCOUNT NO. GEICO One Geico Plaza Bethesda, MD 20810						unknown

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Sheet no. 46 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. General Electric Capital Corporation 10 Riverview Dr. Danbury, CT 06810						unknown
ACCOUNT NO. General Electric Corp. 201 West Big Beaver Rd., Suite 1400 Troy, MI 48084						unknown
ACCOUNT NO. General Funding Corp. Liberty Bank Bldg. 176 Snelling Ave. North, Suite 215 St. Paul, MN 55104						unknown
ACCOUNT NO. Gerlach, William 4 Short Hill Road New City, NY 10956						unknown
ACCOUNT NO. Global Vantage Ltd. 2424 SE Bristol St., Suite 280 Newport Beach, CA 92660						unknown
ACCOUNT NO. GM Card Member Services HSBC Card Services PO Box 37821 Baltimore, MD 21297						unknown
ACCOUNT NO. GMAC PO Box 1994 East Hanover, NJ 07936						unknown

Sheet no. 47 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. GMAC PO Box 660208 Dallas, TX 75266						unknown
ACCOUNT NO. GMAC PO Box 3100 Midland, TX 79702						unknown
ACCOUNT NO. Godfather's Sportswear PO Box 3716 Scranton, PA 18505						unknown
ACCOUNT NO. Golden Technologies 401 Bridge Street Old Forge, PA 18518		Cust #110438				2,993.80
ACCOUNT NO. Grant Airmass Corp. PO Box 3456 Stamford, CT 06905						unknown
ACCOUNT NO. Grant Manufacturing Corp. PO Box 3456 Stamford, CT 06905						unknown
ACCOUNT NO. Great American Leasing Corp. 8742 Innovation Way Chicago, IL 60682						unknown

Sheet no. 48 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **2,993.80**

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. Greatamerica Leasing Corporation PO Box 609 Cedar Rapids, IA 52406						unknown
ACCOUNT NO. Greatamerica Leasing Corporation 8742 Innovation Way Chicago, IL 60682						unknown
ACCOUNT NO. Greatamerica Leasing Corporation 625 First Street SE Cedar Rapids, IA 52401						unknown
ACCOUNT NO. Greater Bay Bank NA Suite 140 100 Tri-State International Lincolnshire, IL 60069						unknown
ACCOUNT NO. Greater Bay Capital 100 Tri-State Int'l, Suite 140 Lincolnshire, IL 60069						unknown
ACCOUNT NO. Greenbrook Electronics 260 US Hwy. 22 East Green Brook, NJ 08812						unknown
ACCOUNT NO. Greystone 8144 Walnut Hill Lane, Suite 900 Dallas, TX 75231						unknown

Sheet no. 49 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. Greystone Equipment Finance Corporation 25 Mall Road, Suite 411 Burlington, MA 01803						unknown
ACCOUNT NO. Greystone Equipment Finance Corporation 654 Amherst Rd., SUite 334 Sunderland, MA 01375						unknown
ACCOUNT NO. Guardrite Steel Door Corp. 81-87 Springdale Ave. Newark, NJ 07107						unknown
ACCOUNT NO. Gulf PO Box 15410 Amarillo, TX 79105-5410						unknown
ACCOUNT NO. 7337 Gulf Oil Customer Service PO Box 15419 Amarillo, TX 79105-5410						unknown
ACCOUNT NO. Gulf Oil Ltd. Partnership PO Box 9001001 Louisville, KY 40290						unknown
ACCOUNT NO. Gulf South Medical Supply Inc. 4345 Southpoint Blvd. Jacksonville, FL 32216						unknown

Sheet no. 50 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. H&H Wholesale 1099 Rochester Rd. Troy, MI 48083						unknown
ACCOUNT NO. Hancock, John PO Box 7247-0192 Philadelphia, PA 19170						unknown
ACCOUNT NO. Harford Bank 133 N. Bridge Street Elkton, MD 21921						unknown
ACCOUNT NO. Harford Bank 9512 Harford Rd. Baltimore, MD 21234						unknown
ACCOUNT NO. Harleysville Equipment Leasing 655 Business Center Dr., Suite 250 Horsham, PA 19044						unknown
ACCOUNT NO. Harris C/O FIA Card Services PO Box 15026 Wilmington, DE						unknown
ACCOUNT NO. Hartford, The Group Benefits Division PO Box 8500-3690 Philadelphia, PA 19178-3690		Cust #6131980001-9				320.47

Sheet no. 51 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **320.47**

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. Harvy Surgical Supply Corp. 34-35 Collins Pl. Flushing, NY 11354						unknown
ACCOUNT NO. HealthPayers USA 12685 Dorsett Rd. PMB 226 Maryland Heights, MO 63043						unknown
ACCOUNT NO. Heritage Bank 907 N. Central Ave. Marshfield, WI 54449						unknown
ACCOUNT NO. Heritage Bank Attn: Terrence J. Byrne PO Box 1566 Wausau, WI 54402						264,398.41
ACCOUNT NO. Heritage Bank Attn: Terrence J. Byrne PO Box 1566 Wausau, WI 54402						259,729.55
ACCOUNT NO. Hi-Pressure Testing LLC PO Box 484 Paterson, NJ 07524						unknown
ACCOUNT NO. Highland Bank 8140 26th Ave. S #160 Bloomington, MN 55425						unknown

Sheet no. **52** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **524,127.96**

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>	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. Highline Capital Corp, Suite 200 2930 Center Green Court South Boulder, CO 80301						unknown
ACCOUNT NO. Hogarth Emergency Physicians PO Box 13039 Philadelphia, PA 19101						unknown
ACCOUNT NO. Home Medical Services Of NJ 27 East Centre St. Woodbury, NJ 08096						unknown
ACCOUNT NO. Horizon Bank 9929 Evergreen Way Everett, WA 98204						unknown
ACCOUNT NO. Horizon Blue Cross/Blue Shield Of NJ 3 Penn Plaza East Newark, NJ 07101						unknown
ACCOUNT NO. Horizon Health Services PO Box 35 Riverdale, NJ 07457						unknown
ACCOUNT NO. Horizon Keystone Financial 105 Fairway Terrace Mt. Laurel, NJ 08054						unknown

Sheet no. 53 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. Hospice Program Of Hackensack, The University Medical Center 30 Prospect Ave. Hackensack, NJ 07601						unknown
ACCOUNT NO. HR Direct PO Box 452019 Sunrise, FL 33345						unknown
ACCOUNT NO. Huntington Bank C/O Peretore & Peretore 191 Woodport Road Sparta, NJ 07871-2641						unknown
ACCOUNT NO. Huntington National Bank, The Equipment Finance Division 105 East Fourth Street Cincinanti, OH 45202						unknown
ACCOUNT NO. Huntington National Bank, The PO Box 701096 Cincinanti, OH 45270-1096		Inv 302185				42,831.26
ACCOUNT NO. Hutchison, Perr & Associates 4570 N. First Ave., Suite 120 Tucson, AZ 85718		File #168487				11,330.53
ACCOUNT NO. ICB Leasing Corp. Independence Community Bank 551 Fifth Avenue, 26th Fl. New York, NY 10176						unknown

Sheet no. **54** of **122** continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **54,161.79**

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.

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. IDB Leasing Inc. 511 5th Avenue New York, NY 10017						unknown
ACCOUNT NO. IDB Leasing Inc. 1001 Durham Avenue South Plainfield, NJ 07080						unknown
ACCOUNT NO. IFC Credit Corporation 8700 N Walkegan Rd., Suite 100 Morton Grove, IL 60053						unknown
ACCOUNT NO. IFC Credit Corporation C/O American Lease Insurance 654 Amherst Rd., SUite 305 Sunderland, MA 01375						unknown
ACCOUNT NO. IFC Credit Corporation 191 Waukegan Rd., Suite 315 Northfield, IL 60093		Customer #224181				1,173.75
ACCOUNT NO. Ignozza Construction 6 Handzel Road Whippany, NJ 07981						unknown
ACCOUNT NO. Ikon Financial Services 1738 Bass Road Macon, GA 31210		Lease #430571-282986				1,120.62

Sheet no. 55 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **2,294.37**

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. IKON Office Solutions, Inc. 100 Passaic Ave., Suite 120 Fairfield, NJ 07004						unknown
ACCOUNT NO. Ingenix PO Box 27116 Salt Lake City, UT 84127						unknown
ACCOUNT NO. InHealth Technologies Div. Of Melix Medical LLC 1110 Mark Ave. Carpinteria, CA 93013						unknown
ACCOUNT NO. InnoMed Technologies 6601 Lyons Rd, Suites B1-B4 Coconut Creek, FL 33073						unknown
ACCOUNT NO. Insurance Administrative Services PO Box 96 Minneapolis, MN 55440						unknown
ACCOUNT NO. Interchange C/O American Lease Insurance 654 Amherst Rd., Sulte 315 Sunderland, MA 01375						unknown
ACCOUNT NO. Interchange Capital Company LLC Park 80 West Plaza Two Saddlebrook, NJ 07663						unknown

Sheet no. 56 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>	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. Interchange Capital Company LLC PO Box 866 Saddlebrook, NJ 07663						unknown
ACCOUNT NO. Interior Designs Of America Co. 594 Bloomfield Ave. Bloomfield, NJ 07003						unknown
ACCOUNT NO. Interstate Indemnity Co. 55 E. Monroe St. Chicago, IL 60603						unknown
ACCOUNT NO. Invacare 33416 Treasury Center Chicago, IL 60694						unknown
ACCOUNT NO. Invacare Corporation One Invacare Way, PO Box 4028 Elyria, OH 44036						unknown
ACCOUNT NO. Invacare Credit Corporation One Invacare Way Elyria, OH 44035						unknown
ACCOUNT NO. Invacare Credit Corporation PO Box 41602 Philadelphia, PA 19101-1602		Inv 7203519				3,751.39

Sheet no. 57 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **3,751.39**

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. Invacare Supply Group, Inc. PO Box 642878 Pittsburgh, PA 15264						unknown
ACCOUNT NO. IPA Northeast LLC 11 Commerce Dr. Cranford, NJ 07016						unknown
ACCOUNT NO. J & S Vacuum Co. 354 Main St. Orange, NJ 07050						unknown
ACCOUNT NO. J.T. Posey Company 5635 Peck Road Arcadia, CA 91006						unknown
ACCOUNT NO. Jay Isle Associates 11 Fenimore Dr. Scotch Plains, NJ 07076						unknown
ACCOUNT NO. JCP&L PO Box 16001 Reading, PA 19612						unknown
ACCOUNT NO. JD Computer Services, Inc. 601 Chestnut Ridge Rd. Chestnut Ridge, NY 10977						unknown

Sheet no. **58** 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. Jersey Association Of Medical Equipment Services PO Box 38 Jackson, NJ 08527						unknown
ACCOUNT NO. Jim Salerno Automotive 1005 Route 10 Randolph, NJ 07869						unknown
ACCOUNT NO. John Perkins, LLC 18 Skahen Dr., PO Box 271 Tomkins Cove, NY 10986						unknown
ACCOUNT NO. Joint Commission, The 1 Renaissance Blvd. Oakbrook Terr., IL 60181						unknown
ACCOUNT NO. JT Posey Company 5635 Peck Road Arcadia, CA 91006						unknown
ACCOUNT NO. JTA Leasing Co LLC 2050 Center Ave., Suite 600 Fort Lee, NJ 07024						unknown
ACCOUNT NO. JTA Leasing Co LLC 500 7th Avenue New York, NY 10018						unknown

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Sheet no. 59 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. JTA Leasing Co LLC C/O Sterling Bank Leasing PO Box 1570 New York, NY 10008-1570		Contract #007-0011110-001				4,226.15
ACCOUNT NO. Katzin's 228 Market Street Newark, NJ 07102						unknown
ACCOUNT NO. Kaye Products, Inc. 535 Dimmocks Mill Road Hillsborough, NC 27278						unknown
ACCOUNT NO. Kendall Company, The 15 Hampshire St. Mansfield, MA 02048						unknown
ACCOUNT NO. Kenney Bank & Trust 500 Jordan Street PO Box 117 Kenney, IL 61749						unknown
ACCOUNT NO. Key Equipment Finance Corp. C/O Daniel C. Fleming 821 Alexander Rd., Ste 150, PO Box 366 Princeton, NJ 08543						3,541,268.00
ACCOUNT NO. Key Equipment Finance Inc. 1000 S McCaslin Blvd. Superior, CO 80027		Lease #8800572512				16,017.99

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Sheet no. 60 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) **\$ 3,561,512.14**

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. Key Equipment Finance Inc. 66 South Pearl Street Albany, NY 12207						unknown
ACCOUNT NO. Key Equipment Finance Inc. C/O Insurance Center PO Box 3886 Bellevue, WA 98009						unknown
ACCOUNT NO. Key Equipment Finance Inc. PO Box 1865 Albany, NY 12201						unknown
ACCOUNT NO. Keystone Medical Equipment 424 Center Street Jim Thorpe, PA 18229		Customer #BOCHD				1,442.35
ACCOUNT NO. KHB SPV 2 LLC 150 N. Field Dr., Suite 193 Lake Forest, IL 60045						unknown
ACCOUNT NO. Kimberly-Clark PO Box 88125 Chicago, IL 60695						unknown
ACCOUNT NO. Kingsbridge Holdings LLC 150 N. Field Dr., Suite 192 Lake Forest, IL 60045						unknown

Sheet no. 61 of 122 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,442.35**

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. Kingsbridge Holdings LLC 295 West 231st St., Suite A Bronx, NY 10463						unknown
ACCOUNT NO. Kitsap Bank PO Box 2149 Gig Harbor, WA 98335						unknown
ACCOUNT NO. Knox Monitoring Inc. PO Box 823 Budd Lake, NJ 07828						unknown
ACCOUNT NO. Krames Patient Education 780 Township Line Road Yardley, PA 19067						unknown
ACCOUNT NO. L. Epstein Hardware 268 Main Street Orange, NJ 07050						unknown
ACCOUNT NO. Lachance Financial Services, Inc. D/B/A Bankers Capital 302 SW Cutoff Northborough, MA 01532						unknown
ACCOUNT NO. Lachance Financial Services, Inc. 5 Mount Royal Avenue Marlborough, MA 01752						unknown

Sheet no. **62** 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.) \$