



**TRANSFER OF CLAIM**

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x //s// Gary Griffin  
Signature of Petitioner or Representative (State title)  
Gary Griffin, DMD

x Janet L. Chubb 8/4/06  
Signature of Attorney Date  
Janet L. Chubb

Name of Petitioner dba Affordable High Tech Dentistry Date Signed \_\_\_\_\_

Name of Attorney Firm (If any)  
Jones Vargas

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

Address  
P.O. Box 281 Fax: \_\_\_\_\_  
Telephone No. Reno, NV 89504 775-786-5000 786-1177  
jlc jonesvargas.com tbw jonesvargas.com

x //s// Gary Griffin  
Signature of Petitioner or Representative (State title)  
St. Matthews Dental Care Group  
Name of Petitioner Date Signed \_\_\_\_\_

x Janet L. Chubb 8/4/06  
Signature of Attorney Date  
Janet L. Chubb

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

Name of Attorney Firm (If any)  
Jones Vargas

Address  
P.O. Box 281

Telephone No. Reno, NV 89504 775-786-5000 786-1177 Fax: \_\_\_\_\_

x Jeff W. King  
Signature of Petitioner or Representative (State title)  
Jeff W. King, DMD  
Name of Petitioner Date Signed \_\_\_\_\_

jlc jonesvargas.com tbw jonesvargas.com

x Janet L. Chubb 8/4/06  
Signature of Attorney Date  
Janet L. Chubb

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

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**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Gary Griffin, DMD 219 Breckenridge Ln, Louisville, KY 40207	Unsecured debts based on contracts	\$9,760.96
St. Matthews Dental Card Group 219 Brechenridge Ln, Louisville, KY 40207	Unsecured debts based on contracts	\$346,431.61
Jeff W. King, DMD, PSC 4071 Tates Creek Center Dr. #210 Lexington, KY 40517	Unsecured debts based on contracts	\$145,572.48
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$501,765.05

Name of Debtor E-Z FRY SERVICES, INC.

CASE No. \_\_\_\_\_

OFFICIAL FORM 5 - Page 3  
Inventory Petition  
(11/005)

**TRANSFER OF CLAIM**

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

*[Signature]*  
Signature of Petitioner or Representative (State title)  
Janet L. Chubb  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative  
Capacity \_\_\_\_\_

X  
Signature of Attorney  
Janet L. Chubb Date

Name of Attorney Firm (if any)  
Jones Vargas

Address  
P.O. Box 281

Telephone No.  
Reno, NV 89504 775-786-5000

*[Signature]*  
Signature of Petitioner or Representative (State title)  
Janet L. Chubb  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative  
Capacity \_\_\_\_\_

X  
Signature of Attorney  
Janet L. Chubb Date

Name of Attorney Firm (if any)  
Jones Vargas

Address  
P.O. Box 281

Telephone No.  
Reno, NV 89504 775-786-5000

X  
Signature of Petitioner or Representative (State title)  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative  
Capacity \_\_\_\_\_

X  
Signature of Attorney  
Janet L. Chubb Date

Name of Attorney Firm (if any)  
Jones Vargas

Address  
P.O. Box 281

Telephone No.  
Reno, NV 89504 775-786-5000

**PETITIONING CREDITORS**

Name and Address of Creditor	Nature of Claim	Amount of Claim
	<u>Unsecured debts based on contracts</u>	
Name and Address of Petitioner	<u>Unsecured debts based on contracts</u>	Amount of Claim
Name and Address of Petitioner	<u>Unsecured debts based on contracts</u>	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Name of Debtor E-Z PAY SERVICES, INC.

OFFICIAL FORM 5 - Page 2  
Involuntary Petition  
(10/05)

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

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X *Jeff King* president  
Signature of Petitioner or Representative (State title)  
Jeff King 8-3-06  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative  
Capacity \_\_\_\_\_

X \_\_\_\_\_  
Signature of Attorney Date  
Janet L. Chubb  
Name of Attorney Firm (If any)  
Jones Vargas

Address  
P.O. Box 281  
Telephone No.  
Reno, NV 89504 775-786-5000

X \_\_\_\_\_  
Signature of Petitioner or Representative (State title)  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative  
Capacity \_\_\_\_\_

X \_\_\_\_\_  
Signature of Attorney Date  
Janet L. Chubb  
Name of Attorney Firm (If any)  
Jones Vargas

Address  
P.O. Box 281  
Telephone No.  
Reno, NV 89504 775-786-5000

X \_\_\_\_\_  
Signature of Petitioner or Representative (State title)  
Name of Petitioner Date Signed

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative  
Capacity \_\_\_\_\_

X \_\_\_\_\_  
Signature of Attorney Date  
Janet L. Chubb  
Name of Attorney Firm (If any)  
Jones Vargas

Address  
P.O. Box 281  
Telephone No.  
Reno, NV 89504 775-786-5000

**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
	Unsecured debts based on contracts	\$145,572.48
	Unsecured debts based on contracts	
	Unsecured debts based on contracts	
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims