

Official Form 6F (10/06) West Group, Rochester, NY

In re John L. Smith ,

Case No. 07-16504  
(if known)

**Debtor(s)**

**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, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in 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 total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: <b>1239-039140</b> <b>Creditor # : 1</b> <b>AARGON COLLECTION AGENCY</b> <b>3025 W. SAHARA AVE.</b> <b>Las Vegas NV 89102-8316</b>		<b>02/15/2007</b>				<b>\$ 518.96</b>
Account No: <b>Creditor # : 2</b> <b>SHELDON ADELSON</b>	<b>H</b>	<b>Libel</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>\$ 15,000,000.00</b>
Account No: <b>9907</b> <b>Creditor # : 3</b> <b>Air Evac Services</b>	<b>J</b>	<b>2005-03-01</b>				<b>\$ 2,697.00</b>
Account No: <b>9907</b> <b>Representing:</b> <b>Air Evac Services</b>		<b>ARROWHEAD COLLECTIONS</b> <b>PO BOX 5013</b> <b>PEORIA AZ 85385</b>				
<b>Subtotal \$</b>						<b>\$ 15,003,215.96</b>
<b>Total \$</b>						

17 continuation sheets attached

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 08S08997961 Creditor # : 4 AMCA P.O. BOX 1235 Elmsford NY 10523-0935	J	11/23/2004 Medical Bills				\$ 274.83
Account No: 08S20329729 Creditor # : 5 AMCA P.O. BOX 1235 Elmsford NY 10523-0935	J	04/11/2005 Medical Bills				\$ 57.22
Account No: 08S25172911 Creditor # : 6 AMCA P.O. BOX 1253 Elmsford NY 10523-0935	J	06/07/2005 Collection Account				\$ 62.89
Account No: 08S43434510 Creditor # : 7 AMCA P.O. BOX 1235 Elmsford NY 10523-0935	J	01/17/2006 Collection Account				\$ 637.05
Account No: 08S12066081 Creditor # : 8 AMCA P.O. BOX 1235 Elmsford NY 10523-0935	J	01/05/2005 Collection Account				\$ 197.42
Account No: 08S60377574 Creditor # : 9 AMCA 2269 S. SAW MILL RIVER, BLDG. 3 Elmsford NY 10523	J	07/18/2007 Collection Account				\$ 103.27

Sheet No. 1 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** \$ 1,332.68

**Total \$**

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. SmithCase No. 07-16504

Debtor(s)

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 16651 Creditor # : 10 ARIZONA ONCOLOGY SERVICES 300 WEST CLARENDON AVE. SUITE 350 PHOENIX AZ 85013-3497	J	01/18/2007 Medical Bills				\$ 188.00
Account No: 17 Creditor # : 11 AZ PEDIATRIC HEM./ONCOLOGY P.O. BOX 41659 MESA AZ 85274-1659	J	1/30/2006 Medical Bills				\$ 20.00
Account No: 01139 Creditor # : 12 AZ PEDIATRIC HEMATOLOGY/ONOCOL 1450 S. DOBSON, #108 MESA AZ 85202	J	03/10/2006 Medical Bills				\$ 124.32
Account No: 442887007300 Creditor # : 13 BAC/FLEET BKCARD 200 TOURNAMENT DR. Horsham PA 19044		08/2002 Credit Card Purchases			X	\$ 1.00
Account No: 51703007 Creditor # : 14 BANNER DESERT MED CENTER P.O. BOX 18 PHOENIX AZ 85001	J	3/21/2007 Medical Bills				\$ 505.64
Account No: 0063199128-5350 Creditor # : 15 BANNER DESERT MEDICAL CENTER P.O. BOX 18 PHOENIX AZ 85001	J	11/13/2006 Medical Bills				\$ 682.37

Sheet No. 2 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$ \$ 1,521.33

Total \$

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 61508875 Creditor # : 16 BANNER HEALTH BANNER DESERT MED CENTER P.O. BOX 18 PHOENIX AZ 85001	J	08/30/2007 Medical Bills				\$ 180.50
Account No: Creditor # : 17 Borenstein, Scheper and Kim		Attorney's fees libel suit	X	X	X	\$ 70,000.00
Account No: 3756383 Creditor # : 18 BUREAU OF MEDICAL ECONOMICS 326 E Coronado Rd Phoenix AZ 85004	J	2006-09-01 Medical Bills				\$ 263.00
Account No: 3680381 Creditor # : 19 BUREAU OF MEDICAL ECONOMICS 326 E Coronado Rd Phoenix AZ 85004	J	2006-07-01 Medical Bills				\$ 1,945.30
Account No: 3477914 Creditor # : 20 BUREAU OF MEDICAL ECONOMICS 326 EAST CORONADO ROAD PHOENIX AZ 85004-8561	J	01/27/2006 Medical Bills				\$ 931.00
Account No: 3452508 Creditor # : 21 BUREAU OF MEDICAL ECONOMICS 326 EAST CORONADO ROAD PHOENIX AZ 85004-1524	J	01/06/2006 Medical Bills				\$ 976.00

Sheet No. 3 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 74,295.80**

Total \$

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. SmithCase No. 07-16504

Debtor(s)

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 3810290 Creditor # : 22 BUREAU OF MEDICAL ECONOMICS 326 EAST CORONADO RD. PHOENIX AZ 85004-8561	J	12/04/2006 Medical Bills				\$ 1,868.00
Account No: 101-83174250 Creditor # : 23 CATHOLIC HEALTHCARE WEST P.O. BOX 33349 Phoenix AZ 85067	J	04/29/2007 Medical Bills				\$ 13,214.00
Account No: 907830818 Creditor # : 24 CHASE MANHATTAN MORTGAGE 3415 VISION DR. Columbus OH 43219		09/2003 Second Mortgage			X	\$ 1.00
Account No: 342215-00 Creditor # : 25 CHILD NEUROLOGY P.O. BOX 33269 PHOENIX AZ 85067-3269	J	01/17/2006 Medical Bills				\$ 428.70
Account No: SMIJHN0001 Creditor # : 26 CHILDREN'S BONE AND SPINE SURG 1525 E. WINDMILL LANE, STE 201 Las Vegas NV 89123	J	06/28/2007 Medical Bills				\$ 350.01
Account No: 0608901027 Creditor # : 27 CHILDRENS HOSPITAL LOS ANGELES FILE 82450 LOS ANGELES Los Angeles CA 90074	J	03/30/2006 Medical Bills				\$ 11,932.00

Sheet No. 4 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 27,793.71

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules  
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Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 0608901027  Representing: CHILDRENS HOSPITAL LOS ANGELES		OSI COLLECTION SERVICES 464016.H.7073330(7258)035. Brookfield WI 53008-0964				
Account No: 30-4478-5  Creditor # : 28 COAST TO COAST FIN. SOLUTIONS P.O. BOX 2092 THOUSAND OAKS CA 91358-2092	H	07/18/2007 Utility Bills				\$ 49.24
Account No: 408683  Creditor # : 29 COLONIAL MORTGAGE P.O. BOX 5628 32 COMMERCE ST. MONTGOMERY AL 36103		12/2000 Mortgage			X	\$ 1.00
Account No: 44032400102  Creditor # : 30 CONSECO FINANCE SERVICES 1400 TURBINE DRIVE RAPID CITY SD 57703		09/2000 Credit Card Purchases			X	\$ 1.00
Account No: M2098500  Creditor # : 31 EMPG/UNIVERSITY MED. CTR. P.O. BOX 79344 City of Industry CA 91716-9344	J	01/10/2006 Medical Bills				\$ 37.72
Account No: M2098500  Creditor # : 32 EMPG/UNIVERSITY MED. CTR. P.O. BOX 79344 City of Industry CA 91716-9344	J	02/07/2006 Medical Bills				\$ 37.72

Sheet No. 5 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 126.68

Total \$

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. SmithCase No. 07-16504

Debtor(s)

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 3506161454-1 Creditor # : 33 ESOTERIX P.O. BOX 915016 Dallas TX 75391-5016	J	11/04/2005 Medical Bills				\$ 195.00
Account No: 13938 45 61 Creditor # : 34 FARMERS INS GRP OF COS P.O. BOX 89-4729 LOS ANGELES CA 90189-4729	H	07/28/2007 INSURANCE				\$ 34.90
Account No: 7051613 Creditor # : 35 FEDERAL EXPRESS P.O. BOX 965 Brookfield WI 53008-0965	J	01/02/2006 UNKNOWN				\$ 39.58
Account No: 1040791 Creditor # : 36 FRANKLIN CAPITAL 47 W. 200 SOUTH, STE 500 SALT LAKE CITY UT 84101		09/2006 Auto Loan			X	\$ 1.00
Account No: 775303202721 Creditor # : 37 GOODYEAR/CBUSA NA P. O. BOX 5002 Sioux Falls SD 57117		11/2002 Credit Line			X	\$ 1.00
Account No: D77211 Creditor # : 38 HEALTHCARE COLLECTIONS, INC. P.O. BOX 82910 Phoenix AZ 85071-2910	J	05/02/2007 Medical Bills				\$ 682.37

Sheet No. 6 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 953.85

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules  
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Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: <b>E91218</b> <b>Creditor # : 39</b> <b>HEALTHCARE COLLECTIONS, INC.</b> <b>P.O. BOX 82910</b> <b>Phoenix AZ 85071-2910</b>	J	05/14/2007 Medical Bills				\$ 505.64
Account No: <b>2744905</b> <b>Creditor # : 40</b> <b>HEALTHCARE RECOVERY SOLUTIONS</b> <b>4510 E. PACIFIC COAST HWY.#600</b> <b>Long Beach CA 90804-6914</b>	J	02/20/2006 Medical Bills				\$ 50.62
Account No: <b>20834750001</b> <b>Creditor # : 41</b> <b>HYUNDAI MOTOR FINANCE</b> <b>10550 TALBERT AVE.</b> <b>Fountain Valley CA 92708</b>		02/2000 Auto Loan			X	\$ 1.00
Account No: <b>388</b> <b>Creditor # : 42</b> <b>JONATHON BERNSTEIN MD, LTD.</b> <b>P.O. BOX 230367</b> <b>Las Vegas NV 89105-0367</b>	J	04/30/2007 Medical Bills				\$ 255.00
Account No: <b>Creditor # : 43</b> <b>Jonell Thomas, Esq.</b>			X	X		\$ 25,000.00
Account No: <b>21133018242440</b> <b>Creditor # : 44</b> <b>LAS VEGAS DISTRICT LIBRARY</b> <b>LIBRARY DISTRICT, 4TH FLOOR</b> <b>833 LAS VEGAS BLVD., NORTH</b> <b>Las Vegas NV 89101</b>	J	10/04/2006 LIBRARY FEES				\$ 35.99

Sheet No. 7 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** \$ 25,848.25

**Total \$**

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



Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: <i>INV #2351</i>	<i>H</i>	<i>4/16/2007</i>				<i>Unknown</i>
<i>Creditor # : 45</i> <i>McLAUGHLIN &amp; STERN</i> <i>300 SOUTH GRAND AVENUE</i> <i>SUITE 2750</i> <i>LOS ANGELES CA 90071</i>		<i>Attorney's fees libel suit</i> <i>David Blasband, Esq.</i>				
Account No: <i>16718</i>	<i>J</i>	<i>05/31/2007</i>				<i>\$ 15.69</i>
<i>Creditor # : 46</i> <i>MICHAEL D. SAXE, DMD</i> <i>A CHILDRENS DENTIST. LLP</i> <i>8710 W. CHARLESTON</i> <i>Las Vegas NV 89117-0133</i>		<i>DENTAL BILLS</i>				
Account No: <i>7189-1/1</i>	<i>J</i>	<i>06/08/2007</i>				<i>\$ 113.14</i>
<i>Creditor # : 47</i> <i>MML PHYSICAL THERAPY</i> <i>840 S. RANCHO, STE. 4 #328</i> <i>Las Vegas NV 89106,</i>		<i>Medical Bills</i>				
Account No: <i>10306016382508</i>	<i>J</i>	<i>09/15/2007</i>				<i>\$ 3,068.70</i>
<i>Creditor # : 48</i> <i>SUBARUMOTORS FINANCE</i> <i>P.O. BOX 78067</i> <i>Phoenix AZ 85062-8067</i>		<i>Auto Loan</i>				
Account No: <i>67548</i>	<i>J</i>	<i>08/14/2007</i>				<i>\$ 115.00</i>
<i>Creditor # : 49</i> <i>NEVADA EYE &amp; EAR</i> <i>6320 S. PECOS, STE. 118</i> <i>Las Vegas NV 89120</i>		<i>Medical Bills</i>				
Account No: <i>00201125</i>	<i>J</i>	<i>12/02/2006</i>				<i>\$ 31,468.77</i>
<i>Creditor # : 50</i> <i>NORTH VISTA HOSPITAL</i> <i>1409 E. LAKE MEAD BLVD.</i> <i>N. LAS VEGAS NV 89030</i>		<i>Medical Bills</i> <i>#062190027 \$17,130.60</i> <i>#062400048 \$11,864.43</i>				

Sheet No. 8 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** *\$ 34,781.30*

**Total \$**

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith, Debtor(s)

Case No. 07-16504  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 66-0064090 Creditor # : 51 PATHOLOGY ASSOCIATES, LTD. P.O. BOX 27340 Phoenix AZ 85061	J	12/05/2005 Medical Bills				\$ 931.00
Account No: 07870047242600 Creditor # : 52 PAYSON EMERGENCY PHYSICIANS PC P.O. BOX 48305 Jacksonville FL 32247-8305	J	10/08/2007 Medical Bills				\$ 369.00
Account No: 4389391 Creditor # : 53 PAYSON REG. MEDICAL CTR. 807 PONDEROSA ST. Payson AZ 85541-5542	J	09/24/2007 Medical Bills				\$ 950.50
Account No: 1574787 Creditor # : 54 PEDIATRIC MANAGEMENT CO. 6430 SUNSET BLVD., STE. 600 Los Angeles CA 90028	J	09/11/2006 Medical Bills				\$ 1,513.78
Account No: 5565 Creditor # : 55 Pediatric Mngmnt Grp 6430 SUNSET BLVD., STE 600 Los Angeles CA 90028	J	2006-06-01				\$ 1,410.00
Account No: 5565 Representing: Pediatric Mngmnt Grp		J J MAC INTYRE CO INC 1801 CALIFORNIA AVE CORONA CA 92881				

Sheet No. 9 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** **\$ 5,174.28**

**Total \$**

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith ,

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 902172955 Creditor # : 56 PEDIATRIX P.O. BOX 951357 Dallas TX 75395-1357	J	10/07/2005 Medical Bills				\$ 18.80
Account No: 04-23644 Creditor # : 57 PROFESSIONAL MEDICAL TRANSPORT P.O. BOX 61085 Phoenix AZ 85082-0998	J	01/19/2006 Medical Bills				\$ 64.37
Account No: 0010967513 Creditor # : 58 PROGRESSIVE MGMNT. SYSTEMS P.O. BOX 2220 WEST COVINA CA 91793-9917	J	01/02/2006 Medical Bills				\$ 1,365.96
Account No: 0010476841 Creditor # : 59 PROGRESSIVE MGMNT. SYSTEMS P.O. BOX 2220 WEST COVINA CA 91793-9917	J	08/15/2005 Medical Bills				\$ 4,649.61
Account No: 0011160541 Creditor # : 60 PROGRESSIVE MGMNT. SYSTEMS P.O. BOX 2220 WEST COVINA CA 91793-9917	J	02/27/2006 Medical Bills				\$ 200.00
Account No: 0012349507 Creditor # : 61 PROGRESSIVE MGMNT. SYSTEMS P.O. BOX 2220 WEST COVINA CA 91793-9917	J	11/13/2006 Medical Bills				\$ 119.40

Sheet No. 10 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** \$ 6,418.14

**Total \$**

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. SmithCase No. 07-16504

Debtor(s)

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 3798805 Creditor # : 62 QUEST DIAGNOSTICS 3866 COLLECTION CENTER DR. Chicago IL 60693	J	12/05/2005 Medical Bills				\$ 699.00
Account No: 3775153 Creditor # : 63 QUEST DIAGNOSTICS 3866 COLLECTION CENTER DR. Chicago IL 60693	J	12/02/2005 Medical Bills				\$ 7.00
Account No: 3775153 Creditor # : 64 QUEST DIAGNOSTICS 3866 COLLECTION CENTER DR. CHICAGO ILLINOIS 60693	J	10/31/2005 Medical Bills				\$ 106.60
Account No: 3775155 Creditor # : 65 QUEST DIAGNOSTICS 3866 COLLECTION CENTER DR. Chicago IL 60693	J	10/31/2005 Medical Bills				\$ 36.80
Account No: A24677575 Creditor # : 66 QUEST DIAGNOSTICS P.O. BOX 79025 Phoenix AZ 85062-9025	J	12/13/2006 Medical Bills				\$ 520.10
Account No: A25036072 Creditor # : 67 QUEST DIAGNOSTICS P.O. BOX 79025 Phoenix AZ 85062-9025	W	12/13/2006 Medical Bills				\$ 161.30

Sheet No. 11 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 1,530.80

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules  
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Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 3775154 Creditor # : 68 QUEST DIAGNOSTICS INC. 3866 COLLECTION CENTER DR. CHICAGO ILLINOIS 60693	J	6/17/2005 Medical Bills				\$ 34.40
Account No: 3820 30-004478-5 Creditor # : 69 REPUBLIC SERVICES 770 E. SAHARA AVE. P.O. BOX 98508 Las Vegas NV 89193-8508	H	5/1/2007 Utility Bills				\$ 39.24
Account No: 3820 30-003478 6 Creditor # : 70 REPUBLIC SERVICES 770 E. SAHARA AVE. P.O. BOX 98508 Las Vegas NV 89193-8508	H	05/01/2007 Utility Bills				\$ 39.24
Account No: 342215-01-237330-1 Creditor # : 71 RSI ENTERPRISES, INC. P.O. BOX 16190 PHOENIX AZ 85011	H	10/18/2006 Medical Bills				\$ 92.70
Account No: 93680001 Creditor # : 72 SILVER STATE SCHOOLS 4221 MCLEOD DR. Las Vegas NV 89121		08/2002 Credit Line			X	\$ 1.00
Account No: INV# 025127444 Creditor # : 73 SONORA QUEST LABORATORIES P.O. BOX 78162 PHOENIX AZ 85062-8162	J	03/08/2007 Medical Bills				\$ 103.27

Sheet No. 12 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** \$ 309.85

**Total \$**

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith ,

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: <i>INV# 025127444</i>						
Representing: <i>SONORA QUEST LABORATORIES</i>		<i>AMERICAN MEDICAL COLL. AGENCY 2269 S. SAW MILL RIVER RD. BLDG. 3 ELMSFORD NY 10523</i>				
Account No: <i>none given</i>	<i>J</i>	<i>01/05/2005 Medical Bills</i>				<i>\$ 197.42</i>
Creditor # : <i>74</i> <i>SONORA QUEST LABORATORIES, LLC P.O. BOX 78162 Phoenix AZ 85062-8162</i>						
Account No: <i>none given</i>						
Representing: <i>SONORA QUEST LABORATORIES, LLC</i>		<i>AMERICAN MEDICAL COLL. AGCY. 2269 S. SAW MILL RIVER RD. BLDG. 3 Elmsford NY 10523</i>				
Account No: <i>28-0117065</i>	<i>J</i>	<i>10/18/2006 Medical Bills</i>				<i>\$ 1,868.00</i>
Creditor # : <i>75</i> <i>SOUTHWEST NEURO-IMAGING ASSOCIATED BILLING SERVICES P.O. BOX 27340 PHOENIX AZ 85061</i>						
Account No: <i>28-0127157</i>	<i>J</i>	<i>7/2/2007 Medical Bills</i>				<i>\$ 464.66</i>
Creditor # : <i>76</i> <i>SOUTHWEST NEURO-IMAGING P.O. BOX 27340 PHOENIX AZ 85061</i>						
Account No: <i>9507</i>	<i>J</i>	<i>2006-11-01</i>				<i>\$ 119.00</i>
Creditor # : <i>77</i> <i>St Joseph Hospital</i>						

Sheet No. 13 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** *\$ 2,649.08*

**Total \$**

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith ,

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 9507 Representing: St Joseph Hospital		PROGRESSIVE MGMT SYSTE 1521 W CAMERON AVE FL 1 WEST COVINA CA 91790				
Account No: 3990 Creditor # : 78 St Joseph Hospital	J	2006-09-01				\$ 471.00
Account No: 3990 Representing: St Joseph Hospital		PROGRESSIVE MGMT SYSTE 1521 W CAMERON AVE FL 1 WEST COVINA CA 91790				
Account No: 3951 Creditor # : 79 St Joseph Hospital	J	2006-09-01				\$ 1,306.00
Account No: 3951 Representing: St Joseph Hospital		PROGRESSIVE MGMT SYSTE 1521 W CAMERON AVE FL 1 WEST COVINA CA 91790				
Account No: 7513 Creditor # : 80 St Joseph Hospital	W	2006-01-01				\$ 1,392.00

Sheet No. 14 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** \$ 3,169.00

**Total \$**

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith ,

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 7513 Representing: St Joseph Hospital		PROGRESSIVE MGMT SYSTE 1521 W CAMERON AVE FL 1 WEST COVINA CA 91790				
Account No: 6841 Creditor # : 81 St Joseph Hospital	J	2005-08-01				\$ 4,725.00
Account No: 6841 Representing: St Joseph Hospital		PROGRESSIVE MGMT SYSTE 1521 W CAMERON AVE FL 1 WEST COVINA CA 91790				
Account No: 81500399 Creditor # : 82 ST. JOSEPH'S HOSPITAL 20819 72nd AVE. S., STE. 305 Kent WA 98032	J	10/06/2006 Medical Bills				\$ 58.20
Account No: 80233232 Creditor # : 83 ST. JOSEPH'S HOSP. & MED. CTR. 20819 72nd AVE., S., STE. 305 Kent WA 98032	J	01/27/2006 Medical Bills				\$ 200.00
Account No: 1487-030396 Creditor # : 84 SUBURBAN PROPANE 4520 MITCHELL STREET N. LAS VEGAS NV 89081	H	04/10/2007 Power Bill				\$ 169.38

Sheet No. 15 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** \$ 5,152.58

**Total \$**

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



Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith

Case No. 07-16504  
(if known)

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 1572 Creditor # : 85 SUE HOFFERT PT PROFESSIONAL 204 S. JONES BLVD. Las Vegas NV 89107	W	04/11/2007 Medical Bills				\$ 25.00
Account No: 9140 Creditor # : 86 Summerlin Hospital	J	2005-11-01				\$ 488.00
Account No: 9140 Representing: Summerlin Hospital		AARGON AGENCY INC 3025 W SAHARA AVE LAS VEGAS NV 89102				
Account No: 96373249 Creditor # : 87 SUNRISE HOSPITAL & MD CTR. P.O. BOX 403399 Atlanta GA 30384-3399	J	05/17/2007 Medical Bills				\$ 1,536.60
Account No: 4352373389953636 Creditor # : 88 TARGET NATIONAL BANK P. O BOX 59317 MINNEAPOLIS MN 55459-0317	H	009/15/2007 Credit Card Purchases				\$ 5,254.81
Account No: Creditor # : 89 Timothy McGarry		10/2007				\$ 500.00

Sheet No. 16 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** \$ 7,804.41

**Total \$**

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

Official Form 6F (10/06) - Cont. West Group, Rochester, NY

In re John L. Smith, Debtor(s)

Case No. 07-16504  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--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: 53279 Creditor # : 90 UNIVERSITY CHILDRENS MED. GRP. LOS ANGELES CA 90074-3279	J	02/23/2006 Medical Bills				\$ 1,192.00
Account No: 041400113515 Creditor # : 91 VALLEY PHY. MED. & REHAB 222 W. THOMAS RD., ST 212 PHOENIX AZ 85013	J	01/28/2006 Medical Bills				\$ 475.00
Account No: 7277 Creditor # : 92 Robert Vannucci c/o H. Stan Johnson 1489 W. Warm Springs Road, Sui Las Vegas NV 89112		8/29/07 Libel	X	X	X	\$ 10,000.00
Account No: 7277 Representing: Robert Vannucci		Harold S. Johnson 1489 W. Warm Springs Road P.O. Box 13019 Las Vegas NV 89112				
Account No: 4388840010471244 Creditor # : 93 WELLS FARGO FINANCIAL BANK P.O. BOX 98751 Las Vegas NV 89193-5781	J	1999-09-01 Credit Card Purchases				\$ 8,330.41
Account No: 4721989864 Creditor # : 94 WELLS FARGO HOME MTG 405 SW 5TH STREET Des Moines IA 50309		04/2002 Mortgage			X	\$ 1.00

Sheet No. 17 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** \$ 19,998.41

**Total \$** \$ 15,222,076.11

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