

**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF TEXAS
Tyler Division**

FILED
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF TX
2003 JAN 10 PM 3:30
CLERK, U.S. BANKRUPTCY
COURT
BY _____ DEPUTY

IN RE:) CASE NO. 99-60720
Med-Shop Community Home Health Inc.)
)
)
DEBTOR) CHAPTER 7
)

TRUSTEE'S FINAL REPORT, APPLICATION FOR COMPENSATION,
AND REPORT OF PROPOSED DISTRIBUTION

Bob Anderson, the Trustee of the estate of the above-named debtor(s), certifies under penalty of perjury, to the Court and United States Trustee, that the trustee has faithfully and properly fulfilled the duties of his office, that the trustee has examined all proofs of claim as appropriate in preparation for the proposed distribution, and that the proposed distribution attached hereto is proper and consistent with the law and rules of the Court. The Trustee applies for the commissions and expenses set forth herein and states that they are reasonable and proper.

Therefore, the Trustee requests that the Final Report, Application for Compensation, and Report of Proposed Distribution be approved.

Date: 10-21-02



Bob Anderson, Trustee

REVIEWED BY THE UNITED STATES TRUSTEE

I have reviewed the Trustee's Final Report, Application for Compensation, and Report of Proposed Distribution.

United States Trustee

Date: 1-2-03

By: 



SCHEDULE A-1

FINAL ACCOUNT AS OF: 10/17/02

A.	RECEIPTS		\$54,458.88
B.	DISBURSEMENTS		
	(1) Secured Creditors	0.00	
	(2) Administrative Expenses	592.25	
	(3) Priority Creditors	0.00	
	(4) Other	0.00	
	TOTAL DISBURSEMENTS		<u>\$592.25</u>
C.	BALANCE ON HAND		<u>\$53,866.63</u>

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER WITH THE "CHASE" LOGO FADING IN THE BACKGROUND

THE CHASE MANHATTAN BANK

450 W. 33rd Street, New York, NY 10001

VOID AFTER 90 DAYS

101

Case	Estate of
99-60720 BP	Med-Shop Community Home Health Inc.
312774694666	
Acct. Fees per Order #38 EOD 8/15/00	

TID # 631490
 Bob Anderson
 911 West Loop 281, Suite 412
 Longview TX 75604

1-2/210

Date 09/22/2000

\$ *****257.25

Two Hundred Fifty-Seven Dollars and 25/100

Pay to the Order of Robert G. Rogers

Trustee

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈00000 10 1⑈ ⑆0 2 10000 2 1⑆ 13 1 2774694666⑈

⑆00000 25725⑆

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER WITH THE "CHASE" LOGO FADING IN THE BACKGROUND

JPMORGAN CHASE BANK

55 Water St., Room 540, New York, NY 10041

VOID AFTER 90 DAYS

102

Case	Estate of
99-60720 BP	Med-Shop Community Home Health Inc.
312774694666	
Additional Fees per Order signed 4/2/02	

TID # 631490
 Bob Anderson
 911 West Loop 281, Suite 412
 Longview TX 75604

1-2/210

Date 04/12/2002

\$ *****335.00

Three Hundred Thirty-Five Dollars and 00/100

Pay to the Order of Robert G. Rogers
Cox, Rogers & Associates, Inc.
703 North Green
Longview TX 75601

Trustee

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈00000 10 2⑈ ⑆0 2 10000 2 1⑆ 13 1 2774694666⑈

⑆00000 33500⑆



CHECKED OCT 10 2002

September 1 - September 30, 2002
Page 1 of 3

312-00312-E000-00312- H -113-9-03-W X - N -

99-60720 MED-SHOP COMMUNITY HOME
HEALTH INC
#631490 ROBERT ANDERSON TTEE
BR 312, 4NYP, 17TH FL
NEW YORK NY 10004-2413

The Small Business Team at Chase Statement

Customer Service

Nationwide 800 #: 1-800-634-5273

Nationwide Fax #: 1-800-457-3510

Hearing impaired call 1-800-CHASETD

Primary Account Number: 312-7746946-66

Number of Checks Enclosed: 0



Summary of Accounts

Deposit Accounts	Checking	Opening Balance	Total Credits	Total Debits	Ending Balance
Business Checking 312-7746946-66		0.00	0.00	0.00	0.00
Bankruptcy MMA 312-7746946-65		52,759.99	1,088.93	0.00	53,848.92
Total		52,759.99	1,088.93	0.00	53,848.92

**** THIS ENDS THE SUMMARY PORTION OF YOUR STATEMENT ****

CHECKED OCT 09 2002 C

312-00312-E000-00312- H -113-9-03-W X - N -

Primary Account Number: 312-7746946-66

Business Checking
312-7746946-66

99-60720 MED-SHOP COMMUNITY HOME
HEALTH INC

Summary	Number	Amount
Opening Balance		0.00
Deposits and Credits	0	0.00
Withdrawals and Debits	0	0.00
Checks Paid	0	0.00
Ending Balance		0.00

Analysis Fee Explanation Your analysis fee has been waived this month.

312-00312-E000-00312- H -113-9-03-W X - N -

Primary Account Number: 312-7746946-66

Bankruptcy MMA
312-7746946-65

99-60720 MED-SHOP COMMUNITY HOME
HEALTH INC

Summary	Number	Amount
Opening Balance		52,759.99
Deposits and Credits	2	1,088.93
Withdrawals and Debits	0	0.00
Checks Paid	0	0.00
Ending Balance		53,848.92

Average Balance	52,901.92	Annual Percentage Yield Earned	0.75%
Interest Earned for 30 Day(s)	32.55	Interest Credited in 2002	329.16
Interest Rate(s):	09/01 to 09/30 at 0.75%		

Deposits and Credits	Date	Description	Amount
	09/27	Deposit	1,056.38
	09/30	Interest Credit	32.55
Total			1,088.93

Daily Balances	Date	Balance	Date	Balance
	09/27	53,816.37	09/30	53,848.92

Analysis Fee Explanation Your analysis fee has been waived this month.

TRUSTEE'S FINAL REPORT CASE SUMMARY

TRUSTEE:

ANDERSON

COMMENTS:

CASE NAME:

MED-SHOP COMMUNITY HOME HEALTH, INC.

CASE NUMBER:

99-60720

DATE UST APPROVED:

01-02-03

ESTATE INCOME:

TOTAL RECEIPTS:

\$54,458.88

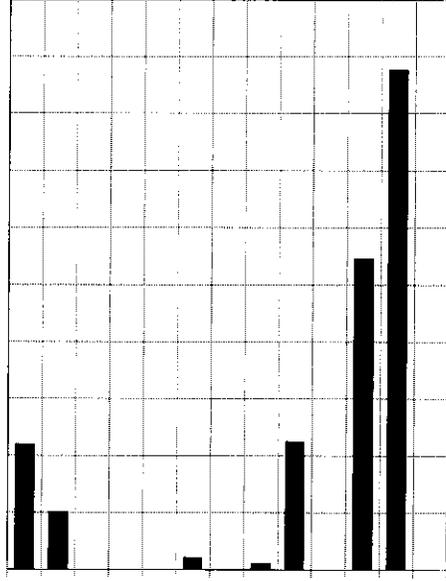
100.00%

ESTATE EXPENSES:

TRUSTEE'S COMMISSION
 TRUSTEE'S EXPENSES
 FIRM'S PROFESSIONAL FEES
 FIRM'S PROFESSIONAL EXPENSES
 OTHER ATTORNEY FEES
 OTHER PROFESSIONAL FEES
 COURT COSTS
 ESTATE EXPENSES(TAXES, ETC)
 PRIOR CHAPTER COSTS
 SECURED CLAIMS PAID
 PRIORITY CLAIMS PAID
 UNSECURED CLAIMS PAID
 OTHER(RETURN TO DEBTOR, ETC)

5,972.94
 2,762.05
 0.00
 0.00
 0.00
 592.25
 0.00
 295.00
 6,112.23
 0.00
 14,859.40
 23,865.01
 0.00

10.97%
 5.07%
 0.00%
 0.00%
 0.00%
 1.09%
 0.00%
 0.54%
 11.22%
 0.00%
 27.29%
 43.82%
 0.00%



0% 10% 20% 30% 40% 50%

UNSECURED CLAIMS ALLOWED

2,214,956.15

UNSECURED CLAIMS PAID

23,865.01

PERCENT RECOVERED FOR UNSECURED

1.08%

Form 2

Cash Receipts And Disbursements Record

Case Number: 99-60720 BP **Trustee:** Bob Anderson (631490)
Case Name: Med-Shop Community Home Health Inc. **Bank Name:** JPMORGAN CHASE BANK
Taxpayer ID #: 75-2560657 **Account:** 312-7746946-65 - Money Market Account
Period Ending: 10/17/02 **Blanket Bond:** \$300,000.00 (per case limit)
Separate Bond: N/A

1 Trans. Date	2 {Ref #} / Check #	3 Paid To / Received From	4 Description of Transaction	T-Code	5 Receipts \$	6 Disbursements \$	7 Money Market Account Bal
05/06/99	{2}	Erskine & McHahon	a/r	1121-000	86.53		86.53
05/06/99	{2}	Employee Benefit Plan - Babb, Inc.	A/R	1121-000	575.15		661.68
05/06/99	{2}	Halliburton Company	A/R	1121-000	110.50		772.18
05/06/99	{2}	HCFA	A/R	1121-000	24,323.00		25,095.18
05/06/99	{2}	HCFA	A/R	1121-000	2,170.08		27,265.26
05/06/99	{2}	HCFA	A/R	1121-000	45.21		27,310.47
05/06/99	{2}	Columbia/HCA	A/R	1121-000	896.00		28,206.47
05/06/99	{2}	Law Office of Mike Miller	A/R	1121-000	73.00		28,279.47
05/06/99	{2}	Robert Rhyne	A/R	1121-000	9.75		28,289.22
05/06/99	{2}	Linda Walker	A/R	1121-000	50.00		28,339.22
05/06/99	{2}	BlueCross BlueShield	A/R	1121-000	65.00		28,404.22
05/06/99	{2}	HCFA	A/R	1121-000	226.44		28,630.66
05/06/99	{6}	Gilmer National Bank	Balance in Checking Account	1229-000	988.12		29,618.78
05/06/99	{2}	Principal Financial Group	A/R	1121-000	0.60		29,619.38
05/06/99	{2}	Trinity Industries	A/R	1121-000	621.30		30,240.68
05/06/99	{2}	HCFA	A/R	1121-000	207.90		30,448.58
05/06/99	{2}	Eastman Chemical Company	A/R	1121-000	560.00		31,008.58
05/06/99	{2}	Wal-Mart Claims Administration	A/R	1121-000	75.00		31,083.58
05/06/99	{2}	John Deere	A/R	1121-000	216.50		31,300.08
05/06/99	{2}	HCFA	A/R	1121-000	768.57		32,068.65
05/19/99	{2}	HCFA	acct rec.	1121-000	271.26		32,339.91
05/19/99	{2}	Linda Walker	acct rec	1121-000	20.00		32,359.91
05/19/99	{2}	Eastman Chemical Company	acct rec	1121-000	65.00		32,424.91
05/19/99	{2}	Halliburton Cmpany Employee Benefits	acct rec	1121-000	22.42		32,447.33
Subtotals :					\$32,447.33	\$0.00	

Form 2

Cash Receipts And Disbursements Record

Case Number: 99-60720 BP **Trustee:** Bob Anderson (631490)
Case Name: Med-Shop Community Home Health Inc. **Bank Name:** JPMORGAN CHASE BANK
Taxpayer ID #: 75-2560657 **Account:** 312-7746946-65 - Money Market Account
Period Ending: 10/17/02 **Blanket Bond:** \$300,000.00 (per case limit)
Separate Bond: N/A

1 Trans. Date	2 {Ref #} / Check #	3 Paid To / Received From	4 Description of Transaction	T-Code	5 Receipts \$	6 Disbursements \$	7 Money Market Account Bal
07/30/99	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.9000%	1270-000	74.18		48,256.77
08/19/99	{2}	Dallas General Life Ins. Company	a/r	1121-000	189.00		48,445.77
08/31/99	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.9000%	1270-000	78.02		48,523.79
09/16/99	{2}	Cox & McCarter	a/r - Ramirez	1121-000	20.33		48,544.12
09/16/99	{7}	Joe Max Green Insurance Concepts	refund of premium	1229-000	447.00		48,991.12
09/30/99	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.9000%	1270-000	76.10		49,067.22
10/29/99	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.0000%	1270-000	80.99		49,148.21
11/30/99	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.0000%	1270-000	80.86		49,229.07
12/31/99	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.0000%	1270-000	83.69		49,312.76
01/31/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.0000%	1270-000	83.60		49,396.36
02/29/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.1000%	1270-000	78.34		49,474.70
03/31/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.1000%	1270-000	83.88		49,558.58
04/28/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.2000%	1270-000	86.73		49,645.31
05/31/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.3000%	1270-000	92.86		49,738.17
06/30/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.3000%	1270-000	93.85		49,832.02
07/31/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.3000%	1270-000	97.17		49,929.19
08/31/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.3000%	1270-000	97.36		50,026.55
09/25/00		To Account #312774694666	Xfer to checking to pay fees	9999-000		257.25	49,769.30
09/29/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.3000%	1270-000	94.30		49,863.60
10/03/00	{8}	Internal Revenue Service	Refund of credit balance 1120 for 9/30/99	1224-000	1,010.29		50,873.89
10/31/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.3000%	1270-000	98.95		50,972.84
11/30/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.3000%	1270-000	96.18		51,069.02
12/29/00	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.1500%	1270-000	95.39		51,164.41
01/31/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 2.0000%	1270-000	88.67		51,253.08
02/06/01	{8}	United States Treasury	9/97 - 1120 Refund	1224-000	845.00		52,098.08
Subtotals :					\$4,172.74	\$257.25	

Form 2

Cash Receipts And Disbursements Record

Case Number: 99-60720 BP **Trustee:** Bob Anderson (631490)
Case Name: Med-Shop Community Home Health Inc. **Bank Name:** JPMORGAN CHASE BANK
Taxpayer ID #: 75-2560657 **Account:** 312-7746946-65 - Money Market Account
Period Ending: 10/17/02 **Blanket Bond:** \$300,000.00 (per case limit)
Separate Bond: N/A

1 Trans. Date	2 {Ref #} / Check #	3 Paid To / Received From	4 Description of Transaction	T-Code	5 Receipts \$	6 Disbursements \$	7 Money Market Account Bal
02/28/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.8000%	1270-000	73.10		52,171.18
03/30/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.7000%	1270-000	76.09		52,247.27
04/30/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.6000%	1270-000	72.05		52,319.32
05/31/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.6000%	1270-000	71.14		52,390.46
06/29/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.5000%	1270-000	66.21		52,456.67
07/31/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.5000%	1270-000	66.87		52,523.54
08/31/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.5000%	1270-000	66.95		52,590.49
09/28/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.3000%	1270-000	61.13		52,651.62
10/31/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.1500%	1270-000	53.18		52,704.80
11/30/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.0500%	1270-000	46.52		52,751.32
12/31/01	{1}	THE CHASE MANHATTAN BANK	Interest posting at 1.0500%	1270-000	47.06		52,798.38
01/31/02	{1}	THE CHASE MANHATTAN BANK	Interest posting at 0.9500%	1270-000	44.64		52,843.02
02/28/02	{1}	THE CHASE MANHATTAN BANK	Interest posting at 0.8500%	1270-000	36.21		52,879.23
03/29/02	{1}	JPMORGAN CHASE BANK	Interest posting at 0.8500%	1270-000	38.19		52,917
04/12/02		To Account #312774694666	Transfer to Checking to pay approved accountant's fee	9999-000		335.00	52,582.42
04/30/02	{1}	JPMORGAN CHASE BANK	Interest posting at 0.8500%	1270-000	36.83		52,619.25
05/31/02	{1}	JPMORGAN CHASE BANK	Interest posting at 0.8000%	1270-000	36.70		52,655.95
06/28/02	{1}	JPMORGAN CHASE BANK	Interest posting at 0.8000%	1270-000	34.63		52,690.58
07/31/02	{1}	JPMORGAN CHASE BANK	Interest posting at 0.8000%	1270-000	35.81		52,726.39
08/30/02	{1}	JPMORGAN CHASE BANK	Interest posting at 0.7500%	1270-000	33.60		52,759.99
09/24/02	{8}	Don Williams	Refund of unused escrow after attorney fee application (for Debtor)	1290-000	1,056.38		53,816.37
09/30/02	{1}	JPMORGAN CHASE BANK	Interest posting at 0.7500%	1270-000	32.55		53,848.92
10/17/02	{1}	JPMORGAN CHASE BANK	Current Interest Rate is 0.7500%	1270-000	17.71		53,866.63

Subtotals : \$2,103.55 \$335.00

Form 2

Cash Receipts And Disbursements Record

Case Number: 99-60720 BP **Trustee:** Bob Anderson (631490)
Case Name: Med-Shop Community Home Health Inc. **Bank Name:** JPMORGAN CHASE BANK
Taxpayer ID #: 75-2560657 **Account:** 312-7746946-65 - Money Market Account
Period Ending: 10/17/02 **Blanket Bond:** \$300,000.00 (per case limit)
 Separate Bond: N/A

1 Trans. Date	2 {Ref #} / Check #	3 Paid To / Received From	4 Description of Transaction	5 Receipts \$	6 Disbursements \$	7 Money Market Account Balan
10/17/02		To Account #312774694666	Transfer balance to checking for TFR		53,866.63	0.00

ACCOUNT TOTALS
 Less: Bank Transfers **54,458.88**
Subtotal **54,458.88**
 Less: Payments to Debtors **0.00**
NET Receipts / Disbursements **\$54,458.88**

Form 2

Cash Receipts And Disbursements Record

Case Number: 99-60720 BP **Trustee:** Bob Anderson (631490)
Case Name: Med-Shop Community Home Health Inc. **Bank Name:** JPMORGAN CHASE BANK
Taxpayer ID #: 75-2560657 **Account:** 312-7746946-66 - Checking Account
Period Ending: 10/17/02 **Blanket Bond:** \$300,000.00 (per case limit)
Separate Bond: N/A

1 Trans. Date	2 {Ref #} / Check #	3 Paid To / Received From	4 Description of Transaction	5 Receipts \$	6 Disbursements \$	7 Checking Account Balan
09/22/00	101	Robert G. Rogers	Acct. Fees per Order #38 EOD 8/15/00		257.25	-257.25
09/25/00		From Account #312774694665	Xfer to checking to pay fees	257.25		0.00
04/12/02		From Account #312774694665	Transfer to Checking to pay approved accountant's fee	335.00		335.00
04/12/02	102	Robert G. Rogers	Additional Fees per Order signed 4/2/02		335.00	0.00
10/17/02		From Account #312774694665	Transfer balance to checking for TFR	53,866.63		53,866.63
ACCOUNT TOTALS				54,458.88	592.25	\$53,866.63
Less: Bank Transfers				54,458.88	0.00	
Subtotal				0.00	592.25	
Less: Payments to Debtors					0.00	
NET Receipts / Disbursements				\$0.00	\$592.25	

	Net Receipts	Net Disbursements	Account Balanc
TOTAL - ALL ACCOUNTS	54,458.88	0.00	0.00
MMA # 312-7746946-65	0.00	592.25	53,866.63
Checking # 312-7746946-66	\$54,458.88	\$592.25	\$53,866.63

SCHEDULE B
APPLICATION FOR COMPENSATION

COMPUTATION OF COMMISSIONS (cases filed after 10/22/95)

Total Receipts	<u>\$54,458.88</u>	25% of First \$5,000	\$ <u>1,250.00</u>
Less	(5,000.00)		
Balance	<u>49,458.88</u>	10% of next \$45,000	\$ <u>4,500.00</u>
Less	(45,000.00)		
Balance	<u>4,458.88</u>	5% of next \$950,000	\$ <u>222.94</u>
Less	(950,000.00)		
Balance	<u>0.00</u>	3% of Remaining Balance	\$ <u>0.00</u>
TOTAL COMMISSIONS			\$ <u>5,972.94</u>

UNREIMBURSED EXPENSES

Recording Fees	\$ <u>0.00</u>
Necessary Travel (@ .35/mile)	\$ <u>0.00</u>
Paraprofessional (exhibit attached)	\$ <u>1,530.00</u>
Clerical and Stenographic (exhibit attached)	\$ <u>277.50</u>
Photocopies (@ .25/each)	\$ <u>401.00</u>
Postage	\$ <u>146.61</u>
Long Distance Telephone Charges	\$ <u>9.00</u>
Other Expenses	\$ <u>397.94</u>
contract labor for a/r billing to Stacy Shuler - \$384.00	
UCC search paid to Capitol Commerce Reporter - \$13.94	
TOTAL UNREIMBURSED EXPENSES	\$ <u>2,762.05</u>

Records:

- Trustee did not take possession of business or personal records of the debtor.
- Notice given debtor on _____ to pick up business or personal records in hands of Trustee.

Date	Service Performed	Who	Time	Copy	Post	LD
	SECRETARIAL SERVICES					
4/26/1999	Telephone conference with Lisa Lambert of UST office regarding newly converted case (from Ch. 11 to 7) and discussion of location / status of assets and other issues; memo to Trustee regarding same	s	.50	0	\$0.00	0
4/27/1999	Telephone conference with Connie of Lone Star Office Furniture to arrange appraisal and offer of office furnishings and equipment	s	.20	0	\$0.00	0
4/27/1999	Telephone conference with Kelly of CNT Computers regarding valuation of computer equipment	s	.20	0	\$0.00	0
4/27/1999	Travel to location of business and comparison of schedule of office furnishings, equipment and computers with listing supplied by Debtor	s	1.50	0	\$0.00	0
4/27/1999	Set up notebook file for administration of asset case	s	.30	0	\$0.00	0
4/29/1999	Telephone conference with Jan Downing regarding closing of business bank account	s	.10	0	\$0.00	0
4/29/1999	Fax list of computer equipment to CNT for preliminary review	s	.10	0	\$0.00	0
4/30/1999	Receive and review of bids on office furnishings from Lone Star; Telephone conference with Jodac Office Outfitters regarding bid on office furnishings and provide listing of items for sale to Jodac	s	.30	0	\$0.00	0
4/30/1999	Office conference with Jan Downing regarding current balance of bank account and turnover of same, turnover of cell phones and pagers	s	.10	0	\$0.00	0
5/3/1999	Order UCC search from Capital Commerce Reporter	s	.10	0	\$0.00	0
5/3/1999	Telephone conferences with various parties to determine current status of ad valorem taxes on assets to be sold	s	.50	0	\$0.00	0
5/3/1999	Telephone conference with Joe Hickerson of Jodac regarding sale of office equipment and fax list to him	s	.10	0	\$0.00	0

Date	Service Performed	Who	Time	Copy	Post	LD
5/6/1999	Preparation of multiple item deposits (2 deposits of 10 items each) and post same	s	.80	8	\$0.00	0
5/6/1999	Open bank account and set up financial file	s	.20	3	\$0.00	0
5/6/1999	Download matrix via Pacer and revise for use with asset sale mailout	s	.30	0	\$0.00	0
5/6/1999	Review of schedules, posting assets to management system and notations for current status of various issues	s	.40	0	\$0.00	0
5/6/1999	Prepare Form W-9 for bank	s	.10	1	\$0.00	0
5/7/1999	Telephone conference with Staci Shuler regarding collection of accounts receivable	s	.10	0	\$0.00	0
5/11/1999	Telephone conference with Staci Shuler regarding accounts receivable and collection of same	s	.20	0	\$0.00	0
5/12/1999	Reconciliation of bank statement	s	.10	0	\$0.00	0
5/12/1999	Telephone conference and written communications with Jan Downing regarding current bids on office furnishings	s	.20	0	\$0.00	0
5/12/1999	Office conference with Staci Shuler, review of records and status of accounts receivable	s	.20	0	\$0.00	0
5/19/1999	Preparation of multiple item deposit and post same	s	.40	5	\$0.00	0
5/19/1999	Office conference with Staci Shuler regarding accounts receivable	s	.10	0	\$0.00	0
5/25/1999	Telephone conference with Med Shop Total Care regarding agreement on sale of assets to Med Shop Total Care, a related entity of Debtor, regarding principals of purchaser of assets as opposed to principals of Debtor; name in which purchaser is to take title and other information needed for preparation of Motion to Sell	s	.30	0	\$0.00	0
5/26/1999	Expenses associated with mailout of motion to sell assets	s	.00	186	\$24.74	0
6/3/1999	Preparation of deposit and post same	s	.20	2	\$0.00	0

Date	Service Performed	Who	Time	Copy	Post	LD
6/11/1999	Reconciliation of bank statement	s	.10	0	\$0.00	0
6/18/1999	Preparation of multiple item deposit and post same	s	.40	8	\$0.00	0
6/22/1999	Telephone conference with John Pannetti with Conrad & Associates, a subcontractor of Palmetto, regarding scheduling an audit of Debtor's records; Memo to file and Trustee regarding same;	s	.20	0	\$0.00	10
7/08/1999	Reconciliation of bank statement	s	.10	0	\$0.00	0
7/15/1999	Preparation of deposit and post same	s	.20	4	\$0.00	0
7/16/1999	Letter to Pat Downing regarding sale to Med Shop Total Care and providing original executed Bill of Sale	s	.10	1	\$0.34	0
7/16/1999	Draft Bill of Sale covering furniture, equipment and supplies to Med Shop Total Care for Trustee's review and signature	s	.30	4	\$0.00	0
8/10/1999	Reconciliation of bank statement	s	.10	0	\$0.00	0
8/19/1999	Preparation of deposit and post same	s	.20	2	\$0.00	0
9/1/1999	Update status of case; Memo to Trustee regarding outstanding issues	s	.20	0	\$0.00	0
9/10/1999	Reconcile bank statement	s	.10	0	\$0.00	0
9/16/1999	Preparation of deposit and post same	s	.20	2	\$0.00	0
10/10/1999	Reconcile bank statement	s	.10	0	\$0.00	0
11/10/1999	Reconcile bank statement	s	.10	0	\$0.00	0
12/10/1999	Reconcile bank statement	s	.10	0	\$0.00	0
1/10/2000	Reconcile bank statement	s	.10	0	\$0.00	0
1/31/2000	Preparation of Request for Clerk to release claim files to Trustee	s	.20	3	\$1.02	0
2/4/2000	Discussion with Trustee regarding proofs of claim	s	.10	0	\$0.00	0
2/4/2000	Receive and process claim file from Clerk	s	.20	4	\$0.00	0
2/10/2000	Reconcile bank statement	s	.10	0	\$0.00	0

Date	Service Performed	Who	Time	Copy	Post	LD
3/10/2000	Reconcile bank statement	s	.10	0	\$0.00	0
4/12/2000	Reconcile bank statement	s	.10	0	\$0.00	0
5/16/2000	Reconcile bank statement	s	.10	0	\$0.00	0
6/12/2000	Reconcile bank statement	s	.10	0	\$0.00	0
7/13/2000	Reconcile bank statement	s	.10	0	\$0.00	0
7/14/2000	Revise matrix for use with Application for Accountant's Fees; mailout to parties and expenses related to the mailout	s	.30	35	\$2.90	0
8/16/2000	Reconcile bank statement	s	.10	0	\$0.00	0
9/13/2000	Reconcile bank statement	s	.10	0	\$0.00	0
9/22/2000	Prepare check to Bob Robers pursuant to court order	s	.10	3	\$0.34	0
9/22/2000	Open checking account; transfer funds to checking for disbursement	s	.20	0	\$0.00	0
10/3/2000	Preparation of deposit and post same	s	.20	1	\$0.00	0
10/13/2000	Reconcile bank statement	s	.10	0	\$0.00	0
11/14/2000	Reconcile bank statement	s	.10	0	\$0.00	0
12/13/2000	Reconcile bank statement	s	.10	0	\$0.00	0
1/09/2001	Reconcile bank statement	s	.10	0	\$0.00	0
1/12/2001	Work on claims after Trustee's review of same, including comparison to schedules and review of documentation	s	1.00	7	\$0.00	0
2/6/2001	Preparation of deposit and post same	s	.20	2	\$0.00	0
2/9/2001	Reconcile bank statement	s	.10	0	\$0.00	0
3/9/2001	Reconcile bank statement	s	.10	0	\$0.00	0
4/10/2001	Reconcile bank statement	s	.10	0	\$0.00	0
5/10/2001	Reconcile bank statement	s	.10	0	\$0.00	0
6/12/2001	Reconcile bank statement	s	.10	0	\$0.00	0
7/9/2001	Reconcile bank statement	s	.10	0	\$0.00	0

Date	Service Performed	Who	Time	Copy	Post	LD
8/9/2001	Reconcile bank statement	s	.10	0	\$0.00	0
9/19/2001	Reconcile bank statement	s	.10	0	\$0.00	0
10/11/2001	Reconciliation of bank statement	s	.10	0	\$0.00	0
11/12/2001	Reconciliation of bank statement	s	.10	0	\$0.00	0
12/14/2001	Reconciliation of bank statement	s	.10	0	\$0.00	0
1/13/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
2/13/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
3/8/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
4/8/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
4/12/2002	Transfer funds to checking for disbursement; Prepare check to Bob Rogers pursuant to Court order	s	.10	2	\$0.37	0
5/18/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
6/18/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
7/10/2002	Review Pacer for any requests for payment of administrative claims or fee applications; Prepare letter for Trustee's signature to Don Williams regarding retainer fee as attorney for Debtor and requesting that his fee application be filed	s	.20	1	\$0.37	0
7/10/2002	Review claims, objections and orders, and post to management system in preparation for TFR	s	2.00	0	\$0.00	0
7/11/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
8/12/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
9/12/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
9/24/2002	Preparation of deposit and post same	s	.20	2	\$0.00	0
10/09/2002	Reconciliation of bank statement	s	.10	0	\$0.00	0
	TOTAL SECRETARIAL SERVICES		18.5	0	\$0.00	0
				0	\$0.00	0

Date	Service Performed	Who	Time	Copy	Post	LD
	PARALEGAL SERVICES			0	\$0.00	0
5/19/1999	Telephone conference with former employee regarding status of case	p	.10	0	\$0.00	0
5/24/1999	Telephone conference with Texas Workforce Commission regarding Request for Work Separation Information on Stacy Shuler; Letter for Trustee's signature to Texas Workforce responding to same	p	.30	3	\$0.34	0
5/25/1999	Draft for Trustee's review and signature Motion to Sell Assets (furniture, equipment, supplies) and proposed Order;	p	.50	0	\$0.00	0
6/28/1999	Letter to Don Williams regarding prior tax returns of the corporation	p	.20	0	\$0.00	0
9/17/1999	Prepare letter for Trustee's signature to Houck Physical Therapy regarding proof of claim and status of case	p	.20	1	\$0.34	0
11/4/1999	Update Form 1 and Form 2 and case status; confirm balance	p	.20	0	\$0.00	0
11/29/1999	Prepare follow up letter to Don Williams regarding tax returns needed for Trustee's use in determining basis in assets	p	.20	0	\$0.00	0
12/1/1999	Telephone conference with Don Williams regarding tax returns and regarding Medicare audit; Memo to file;	p	.10	0	\$0.00	0
1/12/2000	Review status of tax returns; Prepare letter for Trustee's review and signature to Don Williams regarding prior year tax returns and regarding tax basis in assets sold	p	.20	4	\$0.68	0
1/14/2000	Telephone conference with former employee of Med Shop (and current employee of other business of principal) regarding tax returns requested by Trustee	p	.10	0	\$0.00	0
2/22/2000	Telephone conference with Claimant regarding possible distribution and status of case	p	.10	0	\$0.00	0

Date	Service Performed	Who	Time	Copy	Post	LD
3/14/2000	Review file and prior tax returns provided by Debtor; estimate expenses of estate per directions from Trustee; Discussion with Trustee regarding same; Preparation of Form 7004 Extension of due date for filing tax return and file same with IRS; Telephone conference with Bob Rogers, accountant, regarding late return due to different tax year than originally thought; Memo to file regarding decision not to file extension but to request abatement of any penalty	p	.70	8	\$0.62	0
3/22/2000	Gather information for tax return and prepare letter to Bob Rogers for Trustee's review and signature	p	.50	12	\$0.00	0
3/22/2000	Preparation of Motion to Employ Accountant, Declaration and proposed Order for Trustee's review and signature	p	.40	0	\$0.00	0
3/23/2000	Deliver information for tax return to accountant and discussion regarding same	p	.30	5	\$0.00	0
4/6/2000	Expenses in connection with filing application to employ Bob Rogers as Accountant	p	.00	22	\$1.36	0
4/13/2000	Telephone conference with Stacy Shuler regarding status of case	p	.20	0	\$0.00	0
4/22/2000	Update Form 1 and Form 2 and case status; confirm balance	p	.20	0	\$0.00	0
7/7/2000	Process and mail out both tax return and Request for Prompt Determination of Unpaid Taxes by certified mail	p	.10	8	\$10.78	0
7/10/2000	Prepare for Trustee's review and signature Fee Application for Accountant's Fees and proposed Order	p	.30	0	\$0.00	0
8/31/2000	Telephone conference with Bill Morris of Internal Revenue Service to request refund of credit balance on account after Form 1120 FYE 9/30/00 filed, and memo to file regarding same	p	.20	0	\$0.00	10
9/11/2000	Telephone conference with Bill Morris of IRS regarding refund of credit balance and calendar 30 days out for receipt of same	p	.20	0	\$0.00	10

Date	Service Performed	Who	Time	Copy	Post	LD
10/26/2000	Update Form 1, Form 2 and case status; confirm balance	p	.20	0	\$0.00	0
11/16/2000	Review of file for tax return information; Letter to Bob Rogers for Trustee's review and signature providing information FYE 9/30/00 and requesting tax return	p	.50	2	\$0.34	0
11/20/2000	Preparation of "No Liability" 940-EZ return for 2000 and submit to IRS	p	.10	3	\$0.34	0
11/29/2000	Telephone conference with Bob Rogers office regarding tax return; Review file for requested information and forward same to Bob Rogers	p	.50	5	\$0.00	0
12/14/2000	Process and mailout of both tax return and Request for Prompt Determination by certified mail, return receipt requested	p	.20	8	\$20.35	0
4/25/2001	Update Form 1 and Form 2 and case status, confirm balance	p	.20	0	\$0.00	0
5/31/2001	Draft for Trustee's review and signature objections to twelve claims with affidavits and proposed Orders for each	p	2.00	540	\$22.78	0
9/19/2001	Review file for tax information and letter for Trustee's signature to Bob Rogers, accountant, requesting preparation of final estate return FYE 9/30/01	p	.50	6	\$0.64	0
10/30/2001	Update case status, Form 1 and Form 2, and confirm balance	p	.20	0	\$0.00	0
12/11/2001	Telephone conference with Accountant's office regarding lack of Trustee's Disclosure on tax return; Preparation of Trustee's Disclosure to attach to tax return and Request for Prompt Determination; Provide copy of same to Accountant's office for their file	p	.20	6	\$0.00	0
12/12/2001	Review, process and mail out by certified mail both the Estate's federal income tax return FYE 9/30/01 and the Request for Prompt Determination in connection with same	p	.40	12	\$10.20	0

Date	Service Performed	Who	Time	Copy	Post	LD
2/18/2002	Prepare for Trustee's review and signature Second Fee Application for Trustee's Accountant and proposed Order	p	.40	42	\$2.96	0
4/29/2002	Update case status, Form 1 and Form 2, and confirm balance	p	.20	0	\$0.00	0
6/20/2002	Telephone conference with David Dodgen, Revenue Officer with IRS, and preparation of letter for Trustee's signature to David Dodgen providing requested information on case and payroll	p	.50	1	\$0.00	0
9/4/2002	Telephone conference with Kathy Goddard regarding status of case	p	.10	0	\$0.00	0
10/16/2002	Telephone conference with Staci Shuler regarding status of case	p	.10	0	\$0.00	0
10/17/2002	Preparation of Final Report and Proposed Distribution and attached schedules [Note: The time is much greater than for most Final Reports due to the presence of both <i>administrative</i> wage claims as well as <i>priority</i> wage claims, and an additional <i>unsecured</i> wage claim (that portion of a claimant's priority wage claim that exceeded \$4,300); wage claims require calculations of payroll taxes and withholdings and each deduction and tax must be posted in detail; then each class of wage claim and its associated taxes/withholdings must be allowed in the proper level of priority]; preparation of secretarial and paralegal exhibit; additional posting of claimant entries for disbursements made during pendency of the case; tally expenses; post final interest to money market account and transfer to deposit account; update property record and cash receipts and disbursements and confirm balance; calculation of Trustee's compensation and post same; preparation of Order approving proposed distribution; letter for Trustee's signature to United States Trustee	p	11.00	330	\$9.70	0

Date	Service Performed	Who	Time	Copy	Post	LD
12/31/2002	Anticipated time in preparation of checks for final distribution; transmittal letter to payees; anticipated time in preparation of federal and state reports in connection with wage claims and expected correspondence and communication with federal and state taxing entities regarding same [anticipated time and copy/postage expense is greater than usual due to the existence of wage claims and is based on this trustee's experience with prior cases involving wage claims]; monitoring file for all checks to clear; preparation of final report and report of distribution; preparation of itemization of distributions; return claim file(s) to Clerk; letter for Trustee's signature to United States Trustee; monitor file for payment of fee and archive file after closing.	p	8.00	300	\$35.10	30
	TOTAL PARALEGAL SERVICES		30.6	0	\$0.00	0
	TOTAL COPY, POSTAGE & LONG DISTANCE EXPENSE			1604	\$146.61	60

SCHEDULE C

EXPENSES OF ADMINISTRATION

	(1) Amount Claimed	(2) Amount Allowed	(3) Previously Paid	(4) Due
1. 11 U.S.C. Sec. 507(a) (1) <u>Court Costs and Fees</u>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
2. 11 U.S.C. Sec. 503(b) (1) (A) <u>Preservation of Estate</u>				
A. Transportation	0.00	0.00	0.00	0.00
B. Storage	0.00	0.00	0.00	0.00
C. Wages	0.00	0.00	0.00	0.00
D. Estates share FICA	0.00	0.00	0.00	0.00
E. Insurance	0.00	0.00	0.00	0.00
F. Upkeep	0.00	0.00	0.00	0.00
G. Other (itemize)	0.00	0.00	0.00	0.00
3. 11 U.S.C. Sec. 503(b) (2) <u>Post-Petition taxes and related penalties</u>	45.00	45.00	0.00	45.00
4. 11 U.S.C. Sec. 503(b) (2) <u>Compensation and Reimbursement</u>				
A. Compensation of Trustee	5,972.94	5,972.94	0.00	5,972.94
B. Expenses of Trustee	2,762.05	2,762.05	0.00	2,762.05
C. Compensation of Trustee's Accountant	592.25	592.25	592.25	0.00
5. Court Special Charges (Excess Notices)	0.00	0.00	0.00	0.00
6. U.S. Trustee fees	250.00	250.00	0.00	250.00
7. Other (itemize)				
Ch. 11 Admin. Wage Claims	11,817.06	2,938.43	0.00	2,938.43
Ch. 11 Admin. Trade Debt	8,843.79	1,597.97	0.00	1,597.97
Ch. 11 Admin. Payroll Taxes (Employer's Portion)	0.00	452.85	0.00	452.85
Ch. 11 Admin. Payroll Withholding (Employee)	0.00	1,122.98	0.00	1,122.98
SUBTOTAL "OTHER"	20,660.85	6,112.23	0.00	6,112.23
Totals:	<u>\$30,283.09</u>	<u>\$15,734.47</u>	<u>\$ 592.25</u>	<u>\$15,142.22</u>

U.S. Corporation Income Tax Return

For calendar year 1999 or tax year beginning 10/1, 1999, ending 3/30, 2000

1999

Instructions are separate. See instructions for Paperwork Reduction Act Notice.

A Check if a:

- 1 Consolidated return (attach Form 851)
- 2 Personal holding co. (attach Sch. PH)
- 3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T -- see instructions)

Use IRS label. Otherwise, print or type.

Name No., street, and room or suite no. City/town, state, and ZIP code
 MED SHOP COMMUNITY HOME HEALTH
 c/o BOB ANDERSON, TRUSTEE
 911 N.W. LOOP 281, SUITE 412
 LONGVIEW, TX 75604

B Employer identification no. 75-2560657
 C Date incorporated 10/01/94
 D Total assets (see instructions) 116,889.

E Check applicable boxes: (1) Initial return (2) Final return (3) Change of address

Income

Deductions

(See instructions for limitations on deductions.)

Tax and Payments

CLIENT COPY

Federal Income Tax, advanced by Trustee's Firm.

Pd. 11/30/00
 Smead Anderson + Burn

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer TRUSTEE Date 11/30/00

Preparer's signature Robert J. Rogers, CPA Check if self-employed Preparer's SSN or PTIN P00140609
 Firm's name (or yours if self-employed) and address COX, ROGERS & ASSOCIATES, INC. EIN 75-1791310
703 N. GREEN STREET ZIP code 75601
LONGVIEW, TX

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
TYLER DIVISION

IN RE:

MED-SHOP COMMUNITY
HOME HEALTH, INC.

DEBTOR

§
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§
§
§

CASE NO. 99-60720

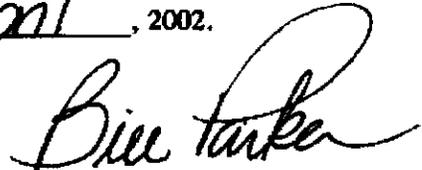
CHAPTER 7

**ORDER GRANTING SECOND APPLICATION FOR ALLOWANCE OF ACCOUNTANT'S FEES
FILED BY BOB ANDERSON, CHAPTER 7 TRUSTEE**

On February 27, 2002, Trustee's Second Application for Allowance of Accountant's Fees (the "Application") was filed by Bob Anderson, Chapter 7 Trustee, (the "Movant") in the above-referenced case. The Court finds that the Application was properly served pursuant to the Federal and Local Rules of Bankruptcy Procedure and that it contained the appropriate twenty (20)-day negative notice language, pursuant to Local Rule of Bankruptcy Procedure 9007, which directed any party opposed to the granting of the relief sought by the Application to file a written response within twenty days or the Application would be deemed by the Court to be unopposed. The Court finds that no objection or other written response to the Application has been timely filed by any party. Due to the failure of any party to file a timely written response, the allegations contained in the Motion stand unopposed and, therefore, the Court, having reviewed the Application and having determined that the services and expenses outlined in the application were actual, reasonable and necessary, finds that good cause exists for the entry of the following order:

IT IS THEREFORE ORDERED that the Second Application for Allowance of Accountant's Fees Filed by Bob Anderson, Chapter 7 Trustee, on February 27, 2002, is hereby **GRANTED** so as to authorize the Trustee to pay to Robert G. Rogers, C.P.A., to the extent that funds are available, the sum of \$335.00 as payment for his professional fees in connection with the representation of Trustee in this case.

SIGNED this the 2nd day of April, 2002.



BILL PARKER
UNITED STATES BANKRUPTCY JUDGE

PAID

CK. NO. 102
DATE 4/12/02

200
4/3/02

178

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
TYLER DIVISION

2000 AUG 15 10:13
FILED

IN RE:

MED-SHOP COMMUNITY
HOME HEALTH, INC.

DEBTOR

§
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§
§

CASE NO. 99-60720

CHAPTER 7

EOD AUG 15 '00

**ORDER GRANTING APPLICATION FOR ALLOWANCE OF ACCOUNTANT'S FEES
FILED BY BOB ANDERSON, CHAPTER 7 TRUSTEE**

On July 17, 2000, Trustee's Application for Allowance of Accountant's Fees (the "Application") was filed by Bob Anderson, Chapter 7 Trustee, (the "Movant") in the above-referenced case. The Court finds that the Application was properly served pursuant to the Federal and Local Rules of Bankruptcy Procedure and that it contained the appropriate twenty (20)-day negative notice language, pursuant to Local Rule of Bankruptcy Procedure 9007, which directed any party opposed to the granting of the relief sought by the Application to file a written response within twenty days or the Application would be deemed by the Court to be unopposed. The Court finds that no objection or other written response to the Application has been timely filed by any party. Due to the failure of any party to file a timely written response, the allegations contained in the Motion stand unopposed and, therefore, the Court, having reviewed the Application and having determined that the services and expenses outlined in the application were actual, reasonable and necessary, finds that good cause exists for the entry of the following order:

IT IS THEREFORE ORDERED that the Application for Allowance of Accountant's Fees Filed by Bob Anderson, Chapter 7 Trustee, on July 17, 2000, is hereby **GRANTED** so as to authorize the Trustee to pay to Robert G. Rogers, C.P.A., to the extent that funds are available, the sum of \$257.25 as payment for his professional fees in connection with the representation of Trustee in this case.

SIGNED this the 15th day of August, 2000.



BILL PARKER
UNITED STATES BANKRUPTCY JUDGE

Prepared and Submitted by:
Bob Anderson
Smead, Anderson & Dunn
911 W Loop 281, Suite 412
Longview, TX 75604
903.295.2830 (telephone)
903.295.2808 (facsimile)

OK to Pay
BA. 

PAID
CL. NO. # 101
DATE 9/22/00



SCHEDULE D

SECURED CLAIMS

<u>Claim No.</u>	<u>Amount Claimed</u>	<u>Amount Not Determined</u>	<u>Amount Allowed</u>	<u>Previously Paid</u>	<u>Due</u>
10	26,477.54	26,477.54	0.00	0.00	0.00
11	6,832.13	6,832.13	0.00	0.00	0.00
20	1,901.37	1,901.37	0.00	0.00	0.00
	<u>35,211.04</u>	<u>35,211.04</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

IDENTIFICATION OF SECURED PARTIES AFFECTED:

<u>Claim Number</u>	<u>Name of Creditor</u>
10	Gilmer National Bank
11	Longview Independent School District
20	Gregg County

SCHEDULE E
PRIORITY CLAIMS OTHER THAN ADMINISTRATIVE EXPENSES IN THE
FOLLOWING ORDER OF PRIORITY

	(1) Amount Claimed	(2) Amount Allowed	(3) Amount Paid	(4) Amount Due
1. For Credit extended Sec. 364(e)(1)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
2. Claims for failure of "adequate protection" Sec. 307(a)(b)	0.00	0.00	0.00	0.00
3. "Gap Claims" Sec. 507(a)(2)	0.00	0.00	0.00	0.00
4. Wages, etc. Sec. 507(a)(3) (broken down <i>below</i>)	19,579.39	12,886.03	0.00	12,886.03
<i>Wage Claims 3P, 13, 15P, 21, 22P, 24P, 25</i>	<i>19,579.39</i>	<i>9,323.03</i>	<i>0.00</i>	<i>9,323.03</i>
<i>FIT</i>	<i>0.00</i>	<i>2,577.21</i>	<i>0.00</i>	<i>2,577.21</i>
<i>FICA</i>	<i>0.00</i>	<i>798.94</i>	<i>0.00</i>	<i>798.94</i>
<i>Medicare</i>	<i>0.00</i>	<i>186.85</i>	<i>0.00</i>	<i>186.85</i>
5. Contributions to benefit plans Sec. 507(a)(4)	0.00	0.00	0.00	0.00
6. Consumer deposits Sec. 507(a)(6)	0.00	0.00	0.00	0.00
7. Alimony Sec. 507(a)(7)	0.00	0.00	0.00	0.00
8. Taxes Sec. 507(a)(8) (broken down <i>below</i>)	536.58	1,973.37	0.00	1,973.37
<i>Franchise Taxes</i>	<i>536.58</i>	<i>536.58</i>	<i>0.00</i>	<i>536.58</i>
<i>FICA</i>	<i>0.00</i>	<i>798.94</i>	<i>0.00</i>	<i>798.94</i>
<i>FUTA</i>	<i>0.00</i>	<i>103.08</i>	<i>0.00</i>	<i>103.08</i>
<i>Medicare</i>	<i>0.00</i>	<i>186.85</i>	<i>0.00</i>	<i>186.85</i>
<i>SUTA</i>	<i>0.00</i>	<i>347.92</i>	<i>0.00</i>	<i>347.92</i>
9. Depository Institutions Sec. 507(a)(9)	0.00	0.00	0.00	0.00
10. Other: No Basis	0.00	0.00	0.00	0.00
Totals:	20,115.97	14,859.40	0.00	14,859.40

PARTIES AFFECTED:

<u>Claim Number</u>	<u>Name of Creditor</u>
3P	Kathy Goddard
7	Texas Comptroller of Public Accounts
13	Elaine Albright
15P	Stacy Shuler
21	Kathy Qualls
22P	Gerrell Barnes
24P	Sue Bridges
25	Kathy Jeffery
	Cashier, Texas Workforce Commission
	Internal Revenue Service

FILED UNSECURED CLAIMS TOTAL: \$ 2,499,695.77

SUBORDINATED UNSECURED CLAIMS: \$ 0.00

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
1A	Delta Health Systems P.O. Box 1824 Altoona, PA 16603	Admin Ch. 11 04/16/99	3491670	\$1,356.12* \$468.73	\$0.00	\$468.73
	<6910-00 Trade Debt (Chapter 11)>, 300 Objection to priority status. Order #52 EOD 7/9/01 allowing partially as administrative and partially as unsecured, non-priority. This is the ADMINISTRATIVE portion of Claim #1. See 1-U for unsecured, non-priority portion of Claim #1.					
1U	Delta Health Systems P.O. Box 1824 Altoona, PA 16603	Unsecured 04/16/99	3491670	\$0.00* \$887.39	\$0.00	\$887.39
	<7100-00 General Unsecured § 726(a)(2)>, 610 Objection to priority status. Order #52 EOD 7/9/01 allowing partially as administrative and partially as unsecured, non-priority. This is the UNSECURED, NON-PRIORITY portion of Claim #1. See 1-A for administrative portion of Claim #1.					
2	Red Line Medical Supply P.O. Box 27100 Golden Valley, MN 55427	Unsecured 04/19/99	31142	\$793.38 \$793.38	\$0.00	\$793.38
	<7100-00 General Unsecured § 726(a)(2)>, 610					
3A	Kathy Goddard P.O. Box 1512 Gilmer, TX 75644	Admin Ch. 11 04/30/99		\$11,817.06* \$1,668.85	\$0.00	\$1,668.85
	Gross Wage \$2306.64 Less Taxes = Net \$1668.85 Federal W/H \$461.33 FICA \$143.01 Medicare \$33.45. Objection filed to priority status. Order #53 EOD 7/9/01 allowing as partially administrative, partially priority wage and partially unsecured, non-priority signed on July 6, 2001. This is the ADMINISTRATIVE portion of the claim. See 3P and 3U for priority and unsecured, non-priority portions.					
	<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>, 300					
3P	Kathy Goddard P.O. Box 1512 Gilmer, TX 75644	Priority 04/30/99		\$0.00* \$899.62	\$0.00	\$899.62
	Gross Wage \$1243.42 Less Taxes = Net \$899.62 Federal W/H \$248.68 FICA \$77.09 Medicare \$18.03. Objection filed to priority status. Order #53 EOD 7/9/01 allowing as partially administrative, partially priority wage and partially unsecured, non-priority signed on July 6, 2001. This is the PRIORITY portion of the claim. See 3A and 3U for priority and unsecured, non-priority portions.					
	<5300-00 Wages--§ 507(a)(3)>, 510					

(* Denotes objection to Amount Filed

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
3U	Kathy Goddard P.O. Box 1512 Gilmer, TX 75644	Unsecured 04/30/99		\$0.00* \$8,266.32	\$0.00	\$8,266.32
	Objection filed to priority status. Order #53 EOD 7/9/01 allowing as partially administrative, partially priority wage and partially unsecured, non-priority signed on July 6, 2001. This is the UNSECURED portion of the claim. See 3A and 3P for administrative and priority portions.					
	<7100-00 General Unsecured § 726(a)(2)>, 610					
4	Associates Capital Bank DBA Office Depot Credit Plan P.O. Box 7004 Sioux Falls, SD 57117	Unsecured 05/03/99	6011-5642-0214- 1924	\$157.58 \$157.58	\$0.00	\$157.58
	<7100-90 Payments to Unsecured Credit Card Holders>, 610					
5	United States Trustee 300 Plaza Tower 110 North College Avenue Tyler, TX 75702	Admin Ch. 7 05/12/99	99-60720	\$250.00 \$250.00	\$0.00	\$250.00
	UST Fees; 2nd Quarter, 1999					
	<2950-00 U.S. Trustee Quarterly Fees>, 200					
6	Gerrell Barnes P.O. Box 2998 Kilgore, TX 75663	Unsecured 04/26/99		\$0.00 \$0.00	\$0.00	\$0.00
	Amended by Claim #22.					
	<7100-00 General Unsecured § 726(a)(2)>, 610					
7	Texas Comptroller of Public Accounts Revenue Accounting Division, Bnkpty Sec. P.O. Box 13528 Austin, TX 78711-3528	Priority 07/12/99	3-01174-1753-2	\$536.58 \$536.58	\$0.00	\$536.58
	1/1/99 - 12/31/99, unsecured priority claim under 11 USC Sec. 507(A)(8) Franchise Tax Ch. 171					
	<5800-00 Claims of Governmental Units--§ 507(a)(8)>, 570					
8	Wanda J. Threadgill 609 S. Montgomery Gilmer, TX 75644	Unsecured 07/26/99		\$6,394.80* \$6,394.80	\$0.00	\$6,394.80
	Objection to priority (wage) status; Order #54 EOD 7/9/01 allowing as unsecured, non-priority claim.					
	<7100-00 General Unsecured § 726(a)(2)>, 610					
9	Sue Bridges 21 Creekmont Lane Longview, TX 75605	Unsecured 07/26/99		\$1,400.30 \$0.00	\$0.00	\$0.00
	Amended by Claim #24.					
	<7100-00 General Unsecured § 726(a)(2)>, 610					

(*) Denotes objection to Amount Filed

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
10	Gilmer National Bank P.O. Box 490 Gilmer, TX 75644 <4210-00 Pers. Prop. & Intangibles--Consensual Liens (UCC, chattel, PMSI)>, 100	Secured 07/26/99	LOAN #4921127	\$26,477.54 * \$0.00	\$0.00	\$0.00
						Objection to secured status; disallowed by Order #55 EOD 7/9/01.
11	Longview Independent School District <4800-00 State and Local Tax Liens (pre-pet. income, sales, pers. prop. - not real prop.)>, 100	Secured 07/21/99	P100443	\$6,832.13 * \$0.00	\$0.00	\$0.00
						Objection to secured status; disallowed by Order #62 EOD 7/9/01.
12	Southwestern Bell Yellow Pages, Inc. 1430 Empire Central, 4th Floor Dallas, TX 75247 <7100-00 General Unsecured § 726(a)(2)>, 610	Unsecured 08/02/99	TEL#903.234.00 80	\$1,630.70 \$1,630.70	\$0.00	\$1,630.70
13	Elaine Albright P.O. Box 142 Judson, TX 75660 <5300-00 Wages--§ 507(a)(3)>, 510	Priority 08/06/99		\$1,781.75 \$1,289.09	\$0.00	\$1,289.09
						Gross Wage \$1781.75 Less Taxes = Net \$1289.09 Federal W/H \$356.35 FICA \$110.47 Medicare \$25.84.
14A	East Texas Speech Services Attn: Kay Doss 1616 Judson Ct., Suite 6K Longview, TX 75601 <6910-00 Trade Debt (Chapter 11)>, 300	Admin Ch. 11 08/11/99		\$1,157.12 * \$229.24	\$0.00	\$229.24
						Objection to "wage" status; Order #61 EOD 7/9/01 allowed partially as administrative claim and partially as unsecured, non-priority claim. This is the ADMINISTRATIVE portion. See 14U for the unsecured, non-priority portion.
14U	East Texas Speech Services Attn: Kay Doss 1616 Judson Ct., Suite 6K Longview, TX 75601 <7100-00 General Unsecured § 726(a)(2)>, 610	Unsecured 08/11/99		\$0.00 * \$927.88	\$0.00	\$927.88
						Objection to "wage" status; Order #61 EOD 7/9/01 allowed partially as administrative claim and partially as unsecured, non-priority claim. This is the UNSECURED, NON-PRIORITY portion. See 14A for the administrative portion.
15A	Stacy Shuler P.O. Box 427 Gilmer, TX 75644-0427	Admin Ch. 11 08/12/99		\$0.00 * \$694.56	\$0.00	\$694.56
						Gross Wage \$960.00 Less Taxes = Net \$694.56 Federal W/H \$192.00 FICA \$59.52 Medicare \$13.92. (Address change filed with Trustee 6/21/02.) Objection filed; Order #60 EOD 7/9/01 allows partially as administrative claim, partially as priority wage claim, and partially as

(*) Denotes objection to Amount Filed

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
unsecured, non-priority claim. This is the ADMINISTRATIVE portion. See 15P and 15U for the priority and unsecured, non-priority portions.						
<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>, 300						
15P	Stacy Shuler P.O. Box 427 Gilmer, TX 75644-0427	Priority 08/12/99		\$4,912.73* \$810.84	\$0.00	\$810.84
Gross Wage \$1120.73 Less Taxes = Net \$810.84 Federal W/H \$224.15 FICA \$69.49 Medicare \$16.25. (Address change filed with Trustee 6/21/02.) Objection filed; Order #60 EOD 7/9/01 allows partially as administrative claim, partially as priority wage claim, and partially as unsecured, non-priority claim. This is the PRIORITY portion. See 15A and 15U for the administrative and unsecured, non-priority portions.						
<5300-00 Wages--§ 507(a)(3)>, 510						
15U	Stacy Shuler P.O. Box 427 Gilmer, TX 75644-0427	Unsecured 08/12/99		\$0.00* \$2,832.00	\$0.00	\$2,832.00
(Address change filed with Trustee 6/21/02.) Objection filed; Order #60 EOD 7/9/01 allows partially as administrative claim, partially as priority wage claim, and partially as unsecured, non-priority claim. This is the UNSECURED, NON-PRIORITY portion. See 15A and 15P for the administrative and priority portions.						
<7100-00 General Unsecured § 726(a)(2)>, 610						
16	Med Shop Management Group	Unsecured 08/13/99		\$9,513.95* \$0.00	\$0.00	\$0.00
Disallowed per Order #59 EOD 7/9/01.						
<7100-00 General Unsecured § 726(a)(2)>, 610						
17	D & P Enterprises 1700 N. Wood Gilmer, TX 75644	Unsecured 08/11/99		\$45,000.00* \$0.00	\$0.00	\$0.00
Disallowed per Order #58 EOD 7/9/01.						
<7100-00 General Unsecured § 726(a)(2)>, 610						
18	Med Shop Total Care, Inc. 470 E. Loop 281 Longview, TX 75605	Unsecured 08/13/99		\$239,075.98* \$0.00	\$0.00	\$0.00
Disallowed per Order #57 EOD 7/9/01.						
<7100-00 General Unsecured § 726(a)(2)>, 610						
19	Kathy Goddard P.O. Box 1512 Gilmer, TX 75644	Unsecured 08/19/99		\$11,817.06 \$0.00	\$0.00	\$0.00
Exact duplicate of POC #3. Zero allowed based on duplicate. See POC #3.						

(*) Denotes objection to Amount Filed

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
<7100-00 General Unsecured § 726(a)(2)>, 610						
20	Gregg County	Secured 08/23/99	P103024, P100443	\$1,901.37 * \$0.00	\$0.00	\$0.00
Disallowed per Order #56 EOD 7/9/01.						
<4800-00 State and Local Tax Liens (pre-pet. income, sales, pers. prop. - not real prop.)>, 100						
21	Kathy Qualls Rt. 2, Box 22433 Winnsboro, TX 75494	Priority 08/27/99		\$2,169.00 \$1,569.27	\$0.00	\$1,569.27
Gross Wage \$2169.00 Less Taxes = Net \$1569.27 Federal W/H \$433.80 FICA \$134.48 Medicare \$31.45.						
<5300-00 Wages--§ 507(a)(3)>, 510						
22P	Gerrell Barnes P.O. Box 2998 Kilgore, TX 75663	Priority 09/02/99		\$7,650.00 * \$3,111.05	\$0.00	\$3,111.05
Gross Wage \$4300.00 Less Taxes = Net \$3111.05 Federal W/H \$860.00 FICA \$266.60 Medicare \$62.35. Amendment of POC #6. Objection to that portion of wages that exceeds the cap. Order #63 EOD 7/9/01 allowing maximum of \$4,300 as priority wage claim with balance allowed as unsecured, non-priority wage claim. This is the PRIORITY portion. See Claim #22U for unsecured, non-priority portion of the wage claim.						
<5300-00 Wages--§ 507(a)(3)>, 510						
22U	Gerrell Barnes P.O. Box 2998 Kilgore, TX 75663	Unsecured 09/02/99		\$0.00 * \$2,423.72	\$0.00	\$2,423.72
Gross Wage \$3350.00 Less Taxes = Net \$2423.72 Federal W/H \$670.00 FICA \$207.70 Medicare \$48.58. Amendment of POC #6. Objection to that portion of wages that exceeds the cap. Order #63 EOD 7/9/01 allowing maximum of \$4,300 as priority wage claim with balance allowed as unsecured, non-priority wage claim. This is the UNSECURED, NON-PRIORITY portion. See Claim #22P for the priority portion.						
<7100-00 General Unsecured § 726(a)(2)>, 610						
23A	Houck's Physical Therapy P.O. Box 282 Diana, TX 75640	Admin Ch. 11 09/29/99		\$6,330.55 \$900.00	\$0.00	\$900.00
Filed partially administrative and partially as unsecured, non-priority. This is the ADMINISTRATIVE portion. See Claim #23U for the unsecured, non-priority portion.						
<6910-00 Trade Debt (Chapter 11)>, 300						

(*) Denotes objection to Amount Filed

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
23U	Houck's Physical Therapy P.O. Box 282 Diana, TX 75640	Unsecured 09/29/99		\$0.00 \$5,430.55	\$0.00	\$5,430.55
				Filed partially administrative and partially as unsecured, non-priority. This is the UNSECURED portion. See Claim #23A for the administrative portion.		
<7100-00 General Unsecured § 726(a)(2)>, 610						
24A	Sue Bridges 21 Creekmont Lane Longview, TX 75605	Admin Ch. 11 10/14/99		\$0.00 \$575.02	\$0.00	\$575.02
				Gross Wage \$794.77 Less Taxes = Net \$575.02 Federal W/H \$158.95 FICA \$49.28 Medicare \$11.52. Amendment of POC #9. Claim covers both pre-petition and post-petition wages. This is the ADMINISTRATIVE portion. See Claim 24P for the priority portion.		
<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>, 300						
24P	Sue Bridges 21 Creekmont Lane Longview, TX 75605	Priority 10/14/99		\$1,400.31 \$438.10	\$0.00	\$438.10
				Gross Wage \$605.53 Less Taxes = Net \$438.10 Federal W/H \$121.11 FICA \$37.54 Medicare \$8.78. Amendment of POC #9. Claim covers both pre-petition and post-petition wages. This is the PRIORITY portion. See Claim 24A for the administrative portion.		
<5300-00 Wages--§ 507(a)(3)>, 510						
25	Kathy Jeffery Rt. 1, Box 10 Diana, TX 75640	Priority 10/22/99		\$1,665.60 \$1,205.06	\$0.00	\$1,205.06
				Gross Wage \$1665.60 Less Taxes = Net \$1205.06 Federal W/H \$333.12 FICA \$103.27 Medicare \$24.15.		
<5300-00 Wages--§ 507(a)(3)>, 510						
26	U.S. Dept. of Health & Human Services, HCFA Medicare Financial Mng. Branch 1301 Young Street, Room 833 Dallas, TX 75202	Unsecured 01/10/00	45-8042	\$2,183,912.02 \$2,183,912.02	\$0.00	\$2,183,912.02
<7100-00 General Unsecured § 726(a)(2)>, 610						
FIT	Smead, Anderson & Dunn	Admin Ch. 7 01/03/01		\$45.00 \$45.00	\$0.00	\$45.00
				Trustee's firm advanced \$45.00 to the Internal Revenue Service in payment of the Estate's Federal Income Taxes for year ended 9/30/00 rather than filing a Motion to Pay Tax since this was the only federal income tax expected to be owed by this Estate. This "claim" represents a request for reimbursement of that payment and is		

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
classified as an Administrative Tax Claim in order to maintain correct statistics for this case.						
<2810-00 Income Taxes - Internal Revenue Service (post-petition)>, 200						
T-E	Bob Anderson 911 West Loop 281, Suite 412 Longview, TX 75604	Admin Ch. 7 04/26/99	8480	\$2,762.05 \$2,762.05	\$0.00	\$2,762.05
<2200-00 Trustee Expenses>, 200						
T-F	Bob Anderson 911 West Loop 281, Suite 412 Longview, TX 75604	Admin Ch. 7 04/26/99	8480	\$5,972.94 \$5,972.94	\$0.00	\$5,972.94
<2100-00 Trustee Compensation>, 200						
TAX	Internal Revenue Service Austin, TX 73301	Priority 04/26/99	ER FICA	\$0.00 \$798.94	\$0.00	\$798.94
Employer FICA Distribution: Claim 13 \$ 110.47 Elaine Albright Claim 15P \$ 69.49 Stacy Shuler Claim 21 \$ 134.48 Kathy Qualls Claim 22P \$ 266.60 Gerrell Barnes Claim 24P \$37.54 Sue Bridges Claim 25 \$103.27 Kathy Jeffery Claim 3P \$ 77.09 Kathy Goddard						
<5800-00 Claims of Governmental Units--§ 507(a)(8)>, 570						
TAX	Internal Revenue Service Austin, TX 73301	Priority 04/26/99	ER FUTA	\$0.00 \$103.08	\$0.00	\$103.08
Employer FUTA Distribution: Claim 13 \$ 14.25 Elaine Albright Claim 15P \$ 8.97 Stacy Shuler Claim 21 \$ 17.35 Kathy Qualls Claim 22P \$ 34.40 Gerrell Barnes Claim 24P \$ 4.84 Sue Bridges Claim 25 \$ 13.32 Kathy Jeffery Claim 3P \$ 9.95 Kathy Goddard						
<5800-00 Claims of Governmental Units--§ 507(a)(8)>, 570						
TAX	Cashier, Texas Workforce Commission P.O. Box 149037 Austin, TX 78714-9037	Priority 04/26/99	ER SUTA	\$0.00 \$347.92	\$0.00	\$347.92
Employer SUTA Distribution: Claim 13 \$ 48.11 Elaine Albright Claim 15P \$ 30.26 Stacy Shuler Claim 21 \$ 58.56 Kathy Qualls Claim 22P \$ 116.10 Gerrell Barnes Claim 24P \$ 16.35 Sue Bridges Claim 25 \$ 44.97 Kathy Jeffery						

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
Claim 3P \$33.57 Kathy Goddard						
<5800-00 Claims of Governmental Units--§ 507(a)(8)>, 570						
TAX	Internal Revenue Service	Priority 04/26/99	ER MEDICARE	\$0.00 \$186.85	\$0.00	\$186.85
	Austin, TX 73301		Employer Medicare Distribution: Claim 13 \$ 25.84 Elaine Albright Claim 15P \$16.25 Stacy Shuler Claim 21 \$ 31.45 Kathy Qualls Claim 22P \$62.35 Gerrell BARNes Claim 24P \$ 8.78 Sue Bridges Claim 25 \$ 24.15 Kathy Jeffery Claim 3P \$ 18.03 Kathy Goddard			
<5800-00 Claims of Governmental Units--§ 507(a)(8)>, 570						
WAGES	Internal Revenue Service	Priority 04/26/99	EE FICA	\$0.00 \$798.94	\$0.00	\$798.94
	Austin, TX 73301		Employee FICA Distribution: Claim 13 \$ 110.47 Elaine Albright Claim 15P \$ 69.49 Stacy Shuler Claim 21 \$ 134.48 Kathy Qualls Claim 22P \$ 266.60 Gerrell Barnes Claim 24P \$ 37.54 Sue Bridges Claim 25 \$ 103.27 Kathy Jeffery Claim 3P \$ 77.09 Kathy Goddard			
<5300-00 Wages--§ 507(a)(3)>, 510						
WAGES	Internal Revenue Service	Priority 04/26/99	EE MEDICARE	\$0.00 \$186.85	\$0.00	\$186.85
	Austin, TX 73301		Employee Medicare Distribution: Claim 13 \$ 25.84 Elaine Albright Claim 15P \$ 16.25 Stacy Shuler Claim 21 \$ 31.45 Kathy Qualls Claim 22P \$ 62.35 Gerrell Barnes Claim 24P \$ 8.78 Sue Bridges Claim 25 \$ 24.15 Kathy Jeffery Claim 3P \$ 18.03 Kathy Goddard			
<5300-00 Wages--§ 507(a)(3)>, 510						
WAGES	Internal Revenue Service	Priority 04/26/99	EE FED WH	\$0.00 \$2,577.21	\$0.00	\$2,577.21
	Austin, TX 73301		Employee Federal W/H Distribution: Claim 13 \$ 356.35 Elaine Albright Claim 15P \$ 224.15 Stacy Shuler Claim 21 \$433.80 Kathy Qualls Claim 22P \$ 860.00 Gerrell Barnes			

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
			Claim 24P \$121.11 Sue Bridges Claim 25 \$ 333.12 Kathy Jeffery Claim 3P \$248.68 Kathy Goddard			
	<5300-00 Wages--§ 507(a)(3)>, 510					
ACCT-F	Bob Rogers	Admin Ch. 7 08/15/00		\$592.25 \$592.25	\$592.25	\$0.00
			Orders allowing fees, #38 EOD 8/15/00 (\$257.25) and #78 EOD 4/3/02 (\$335.00).			
	<3410-00 Accountant for Trustee Fees (Other Firm)>, 200					
ADMTAX	Cashier, Texas Workforce Commission P.O. Box 149037 Austin, TX 78714-9037	Admin Ch. 11 04/26/99	ER SUTA	\$0.00 \$109.66	\$0.00	\$109.66
			Employer SUTA Distribution: Claim 3A \$ 62.28 Kathy Goddard Claim 15A \$ 25.92 Stacy Shuler Claim 24A \$ 21.46 Sue Bridges			
	<6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)>, 300					
ADMTAX	Internal Revenue Service Austin, TX 73301	Admin Ch. 11 04/26/99	ER FICA	\$0.00 \$251.81	\$0.00	\$251.81
			Employer FICA Distribution: Claim 3A \$ 143.01 Kathy Goddard Claim 15A \$ 59.52 Stacy Shuler Claim 24A \$ 49.28 Sue Bridges			
	<6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)>, 300					
ADMTAX	Internal Revenue Service Austin, TX 73301	Admin Ch. 11 04/26/99	ER MEDICARE	\$0.00 \$58.89	\$0.00	\$58.89
			Employer Medicare Distribution: Claim 3A \$ 33.45 Kathy Goddard Claim 15A \$ 13.92 Stacy Shuler Claim 24A \$ 11.52 Sue Bridges			
	<6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)>, 300					
ADMTAX	Internal Revenue Service Austin, TX 73301	Admin Ch. 11 04/26/99	ER FUTA	\$0.00 \$32.49	\$0.00	\$32.49
			Employer FUTA Distribution: Claim 3A \$ 18.45 Kathy Goddard Claim 15A \$ 7.68 Stacy Shuler Claim 24A \$ 6.36 Sue Bridges			
	<6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)>, 300					

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
UNSTAX	Internal Revenue Service Austin, TX 73301 <7100-00 General Unsecured § 726(a)(2)>, 610	Unsecured 04/26/99	ER FICA Employer FICA Distribution: Claim 22U \$ 207.70 Gerrell Barnes	\$0.00 \$207.70	\$0.00	\$207.70
UNSTAX	Cashier, Texas Workforce Commission P.O. Box 149037 Austin, TX 78714-9037 <7100-00 General Unsecured § 726(a)(2)>, 610	Unsecured 04/26/99	ER SUTA Employer SUTA Distribution: Claim 22U \$ 90.45 Gerrell Barnes	\$0.00 \$90.45	\$0.00	\$90.45
UNSTAX	Internal Revenue Service Austin, TX 73301 <7100-00 General Unsecured § 726(a)(2)>, 610	Unsecured 04/26/99	ER FUTA Employer FUTA Distribution: Claim 22U \$ 26.80 Gerrell Barnes	\$0.00 \$26.80	\$0.00	\$26.80
UNSTAX	Internal Revenue Service Austin, TX 73301 <7100-00 General Unsecured § 726(a)(2)>, 610	Unsecured 04/26/99	ER MEDICARE Employer Medicare Distribution: Claim 22U \$ 48.58 Gerrell Barnes	\$0.00 \$48.58	\$0.00	\$48.58
	Internal Revenue Service Austin, TX 73301 <6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>, 300	Admin Ch. 11 04/26/99	EE FICA Employee FICA Distribution: Claim 3A \$ 143.01 Kathy Goddard Claim 15A \$ 59.52 Stacy Shuler Claim 24A \$ 49.28 Sue Bridges	\$0.00 \$251.81	\$0.00	\$251.81
	Internal Revenue Service Austin, TX 73301 <6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>, 300	Admin Ch. 11 04/26/99	EE MEDICARE Employee Medicare Distribution: Claim 3A \$ 33.45 Kathy Goddard Claim 15A \$ 13.92 Stacy Shuler Claim 24A \$ 11.52 Sue Bridges	\$0.00 \$58.89	\$0.00	\$58.89

Claims Register

Case: 99-60720

Med-Shop Community Home Health Inc.

Claims Bar Date: 10/26/99

Claim Number	Claimant Name / <Category>, Priority	Claim Type/ Date Filed	Claim Ref./ Notes	Amount Filed/ Allowed	Paid to Date	Claim Balance
	Internal Revenue Service	Admin Ch. 11 04/26/99	EE FED WH	\$0.00 \$812.28	\$0.00	\$812.28
	Austin, TX 73301		Employee Federal W/H Distribution: Claim 3A \$ 461.33 Kathy Goddard Claim 15A \$ 192.00 Stacy Shuler Claim 24A \$ 158.95 Sue Bridges			
	<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>, 300					
UNSWAGE	Internal Revenue Service	Unsecured 04/26/99	EE FICA	\$0.00 \$207.70	\$0.00	\$207.70
	Austin, TX 73301		Employee FICA Distribution: Claim 22U \$207.70 Gerrell Barnes			
	<7100-00 General Unsecured § 726(a)(2)>, 610					
UNSWAGE	Internal Revenue Service	Unsecured 04/26/99	EE FED WH	\$0.00 \$670.00	\$0.00	\$670.00
	Austin, TX 73301		Employee Federal W/H Distribution: Claim 22U \$ 670.00 Gerrell Barnes			
	<7100-00 General Unsecured § 726(a)(2)>, 610					
UNSWAGE	Internal Revenue Service	Unsecured 04/26/99	EE MEDICARE	\$0.00 \$48.58	\$0.00	\$48.58
	Austin, TX 73301		Employee Medicare Distribution: Claim 22U \$ 48.58 Gerrell Barnes			
	<7100-00 General Unsecured § 726(a)(2)>, 610					
Case Total:					\$592.25	\$2,244,957.77

**UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF TEXAS
Tyler Division**

IN RE:) CASE NO. 99-60720
Med-Shop Community Home Health Inc.)
DEBTOR) CHAPTER 7
)

TRUSTEE'S REPORT OF PROPOSED FINAL DISTRIBUTIONS

The undersigned Trustee of the estate hereby submits to the Court and to the United States Trustee this Report of Proposed Final Distributions.

1. The Court has entered orders which have become final, and which dispose of all objections to claims, all objections to the Trustee's Final Report, all applications for compensation, and all other matters which must be determined by the Court before final distribution can be made.

2. The Trustee proposes to make final distribution of the funds of the estate as follows, and will make such distribution unless written objection thereto is made, filed and served on the Trustee and on the United States Trustee.

1. BALANCE ON HAND		\$ 53,866.63
2. ADMINISTRATIVE EXPENSES TO BE PAID *	\$ 15,142.22	
3. SECURED CLAIMS TO BE PAID *	0.00	
4. PRIORITY CLAIMS TO BE PAID *	14,859.40	
5. UNSECURED CLAIMS TO BE PAID *	23,865.01	
6. OTHER DISTRIBUTIONS TO BE PAID *	0.00	
7. TOTAL DISTRIBUTIONS TO BE MADE (SUM OF LINES 2 THROUGH 6)		\$ 53,866.63
8. ZERO BALANCE AFTER ALL DISTRIBUTIONS (LINE 1 LESS LINE 7)		- 0 -

* (SEE ATTACHED SCHEDULE OF PAYEES AND AMOUNTS)

Date: 10-21-02



Bob Anderson, Trustee

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
Secured Claims:								
10	07/26/99	100	Gilmer National Bank P.O. Box 490 Gilmer, TX 75644 ci <4210-00 Pers. Prop. & Intangibles--Consensual Liens (UCC, chattel, PMSI)> Objection to secured status; disallowed by Order #55 EOD 7/9/01.	26,477.54	0.00 *	0.00	0.00	0.00
11	07/21/99	100	Longview Independent School District ci <4800-00 State and Local Tax Liens (pre-pet. income, sales, pers. prop. - not real prop.)> Objection to secured status; disallowed by Order #62 EOD 7/9/01.	6,832.13	0.00 *	0.00	0.00	0.00
20	08/23/99	100	Gregg County ci <4800-00 State and Local Tax Liens (pre-pet. income, sales, pers. prop. - not real prop.)> Disallowed per Order #56 EOD 7/9/01.	1,901.37	0.00 *	0.00	0.00	0.00
Total for Priority 100: 0% Paid				\$35,211.04	\$0.00	\$0.00	\$0.00	\$0.00
Total for Secured Claims:				\$35,211.04	\$0.00	\$0.00	\$0.00	\$0.00

Admin Ch. 7 Claims:

5	05/12/99	200	United States Trustee 300 Plaza Tower 110 North College Avenue Tyler, TX 75702 ci <2950-00 U.S. Trustee Quarterly Fees> UST Fees; 2nd Quarter, 1999	250.00	250.00	0.00	250.00	250.00
FIT	01/03/01	200	Smead, Anderson & Dunn <2810-00 Income Taxes - Internal Revenue Service (post-petition)> Trustee's firm advanced \$45.00 to the Internal Revenue Service in payment of the Estate's Federal Income Taxes for year ended 9/30/00 rather than filing a Motion to Pay Tax since this was the only federal income tax expected to be owed by this Estate. This "claim" represents a request for reimbursement of that payment and is classified as an Administrative Tax Claim in order to maintain correct statistics for this case.	45.00	45.00	0.00	45.00	45.00
T-E	04/26/99	200	Bob Anderson 911 West Loop 281, Suite 412 Longview, TX 75604 <2200-00 Trustee Expenses>	2,762.05	2,762.05	0.00	2,762.05	2,762.05
T-F	04/26/99	200	Bob Anderson 911 West Loop 281, Suite 412 Longview, TX 75604 <2100-00 Trustee Compensation>	5,972.94	5,972.94	0.00	5,972.94	5,972.94

(*) Denotes objection to Amount Filed

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
ACCT-F	08/15/00	200	Bob Rogers ci <3410-00 Accountant for Trustee Fees (Other Firm)> Orders allowing fees, #38 EOD 8/15/00 (\$257.25) and #78 EOD 4/3/02 (\$335.00).	592.25	592.25	592.25	0.00	0.00
Total for Priority 200: 100% Paid				\$9,622.24	\$9,622.24	\$592.25	\$9,029.99	\$9,029.99
Total for Admin Ch. 7 Claims:				\$9,622.24	\$9,622.24	\$592.25	\$9,029.99	\$9,029.99

Admin Ch. 11 Claims:

1A	04/16/99	300	Delta Health Systems P.O. Box 1824 Altoona, PA 16603 ci <6910-00 Trade Debt (Chapter 11)> Objection to priority status. Order #52 EOD 7/9/01 allowing partially as administrative and partially as unsecured, non-priority. This is the ADMINISTRATIVE portion of Claim #1. See 1-U for unsecured, non-priority portion of Claim #1.	1,356.12	468.73 *	0.00	468.73	468.73
3A	04/30/99	300	Kathy Goddard P.O. Box 1512 Gilmer, TX 75644 ci <6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)> Gross Wage \$2306.64 Less Taxes = Net \$1668.85 Federal W/H \$461.33 FICA \$143.01 Medicare \$33.45. Objection filed to priority status. Order #53 EOD 7/9/01 allowing as partially administrative, partially priority wage and partially unsecured, non-priority signed on July 6, 2001. This is the ADMINISTRATIVE portion of the claim. See 3P and 3U for priority and unsecured, non-priority portions.	11,817.06	1,668.85 *	0.00	1,668.85	1,668.85
14A	08/11/99	300	East Texas Speech Services Attn: Kay Doss 1616 Judson Ct., Suite 6K Longview, TX 75601 ci <6910-00 Trade Debt (Chapter 11)> Objection to "wage" status; Order #61 EOD 7/9/01 allowed partially as administrative claim and partially as unsecured, non-priority claim. This is the ADMINISTRATIVE portion. See 14U for the unsecured, non-priority portion.	1,157.12	229.24 *	0.00	229.24	229.24
15A	08/12/99	300	Stacy Shuler P.O. Box 427 Gilmer, TX 75644-0427 ci <6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)> Gross Wage \$960.00 Less Taxes = Net \$694.56 Federal W/H \$192.00 FICA \$59.52 Medicare \$13.92. (Address change filed with Trustee 6/21/02.) Objection filed; Order #60 EOD 7/9/01 allows partially as administrative claim, partially as priority wage claim, and partially as unsecured, non-priority claim. This is the ADMINISTRATIVE portion. See 15P and 15U for the priority and unsecured, non-priority portions.	0.00	694.56 *	0.00	694.56	694.56
23A	09/29/99	300	Houck's Physical Therapy P.O. Box 282 Diana, TX 75640 ci <6910-00 Trade Debt (Chapter 11)> Filed partially administrative and partially as unsecured, non-priority. This is the ADMINISTRATIVE portion. See Claim #23U for the unsecured, non-priority portion.	6,330.55	900.00	0.00	900.00	900.00

(* Denotes objection to Amount Filed

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
24A	10/14/99	300	Sue Bridges 21 Creekmont Lane Longview, TX 75605 ci <6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)> Gross Wage \$794.77 Less Taxes = Net \$575.02 Federal W/H \$158.95 FICA \$49.28 Medicare \$11.52. Amendment of POC #9. Claim covers both pre-petition and post-petition wages. This is the ADMINISTRATIVE portion. See Claim 24P for the priority portion.	0.00	575.02	0.00	575.02	575.02
ADMTAX	04/26/99	300	Internal Revenue Service Austin, TX 73301 Medicare <6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)> Employer Medicare Distribution: Claim 3A \$ 33.45 Kathy Goddard Claim 15A \$ 13.92 Stacy Shuler Claim 24A \$ 11.52 Sue Bridges	0.00	58.89	0.00	58.89	58.89
ADMTAX	04/26/99	300	Internal Revenue Service Austin, TX 73301 FUTA <6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)> Employer FUTA Distribution: Claim 3A \$ 18.45 Kathy Goddard Claim 15A \$ 7.68 Stacy Shuler Claim 24A \$ 6.36 Sue Bridges	0.00	32.49	0.00	32.49	32.49
ADMTAX	04/26/99	300	Cashier, Texas Workforce Commission P.O. Box 149037 Austin, TX 78714-9037 SUTA <6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)> Employer SUTA Distribution: Claim 3A \$ 62.28 Kathy Goddard Claim 15A \$ 25.92 Stacy Shuler Claim 24A \$ 21.46 Sue Bridges	0.00	109.66	0.00	109.66	109.66
ADMTAX	04/26/99	300	Internal Revenue Service Austin, TX 73301 FICA <6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)> Employer FICA Distribution: Claim 3A \$ 143.01 Kathy Goddard Claim 15A \$ 59.52 Stacy Shuler Claim 24A \$ 49.28 Sue Bridges	0.00	251.81	0.00	251.81	251.81
	04/26/99	300	Internal Revenue Service Austin, TX 73301 Federal W/H <6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)> Employee Federal W/H Distribution: Claim 3A \$ 461.33 Kathy Goddard Claim 15A \$ 192.00 Stacy Shuler Claim 24A \$ 158.95 Sue Bridges	0.00	812.28	0.00	812.28	812.28

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
04/26/99	300		Internal Revenue Service Austin, TX 73301 FICA <6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)> Employee FICA Distribution: Claim 3A \$ 143.01 Kathy Goddard Claim 15A \$ 59.52 Stacy Shuler Claim 24A \$ 49.28 Sue Bridges	0.00	251.81	0.00	251.81	251.81
04/26/99	300		Internal Revenue Service Austin, TX 73301 Medicare <6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)> Employee Medicare Distribution: Claim 3A \$ 33.45 Kathy Goddard Claim 15A \$ 13.92 Stacy Shuler Claim 24A \$ 11.52 Sue Bridges	0.00	58.89	0.00	58.89	58.89
Total for Priority 300: 100% Paid				\$20,660.85	\$6,112.23	\$0.00	\$6,112.23	\$6,112.23
Total for Admin Ch. 11 Claims:				\$20,660.85	\$6,112.23	\$0.00	\$6,112.23	\$6,112.23

Priority Claims:

3P	04/30/99	510	Kathy Goddard P.O. Box 1512 Gilmer, TX 75644 ci <5300-00 Wages--§ 507(a)(3)> Gross Wage \$1243.42 Less Taxes = Net \$899.62 Federal W/H \$248.68 FICA \$77.09 Medicare \$18.03. Objection filed to priority status. Order #53 EOD 7/9/01 allowing as partially administrative, partially priority wage and partially unsecured, non-priority signed on July 6, 2001. This is the PRIORITY portion of the claim. See 3A and 3U for priority and unsecured, non-priority portions.	0.00	899.62	0.00	899.62	899.62
13	08/06/99	510	Elaine Albright P.O. Box 142 Judson, TX 75660 ci <5300-00 Wages--§ 507(a)(3)> Gross Wage \$1781.75 Less Taxes = Net \$1289.09 Federal W/H \$356.35 FICA \$110.47 Medicare \$25.84.	1,781.75	1,289.09	0.00	1,289.09	1,289.09
15P	08/12/99	510	Stacy Shuler P.O. Box 427 Gilmer, TX 75644-0427 ci <5300-00 Wages--§ 507(a)(3)> Gross Wage \$1120.73 Less Taxes = Net \$810.84 Federal W/H \$224.15 FICA \$69.49 Medicare \$16.25. (Address change filed with Trustee 6/21/02.) Objection filed; Order #60 EOD 7/9/01 allows partially as administrative claim, partially as priority wage claim, and partially as unsecured, non-priority claim. This is the PRIORITY portion. See 15A and 15U for the administrative and unsecured, non-priority portions.	4,912.73	810.84	0.00	810.84	810.84

(*) Denotes objection to Amount Filed

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
21	08/27/99	510	Kathy Qualls Rt. 2, Box 22433 Winnsboro, TX 75494 ci <5300-00 Wages--§ 507(a)(3)> Gross Wage \$2169.00 Less Taxes = Net \$1569.27 Federal W/H \$433.80 FICA \$134.48 Medicare \$31.45.	2,169.00	1,569.27	0.00	1,569.27	1,569.27
22P	09/02/99	510	Gerrell Barnes P.O. Box 2998 Kilgore, TX 75663 ci <5300-00 Wages--§ 507(a)(3)> Gross Wage \$4300.00 Less Taxes = Net \$3111.05 Federal W/H \$860.00 FICA \$266.60 Medicare \$62.35. Amendment of POC #6. Objection to that portion of wages that exceeds the cap. Order #63 EOD 7/9/01 allowing maximum of \$4,300 as priority wage claim with balance allowed as unsecured, non-priority wage claim. This is the PRIORITY portion. See Claim #22U for unsecured, non-priority portion of the wage claim.	7,650.00	3,111.05	0.00	3,111.05	3,111.05
24P	10/14/99	510	Sue Bridges 21 Creekmont Lane Longview, TX 75605 ci <5300-00 Wages--§ 507(a)(3)> Gross Wage \$605.53 Less Taxes = Net \$438.10 Federal W/H \$121.11 FICA \$37.54 Medicare \$8.78. Amendment of POC #9. Claim covers both pre-petition and post-petition wages. This is the PRIORITY portion. See Claim 24A for the administrative portion.	1,400.31	438.10	0.00	438.10	438.10
25	10/22/99	510	Kathy Jeffery Rt. 1, Box 10 Diana, TX 75640 ci <5300-00 Wages--§ 507(a)(3)> Gross Wage \$1665.60 Less Taxes = Net \$1205.06 Federal W/H \$333.12 FICA \$103.27 Medicare \$24.15.	1,665.60	1,205.06	0.00	1,205.06	1,205.06
WAGES	04/26/99	510	Internal Revenue Service Austin, TX 73301 <5300-00 Wages--§ 507(a)(3)> Employee Federal W/H Distribution: Claim 13 \$ 356.35 Elaine Albright Claim 15P \$ 224.15 Stacy Shuler Claim 21 \$433.80 Kathy Qualls Claim 22P \$ 860.00 Gerrell Barnes Claim 24P \$121.11 Sue Bridges Claim 25 \$ 333.12 Kathy Jeffery Claim 3P \$248.68 Kathy Goddard	0.00	2,577.21	0.00	2,577.21	2,577.21
WAGES	04/26/99	510	Internal Revenue Service Austin, TX 73301 <5300-00 Wages--§ 507(a)(3)> Employee Medicare Distribution: Claim 13 \$ 25.84 Elaine Albright Claim 15P \$ 16.25 Stacy Shuler Claim 21 \$ 31.45 Kathy Qualls Claim 22P \$ 62.35 Gerrell Barnes Claim 24P \$ 8.78 Sue Bridges Claim 25 \$ 24.15 Kathy Jeffery	0.00	186.85	0.00	186.85	186.85

(*) Denotes objection to Amount Filed

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
Claim 3P \$ 18.03 Kathy Goddard								
WAGES	04/26/99	510	Internal Revenue Service Austin, TX 73301 <5300-00 Wages--§ 507(a)(3)> Employee FICA Distribution: Claim 13 \$ 110.47 Elaine Albright Claim 15P \$ 69.49 Stacy Shuler Claim 21 \$ 134.48 Kathy Qualls Claim 22P \$ 266.60 Gerrell Barnes Claim 24P \$ 37.54 Sue Bridges Claim 25 \$ 103.27 Kathy Jeffery Claim 3P \$ 77.09 Kathy Goddard	0.00	798.94	0.00	798.94	798.94
Total for Priority 510: 100% Paid				\$19,579.39	\$12,886.03	\$0.00	\$12,886.03	\$12,886.03
7	07/12/99	570	Texas Comptroller of Public Accounts Revenue Accounting Division, Bnkpty Sec. P.O. Box 13528 Austin, TX 78711-3528 ci <5800-00 Claims of Governmental Units--§ 507(a)(8)> 1/1/99 - 12/31/99, unsecured priority claim under 11 USC Sec. 507(A)(8) Franchise Tax Ch. 171	536.58	536.58	0.00	536.58	536.58
TAX	04/26/99	570	Internal Revenue Service Austin, TX 73301 <5800-00 Claims of Governmental Units--§ 507(a)(8)> Employer FUTA Distribution: Claim 13 \$ 14.25 Elaine Albright Claim 15P \$ 8.97 Stacy Shuler Claim 21 \$ 17.35 Kathy Qualls Claim 22P \$ 34.40 Gerrell Barnes Claim 24P \$ 4.84 Sue Bridges Claim 25 \$ 13.32 Kathy Jeffery Claim 3P \$ 9.95 Kathy Goddard	0.00	103.08	0.00	103.08	103.08
TAX	04/26/99	570	Cashier, Texas Workforce Commission P.O. Box 149037 Austin, TX 78714-9037 <5800-00 Claims of Governmental Units--§ 507(a)(8)> Employer SUTA Distribution: Claim 13 \$ 48.11 Elaine Albright Claim 15P \$ 30.26 Stacy Shuler Claim 21 \$ 58.56 Kathy Qualls Claim 22P \$ 116.10 Gerrell Barnes Claim 24P \$ 16.35 Sue Bridges Claim 25 \$ 44.97 Kathy Jeffery Claim 3P \$ 33.57 Kathy Goddard	0.00	347.92	0.00	347.92	347.92

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
TAX	04/26/99	570	Internal Revenue Service Austin, TX 73301 <5800-00 Claims of Governmental Units--§ 507(a)(8)> Employer FICA Distribution: Claim 13 \$ 110.47 Elaine Albright Claim 15P \$ 69.49 Stacy Shuler Claim 21 \$ 134.48 Kathy Qualls Claim 22P \$ 266.60 Gerrell Barnes Claim 24P \$ 37.54 Sue Bridges Claim 25 \$ 103.27 Kathy Jeffery Claim 3P \$ 77.09 Kathy Goddard	0.00	798.94	0.00	798.94	798.94
TAX	04/26/99	570	Internal Revenue Service Austin, TX 73301 <5800-00 Claims of Governmental Units--§ 507(a)(8)> Employer Medicare Distribution: Claim 13 \$ 25.84 Elaine Albright Claim 15P \$ 16.25 Stacy Shuler Claim 21 \$ 31.45 Kathy Qualls Claim 22P \$ 62.35 Gerrell Barnes Claim 24P \$ 8.78 Sue Bridges Claim 25 \$ 24.15 Kathy Jeffery Claim 3P \$ 18.03 Kathy Goddard	0.00	186.85	0.00	186.85	186.85
Total for Priority 570: 100% Paid				\$536.58	\$1,973.37	\$0.00	\$1,973.37	\$1,973.37
Total for Priority Claims:				\$20,115.97	\$14,859.40	\$0.00	\$14,859.40	\$14,859.40

Unsecured Claims:

1U	04/16/99	610	Delta Health Systems P.O. Box 1824 Altoona, PA 16603 ci <7100-00 General Unsecured § 726(a)(2)> Objection to priority status. Order #52 EOD 7/9/01 allowing partially as administrative and partially as unsecured, non-priority. This is the UNSECURED, NON-PRIORITY portion of Claim #1. See 1-A for administrative portion of Claim #1.	0.00	887.39	0.00	887.39	9.56
2	04/19/99	610	Red Line Medical Supply P.O. Box 27100 Golden Valley, MN 55427 ci <7100-00 General Unsecured § 726(a)(2)>	793.38	793.38	0.00	793.38	8.55
3U	04/30/99	610	Kathy Goddard P.O. Box 1512 Gilmer, TX 75644 ci <7100-00 General Unsecured § 726(a)(2)> Objection filed to priority status. Order #53 EOD 7/9/01 allowing as partially administrative, partially priority wage and partially unsecured, non-priority signed on July 6, 2001. This is the UNSECURED portion of the claim. See 3A and 3P for administrative and priority portions.	0.00	8,266.32	0.00	8,266.32	89.06

(*) Denotes objection to Amount Filed

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
4	05/03/99	610	Associates Capital Bank DBA Office Depot Credit Plan P.O. Box 7004 Sioux Falls, SD 57117 ci <7100-90 Payments to Unsecured Credit Card Holders>	157.58	157.58	0.00	157.58	1.70
6	04/26/99	610	Gerrell Barnes P.O. Box 2998 Kilgore, TX 75663 ci <7100-00 General Unsecured § 726(a)(2)> Amended by Claim #22.	0.00	0.00	0.00	0.00	0.00
8	07/26/99	610	Wanda J. Threadgill 609 S. Montgomery Gilmer, TX 75644 ci <7100-00 General Unsecured § 726(a)(2)> Objection to priority (wage) status; Order #54 EOD 7/9/01 allowing as unsecured, non-priority claim.	6,394.80	6,394.80	0.00	6,394.80	68.90
9	07/26/99	610	Sue Bridges 21 Creekmont Lane Longview, TX 75605 ci <7100-00 General Unsecured § 726(a)(2)> Amended by Claim #24.	1,400.30	0.00	0.00	0.00	0.00
12	08/02/99	610	Southwestern Bell Yellow Pages, Inc. 1430 Empire Central, 4th Floor Dallas, TX 75247 ci <7100-00 General Unsecured § 726(a)(2)>	1,630.70	1,630.70	0.00	1,630.70	17.57
14U	08/11/99	610	East Texas Speech Services Attn: Kay Doss 1616 Judson Ct., Suite 6K Longview, TX 75601 ci <7100-00 General Unsecured § 726(a)(2)> Objection to "wage" status; Order #61 EOD 7/9/01 allowed partially as administrative claim and partially as unsecured, non-priority claim. This is the UNSECURED, NON-PRIORITY portion. See 14A for the administrative portion.	0.00	927.88	0.00	927.88	10.00
15U	08/12/99	610	Stacy Shuler P.O. Box 427 Gilmer, TX 75644-0427 ci <7100-00 General Unsecured § 726(a)(2)> (Address change filed with Trustee 6/21/02.) Objection filed; Order #60 EOD 7/9/01 allows partially as administrative claim, partially as priority wage claim, and partially as unsecured, non-priority claim. This is the UNSECURED, NON-PRIORITY portion. See 15A and 15P for the administrative and priority portions.	0.00	2,832.00	0.00	2,832.00	30.51

(*) Denotes objection to Amount Filed

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
16	08/13/99	610	Med Shop Management Group ci <7100-00 General Unsecured § 726(a)(2)> Disallowed per Order #59 EOD 7/9/01.	9,513.95	0.00 *	0.00	0.00	0.00
17	08/11/99	610	D & P Enterprises 1700 N. Wood Gilmer, TX 75644 ci <7100-00 General Unsecured § 726(a)(2)> Disallowed per Order #58 EOD 7/9/01.	45,000.00	0.00 *	0.00	0.00	0.00
18	08/13/99	610	Med Shop Total Care, Inc. 470 E. Loop 281 Longview, TX 75605 ci <7100-00 General Unsecured § 726(a)(2)> Disallowed per Order #57 EOD 7/9/01.	239,075.98	0.00 *	0.00	0.00	0.00
19	08/19/99	610	Kathy Goddard P.O. Box 1512 Gilmer, TX 75644 ci <7100-00 General Unsecured § 726(a)(2)> Exact duplicate of POC #3. Zero allowed based on duplicate. See POC #3.	11,817.06	0.00	0.00	0.00	0.00
22U	09/02/99	610	Gerrell Barnes P.O. Box 2998 Kilgore, TX 75663 ci <7100-00 General Unsecured § 726(a)(2)> Gross Wage \$3350.00 Less Taxes = Net \$2423.72 Federal W/H \$670.00 FICA \$207.70 Medicare \$48.58. Amendment of POC #6. Objection to that portion of wages that exceeds the cap. Order #63 EOD 7/9/01 allowing maximum of \$4,300 as priority wage claim with balance allowed as unsecured, non-priority wage claim. This is the UNSECURED, NON-PRIORITY portion. See Claim #22P for the priority portion.	0.00	2,423.72 *	0.00	2,423.72	26.12
23U	09/29/99	610	Houck's Physical Therapy P.O. Box 282 Diana, TX 75640 ci <7100-00 General Unsecured § 726(a)(2)> Filed partially administrative and partially as unsecured, non-priority. This is the UNSECURED portion. See Claim #23A for the administrative portion.	0.00	5,430.55	0.00	5,430.55	58.51
26	01/10/00	610	U.S. Dept. of Health & Human Services, HCFA Medicare Financial Mng. Branch 1301 Young Street, Room 833 Dallas, TX 75202 ci <7100-00 General Unsecured § 726(a)(2)>	2,183,912.02	2,183,912.02	0.00	2,183,912.02	23,530.52

(*) Denotes objection to Amount Filed

Claims Distribution Register

Case: 99-60720 Med-Shop Community Home Health Inc.

Claim #	Date	Pri	Claimant / Proof / <Category> / Memo	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment
UNSTAX	04/26/99	610	Internal Revenue Service Austin, TX 73301 Medicare <7100-00 General Unsecured § 726(a)(2)> Employer Medicare Distribution: Claim 22U \$ 48.58 Gerrell Barnes	0.00	48.58	0.00	48.58	0.53
UNSTAX	04/26/99	610	Internal Revenue Service Austin, TX 73301 FUTA <7100-00 General Unsecured § 726(a)(2)> Employer FUTA Distribution: Claim 22U \$ 26.80 Gerrell Barnes	0.00	26.80	0.00	26.80	0.29
UNSTAX	04/26/99	610	Cashier, Texas Workforce Commission P.O. Box 149037 Austin, TX 78714-9037 SUTA <7100-00 General Unsecured § 726(a)(2)> Employer SUTA Distribution: Claim 22U \$ 90.45 Gerrell Barnes	0.00	90.45	0.00	90.45	0.97
UNSTAX	04/26/99	610	Internal Revenue Service Austin, TX 73301 FICA <7100-00 General Unsecured § 726(a)(2)> Employer FICA Distribution: Claim 22U \$ 207.70 Gerrell Barnes	0.00	207.70	0.00	207.70	2.24
	04/26/99	610	Internal Revenue Service Austin, TX 73301 Federal W/H <7100-00 General Unsecured § 726(a)(2)> Employee Federal W/H Distribution: Claim 22U \$ 670.00 Gerrell Barnes	0.00	670.00	0.00	670.00	7.22
	04/26/99	610	Internal Revenue Service Austin, TX 73301 FICA <7100-00 General Unsecured § 726(a)(2)> Employee FICA Distribution: Claim 22U \$207.70 Gerrell Barnes	0.00	207.70	0.00	207.70	2.24
	04/26/99	610	Internal Revenue Service Austin, TX 73301 Medicare <7100-00 General Unsecured § 726(a)(2)> Employee Medicare Distribution: Claim 22U \$ 48.58 Gerrell Barnes	0.00	48.58	0.00	48.58	0.52
Total for Priority 610: 1.07745% Paid				\$2,499,695.77	\$2,214,956.15	\$0.00	\$2,214,956.15	\$23,865.01
Total for Unsecured Claims:				\$2,499,695.77	\$2,214,956.15	\$0.00	\$2,214,956.15	\$23,865.01
Total for Case :				\$2,585,305.87	\$2,245,550.02	\$592.25	\$2,244,957.77	\$53,866.63

Claims Proposed Distribution

Case: 99-60720 Med-Shop Community Home Health Inc.

Report Includes ONLY Claims with a Proposed Distribution

Case Balance: \$53,866.63 Total Proposed Payment: \$53,866.63 Remaining Balance: \$0.00

Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
5	United States Trustee	Admin Ch. 7	250.00	250.00	0.00	250.00	250.00	53,616.63
	<2950-00 U.S. Trustee Quarterly Fees>							
	Claim Memo: UST Fees; 2nd Quarter, 1999							
FIT	Smead, Anderson & Dunn	Admin Ch. 7	45.00	45.00	0.00	45.00	45.00	53,571.63
	<2810-00 Income Taxes - Internal Revenue Service (post-petition)>							
	Claim Memo: Trustee's firm advanced \$45.00 to the Internal Revenue Service in payment of the Estate's Federal Income Taxes for year ended 9/30/00 rather than filing a Motion to Pay Tax since this was the only federal income tax expected to be owed by this Estate. This "claim" represents a request for reimbursement of that payment and is classified as an Administrative Tax Claim in order to maintain correct statistics for this case.							
T-E	Bob Anderson	Admin Ch. 7	2,762.05	2,762.05	0.00	2,762.05	2,762.05	50,809.58
	<2200-00 Trustee Expenses>							
T-F	Bob Anderson	Admin Ch. 7	5,972.94	5,972.94	0.00	5,972.94	5,972.94	44,836.64
	<2100-00 Trustee Compensation>							
SUBTOTAL FOR ADMIN CH. 7			9,029.99	9,029.99	0.00	9,029.99	9,029.99	
1A	Delta Health Systems	Admin Ch. 11	1,356.12 *	468.73	0.00	468.73	468.73	44,367.91
	<6910-00 Trade Debt (Chapter 11)>							
	Claim Memo: Objection to priority status. Order #52 EOD 7/9/01 allowing partially as administrative and partially as unsecured, non-priority. This is the ADMINISTRATIVE portion of Claim #1. See 1-U for unsecured, non-priority portion of Claim #1.							
3A	Kathy Goddard	Admin Ch. 11	11,817.06 *	1,668.85	0.00	1,668.85	1,668.85	42,699.06
	<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>							
	Claim Memo: Gross Wage \$2306.64 Less Taxes = Net \$1668.85 Federal W/H \$461.33 FICA \$143.01 Medicare \$33.45. Objection filed to priority status. Order #53 EOD 7/9/01 allowing as partially administrative, partially priority wage and partially unsecured, non-priority signed on July 6, 2001. This is the ADMINISTRATIVE portion of the claim. See 3P and 3U for priority and unsecured, non-priority portions.							
14A	East Texas Speech Services	Admin Ch. 11	1,157.12 *	229.24	0.00	229.24	229.24	42,469.82
	<6910-00 Trade Debt (Chapter 11)>							
	Claim Memo: Objection to "wage" status; Order #61 EOD 7/9/01 allowed partially as administrative claim and partially as unsecured, non-priority claim. This is the ADMINISTRATIVE portion. See 14U for the unsecured, non-priority portion.							
15A	Stacy Shuler	Admin Ch. 11	0.00 *	694.56	0.00	694.56	694.56	41,775.26
	<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>							
	Claim Memo: Gross Wage \$960.00 Less Taxes = Net \$694.56 Federal W/H \$192.00 FICA \$59.52 Medicare \$13.92. (Address change filed with Trustee 6/21/02.) Objection filed; Order #60 EOD 7/9/01 allows partially as administrative claim, partially as priority wage claim, and partially as unsecured, non-priority claim. This is the ADMINISTRATIVE portion. See 15P and 15U for the priority and unsecured, non-priority portions.							
23A	Houck's Physical Therapy	Admin Ch. 11	6,330.55	900.00	0.00	900.00	900.00	40,875.26
	<6910-00 Trade Debt (Chapter 11)>							
	Claim Memo: Filed partially administrative and partially as unsecured, non-priority. This is the ADMINISTRATIVE portion. See Claim #23U for the unsecured, non-priority portion.							
24A	Sue Bridges	Admin Ch. 11	0.00	575.02	0.00	575.02	575.02	40,300.24
	<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>							
	Claim Memo: Gross Wage \$794.77 Less Taxes = Net \$575.02 Federal W/H \$158.95 FICA \$49.28 Medicare \$11.52. Amendment of POC #9.							

(*) Denotes objection to Amount Filed

Claims Proposed Distribution

Case: 99-60720 Med-Shop Community Home Health Inc.

Report Includes ONLY Claims with a Proposed Distribution

Case Balance: \$53,866.63 Total Proposed Payment: \$53,866.63 Remaining Balance: \$0.00

Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
Claim covers both pre-petition and post-petition wages. This is the ADMINISTRATIVE portion. See Claim 24P for the priority portion.								
ADMTAX	Cashier, Texas Workforce Commission	Admin Ch. 11	0.00	109.66	0.00	109.66	109.66	40,190.58
<6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)> Claim Memo: Employer SUTA Distribution: Claim 3A \$ 62.28 Kathy Goddard Claim 15A \$ 25.92 Stacy Shuler Claim 24A \$ 21.46 Sue Bridges								
ADMTAX	Internal Revenue Service	Admin Ch. 11	0.00	32.49	0.00	32.49	32.49	40,158.09
<6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)> Claim Memo: Employer FUTA Distribution: Claim 3A \$ 18.45 Kathy Goddard Claim 15A \$ 7.68 Stacy Shuler Claim 24A \$ 6.36 Sue Bridges								
ADMTAX	Internal Revenue Service	Admin Ch. 11	0.00	58.89	0.00	58.89	58.89	40,099.20
<6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)> Claim Memo: Employer Medicare Distribution: Claim 3A \$ 33.45 Kathy Goddard Claim 15A \$ 13.92 Stacy Shuler Claim 24A \$ 11.52 Sue Bridges								
ADMTAX	Internal Revenue Service	Admin Ch. 11	0.00	251.81	0.00	251.81	251.81	39,847.39
<6950-73 Taxes on Administrative Post-Petition Wages (employer payroll taxes)> Claim Memo: Employer FICA Distribution: Claim 3A \$ 143.01 Kathy Goddard Claim 15A \$ 59.52 Stacy Shuler Claim 24A \$ 49.28 Sue Bridges								
ADMWAG	Internal Revenue Service	Admin Ch. 11	0.00	58.89	0.00	58.89	58.89	39,788.50
E	<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>							
Claim Memo: Employee Medicare Distribution: Claim 3A \$ 33.45 Kathy Goddard Claim 15A \$ 13.92 Stacy Shuler Claim 24A \$ 11.52 Sue Bridges								
ADMWAG	Internal Revenue Service	Admin Ch. 11	0.00	251.81	0.00	251.81	251.81	39,536.69
E	<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>							
Claim Memo: Employee FICA Distribution: Claim 3A \$ 143.01 Kathy Goddard Claim 15A \$ 59.52 Stacy Shuler Claim 24A \$ 49.28 Sue Bridges								
ADMWAG	Internal Revenue Service	Admin Ch. 11	0.00	812.28	0.00	812.28	812.28	38,724.41
E	<6950-72 Administrative Post-Petition Wages (includes tax and other withholdings)>							
Claim Memo: Employee Federal W/H Distribution: Claim 3A \$ 461.33 Kathy Goddard Claim 15A \$ 192.00 Stacy Shuler Claim 24A \$ 158.95 Sue Bridges								

Claims Proposed Distribution

Case: 99-60720 Med-Shop Community Home Health Inc.

Report Includes ONLY Claims with a Proposed Distribution

Case Balance: \$53,866.63 Total Proposed Payment: \$53,866.63 Remaining Balance: \$0.00

Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
SUBTOTAL FOR ADMIN CH. 11			20,660.85	6,112.23	0.00	6,112.23	6,112.23	
3P	Kathy Goddard	Priority	0.00 *	899.62	0.00	899.62	899.62	37,824.79
	Claim Memo: Gross Wage \$1243.42 Less Taxes = Net \$899.62 Federal W/H \$248.68 FICA \$77.09 Medicare \$18.03. Objection filed to priority status. Order #53 EOD 7/9/01 allowing as partially administrative, partially priority wage and partially unsecured, non-priority signed on July 6, 2001. This is the PRIORITY portion of the claim. See 3A and 3U for priority and unsecured, non-priority portions.							
13	Elaine Albright	Priority	1,781.75	1,289.09	0.00	1,289.09	1,289.09	36,535.70
	Claim Memo: Gross Wage \$1781.75 Less Taxes = Net \$1289.09 Federal W/H \$356.35 FICA \$110.47 Medicare \$25.84.							
15P	Stacy Shuler	Priority	4,912.73 *	810.84	0.00	810.84	810.84	35,724.86
	Claim Memo: Gross Wage \$1120.73 Less Taxes = Net \$810.84 Federal W/H \$224.15 FICA \$69.49 Medicare \$16.25. (Address change filed with Trustee 6/21/02.) Objection filed; Order #60 EOD 7/9/01 allows partially as administrative claim, partially as priority wage claim, and partially as unsecured, non-priority claim. This is the PRIORITY portion. See 15A and 15U for the administrative and unsecured, non-priority portions.							
21	Kathy Qualls	Priority	2,169.00	1,569.27	0.00	1,569.27	1,569.27	34,155.59
	Claim Memo: Gross Wage \$2169.00 Less Taxes = Net \$1569.27 Federal W/H \$433.80 FICA \$134.48 Medicare \$31.45.							
22P	Gerrell Barnes	Priority	7,650.00 *	3,111.05	0.00	3,111.05	3,111.05	31,044.54
	Claim Memo: Gross Wage \$4300.00 Less Taxes = Net \$3111.05 Federal W/H \$860.00 FICA \$266.60 Medicare \$62.35. Amendment of POC #6. Objection to that portion of wages that exceeds the cap. Order #63 EOD 7/9/01 allowing maximum of \$4,300 as priority wage claim with balance allowed as unsecured, non-priority wage claim. This is the PRIORITY portion. See Claim #22U for unsecured, non-priority portion of the wage claim.							
24P	Sue Bridges	Priority	1,400.31	438.10	0.00	438.10	438.10	30,606.44
	Claim Memo: Gross Wage \$605.53 Less Taxes = Net \$438.10 Federal W/H \$121.11 FICA \$37.54 Medicare \$8.78. Amendment of POC #9. Claim covers both pre-petition and post-petition wages. This is the PRIORITY portion. See Claim 24A for the administrative portion.							
25	Kathy Jeffery	Priority	1,665.60	1,205.06	0.00	1,205.06	1,205.06	29,401.38
	Claim Memo: Gross Wage \$1665.60 Less Taxes = Net \$1205.06 Federal W/H \$333.12 FICA \$103.27 Medicare \$24.15.							
WAGES	Internal Revenue Service	Priority	0.00	186.85	0.00	186.85	186.85	29,214.53
	Claim Memo: Employee Medicare Distribution: Claim 13 \$ 25.84 Elaine Albright Claim 15P \$ 16.25 Stacy Shuler Claim 21 \$ 31.45 Kathy Qualls Claim 22P \$ 62.35 Gerrell Barnes Claim 24P \$ 8.78 Sue Bridges Claim 25 \$ 24.15 Kathy Jeffery Claim 3P \$ 18.03 Kathy Goddard							
WAGES	Internal Revenue Service	Priority	0.00	798.94	0.00	798.94	798.94	28,415.59
	Claim Memo: Employee FICA Distribution: Claim 13 \$ 110.47 Elaine Albright Claim 15P \$ 69.49 Stacy Shuler Claim 21 \$ 134.48 Kathy Qualls Claim 22P \$ 266.60 Gerrell Barnes Claim 24P \$ 37.54 Sue Bridges							

(*) Denotes objection to Amount Filed

Claims Proposed Distribution

Case: 99-60720 Med-Shop Community Home Health Inc.

Report Includes ONLY Claims with a Proposed Distribution

Case Balance: \$53,866.63 Total Proposed Payment: \$53,866.63 Remaining Balance: \$0.00

Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
		Claim 25 \$ 103.27 Kathy Jeffery Claim 3P \$ 77.09 Kathy Goddard						
WAGES	Internal Revenue Service	Priority	0.00	2,577.21	0.00	2,577.21	2,577.21	25,838.38
	Claim Memo:	Employee Federal W/H Distribution: Claim 13 \$ 356.35 Elaine Albright Claim 15P \$ 224.15 Stacy Shuler Claim 21 \$ 433.80 Kathy Qualls Claim 22P \$ 860.00 Gerrell Barnes Claim 24P \$ 121.11 Sue Bridges Claim 25 \$ 333.12 Kathy Jeffery Claim 3P \$ 248.68 Kathy Goddard						
7	Texas Comptroller of Public Accounts	Priority	536.58	536.58	0.00	536.58	536.58	25,301.80
	Claim Memo:	1/1/99 - 12/31/99, unsecured priority claim under 11 USC Sec. 507(A)(8) Franchise Tax Ch. 171						
TAX	Cashier, Texas Workforce Commission	Priority	0.00	347.92	0.00	347.92	347.92	24,953.88
	Claim Memo:	Employer SUTA Distribution: Claim 13 \$ 48.11 Elaine Albright Claim 15P \$ 30.26 Stacy Shuler Claim 21 \$ 58.56 Kathy Qualls Claim 22P \$ 116.10 Gerrell Barnes Claim 24P \$ 16.35 Sue Bridges Claim 25 \$ 44.97 Kathy Jeffery Claim 3P \$ 33.57 Kathy Goddard						
TAX	Internal Revenue Service	Priority	0.00	103.08	0.00	103.08	103.08	24,850.80
	Claim Memo:	Employer FUTA Distribution: Claim 13 \$ 14.25 Elaine Albright Claim 15P \$ 8.97 Stacy Shuler Claim 21 \$ 17.35 Kathy Qualls Claim 22P \$ 34.40 Gerrell Barnes Claim 24P \$ 4.84 Sue Bridges Claim 25 \$ 13.32 Kathy Jeffery Claim 3P \$ 9.95 Kathy Goddard						
TAX	Internal Revenue Service	Priority	0.00	186.85	0.00	186.85	186.85	24,663.95
	Claim Memo:	Employer Medicare Distribution: Claim 13 \$ 25.84 Elaine Albright Claim 15P \$ 16.25 Stacy Shuler Claim 21 \$ 31.45 Kathy Qualls Claim 22P \$ 62.35 Gerrell Barnes Claim 24P \$ 8.78 Sue Bridges Claim 25 \$ 24.15 Kathy Jeffery Claim 3P \$ 18.03 Kathy Goddard						

Claims Proposed Distribution

Case: 99-60720 Med-Shop Community Home Health Inc.

Report Includes ONLY Claims with a Proposed Distribution

Case Balance: \$53,866.63 Total Proposed Payment: \$53,866.63 Remaining Balance: \$0.00

Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
TAX	Internal Revenue Service	Priority	0.00	798.94	0.00	798.94	798.94	23,865.01
	Claim Memo: Employer FICA Distribution: Claim 13 \$ 110.47 Elaine Albright Claim 15P \$ 69.49 Stacy Shuler Claim 21 \$ 134.48 Kathy Qualls Claim 22P \$ 266.60 Gerrell Barnes Claim 24P \$37.54 Sue Bridges Claim 25 \$103.27 Kathy Jeffery Claim 3P \$ 77.09 Kathy Goddard							
SUBTOTAL FOR PRIORITY			20,115.97	14,859.40	0.00	14,859.40	14,859.40	
1U	Delta Health Systems	Unsecured	0.00 *	887.39	0.00	887.39	9.56	23,855.45
	Claim Memo: Objection to priority status. Order #52 EOD 7/9/01 allowing partially as administrative and partially as unsecured, non-priority. This is the UNSECURED, NON-PRIORITY portion of Claim #1. See 1-A for administrative portion of Claim #1.							
2	Red Line Medical Supply	Unsecured	793.38	793.38	0.00	793.38	8.55	23,846.90
3U	Kathy Goddard	Unsecured	0.00 *	8,266.32	0.00	8,266.32	89.06	23,757.84
	Claim Memo: Objection filed to priority status. Order #53 EOD 7/9/01 allowing as partially administrative, partially priority wage and partially unsecured, non-priority signed on July 6, 2001. This is the UNSECURED portion of the claim. See 3A and 3P for administrative and priority portions.							
4	Associates Capital Bank	Unsecured	157.58	157.58	0.00	157.58	1.70	23,756.14
8	Wanda J. Threadgill	Unsecured	6,394.80 *	6,394.80	0.00	6,394.80	68.90	23,687.24
	Claim Memo: Objection to priority (wage) status; Order #54 EOD 7/9/01 allowing as unsecured, non-priority claim.							
12	Southwestern Bell Yellow Pages, Inc.	Unsecured	1,630.70	1,630.70	0.00	1,630.70	17.57	23,669.67
14U	East Texas Speech Services	Unsecured	0.00 *	927.88	0.00	927.88	10.00	23,659.67
	Claim Memo: Objection to "wage" status; Order #61 EOD 7/9/01 allowed partially as administrative claim and partially as unsecured, non-priority claim. This is the UNSECURED, NON-PRIORITY portion. See 14A for the administrative portion.							
15U	Stacy Shuler	Unsecured	0.00 *	2,832.00	0.00	2,832.00	30.51	23,629.16
	Claim Memo: (Address change filed with Trustee 6/21/02.) Objection filed; Order #60 EOD 7/9/01 allows partially as administrative claim, partially as priority wage claim, and partially as unsecured, non-priority claim. This is the UNSECURED, NON-PRIORITY portion. See 15A and 15P for the administrative and priority portions.							
22U	Gerrell Barnes	Unsecured	0.00 *	2,423.72	0.00	2,423.72	26.12	23,603.04
	Claim Memo: Gross Wage \$3350.00 Less Taxes = Net \$2423.72 Federal W/H \$670.00 FICA \$207.70 Medicare \$48.58. Amendment of POC #6. Objection to that portion of wages that exceeds the cap. Order #63 EOD 7/9/01 allowing maximum of \$4,300 as priority wage claim with balance allowed as unsecured, non-priority wage claim. This is the UNSECURED, NON-PRIORITY portion. See Claim #22P for the priority portion.							
23U	Houck's Physical Therapy	Unsecured	0.00	5,430.55	0.00	5,430.55	58.51	23,544.53
	Claim Memo: Filed partially administrative and partially as unsecured, non-priority. This is the UNSECURED portion. See Claim #23A for the administrative portion.							
26	U.S. Dept. of Health & Human Services, HCFA	Unsecured	2,183,912.02	2,183,912.02	0.00	2,183,912.02	23,530.52	14.01

(*) Denotes objection to Amount Filed

Claims Proposed Distribution

Case: 99-60720 Med-Shop Community Home Health Inc.

Report Includes ONLY Claims with a Proposed Distribution

Case Balance: \$53,866.63 Total Proposed Payment: \$53,866.63 Remaining Balance: \$0.00

Claim #	Claimant Name	Type	Amount Filed	Amount Allowed	Paid to Date	Claim Balance	Proposed Payment	Remaining Funds
UNSTAX	Cashier, Texas Workforce Commission	Unsecured	0.00	90.45	0.00	90.45	0.97	13.04
	Claim Memo: Employer SUTA Distribution: Claim 22U \$ 90.45 Gerrell Barnes							
UNSTAX	Internal Revenue Service	Unsecured	0.00	26.80	0.00	26.80	0.29	12.75
	Claim Memo: Employer FUTA Distribution: Claim 22U \$ 26.80 Gerrell Barnes							
UNSTAX	Internal Revenue Service	Unsecured	0.00	48.58	0.00	48.58	0.53	12.22
	Claim Memo: Employer Medicare Distribution: Claim 22U \$ 48.58 Gerrell Barnes							
UNSTAX	Internal Revenue Service	Unsecured	0.00	207.70	0.00	207.70	2.24	9.98
	Claim Memo: Employer FICA Distribution: Claim 22U \$ 207.70 Gerrell Barnes							
UNSWAG E	Internal Revenue Service	Unsecured	0.00	48.58	0.00	48.58	0.52	9.46
	Claim Memo: Employee Medicare Distribution: Claim 22U \$ 48.58 Gerrell Barnes							
UNSWAG E	Internal Revenue Service	Unsecured	0.00	207.70	0.00	207.70	2.24	7.22
	Claim Memo: Employee FICA Distribution: Claim 22U \$207.70 Gerrell Barnes							
UNSWAG E	Internal Revenue Service	Unsecured	0.00	670.00	0.00	670.00	7.22	0.00
	Claim Memo: Employee Federal W/H Distribution: Claim 22U \$ 670.00 Gerrell Barnes							
SUBTOTAL FOR UNSECURED			2,192,888.48	2,214,956.15	0.00	2,214,956.15	23,865.01	
Total for Case 99-60720 :			\$2,242,695.29	\$2,244,957.77	\$0.00	\$2,244,957.77	\$53,866.63	

CASE SUMMARY

	Amount Filed	Amount Allowed	Paid to Date	Proposed Payment	% paid
Total Administrative Claims :	\$29,690.84	\$15,142.22	\$0.00	\$15,142.22	100.000000%
Total Priority Claims :	\$20,115.97	\$14,859.40	\$0.00	\$14,859.40	100.000000%
Total Unsecured Claims :	\$2,192,888.48	\$2,214,956.15	\$0.00	\$23,865.01	1.077448%

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF TEXAS
TYLER DIVISION

IN RE: MED-SHOP COMMUNITY / BANKRUPTCY CASE: 99-60720
HOME HEALTH, INC. /
/ CHAPTER 7

**NOTICE OF FILING OF FINAL REPORT OF TRUSTEE.
APPLICATION FOR COMPENSATION AND PROPOSED DISTRIBUTIONS**

NOTICE IS GIVEN that the Trustee's Final Report and Account, report of Proposed Final Distribution and Applications for Compensation have been filed. These documents are available for public inspection at the office of the Bankruptcy Clerk, 200 E. Ferguson, Tyler, Texas 75702, or at the trustee's office whose name and address is as follows:

BOB ANDERSON 911 N.W. LOOP 281, SUITE 412 LONGVIEW, TEXAS 75604

The following Applications for Compensation have been filed:

<u>Applicants</u>	<u>Fees Requested</u>	<u>Expenses Requested</u>
<u>BOB ANDERSON</u>	<u>5972.94</u>	<u>2762.05</u>
Trustee	<u>0.00</u>	<u>0.00</u>
Attorney for Trustee	<u>0.00</u>	<u>0.00</u>
U. S. Bankruptcy Court	<u>0.00</u>	<u>0.00</u>

The trustee's account shows:

Total Receipts	Total Disbursements	Balance
<u>\$ 54458.88</u>	<u>\$ 592.25</u>	<u>\$ 53866.63</u>

In addition to the commissions and fees that may be allowed by the Court, liens and priority claims which must be paid in advance of general creditors have been allowed in the total amount of \$ 14859.40 ; general unsecured claims have been allowed in the amount of \$ 2214956.15 .
The debtor has/has not been discharged.

Written objections to the Final Report, Application for Compensation and/or proposed Distributions must be filed with the Clerk of the Court and served on the trustee at the above mentioned address within 30 days from the date of this notice. If no objections are filed, the Court may consider the Report and Applications without hearing. If objections are filed, a hearing will be held on _____

at _____ .

Date: _____

JAMES D. TOKOPH, Clerk of Court

By: _____
Deputy Clerk