

B1 (Official Form 1)(12/11)

<b>United States Bankruptcy Court District of Oregon</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>HemCon Medical Technologies, Inc.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>FDBA HemCon, Inc.</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>93-1321343</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>10575 SW Cascade Ave #130 Portland, OR</b> <div style="text-align: right; font-size: small;">ZIP Code <b>97223</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Washington</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above): <b>10575 SW Cascade Ave #130 Portland, OR 97223</b>		
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>HemCon Medical Technologies, Inc.</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>- None -</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).  <b>X</b> _____ Signature of Attorney for Debtor(s) (Date)	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord that obtained judgment)  _____ (Address of landlord)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**HemCon Medical Technologies, Inc.**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Attorney\***

**X** /s/ Albert N. Kennedy  
Signature of Attorney for Debtor(s)

Albert N. Kennedy OSB#82142  
Printed Name of Attorney for Debtor(s)

Tonkon Torp LLP  
Firm Name

1600 Pioneer Tower  
888 SW Fifth Ave  
Portland, OR 97204-2099

\_\_\_\_\_  
Address

503-221-1440 Fax: 503-274-8779  
Telephone Number

April 10, 2012  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Nick Hart  
Signature of Authorized Individual

Nick Hart  
Printed Name of Authorized Individual

CFO  
Title of Authorized Individual

April 10, 2012  
Date

1 **Albert N. Kennedy**, OSB No. 821429  
Direct Dial: (503) 802-2013  
2 Facsimile: (503) 972-3713  
E-Mail: al.kennedy@tonkon.com

3 **TONKON TORP LLP**  
1600 Pioneer Tower  
4 888 S.W. Fifth Avenue  
Portland, OR 97204

5 Attorney for Debtor  
6  
7

8 IN THE UNITED STATES BANKRUPTCY COURT  
9 FOR THE DISTRICT OF OREGON

10 In re  
11 HemCon Medical Technologies, Inc.  
12 Debtor.

Case No.

**DISCLOSURE OF  
COMPENSATION OF ATTORNEY  
FOR DEBTOR PURSUANT TO  
RULE 2016(b)**

13  
14 Tonkon Torp LLP ("Tonkon"), pursuant to Bankruptcy Rule 2016(b), states  
15 that:

16 1. Tonkon has been engaged by Debtor herein to act as its general  
17 bankruptcy counsel in this case.

18 2. Within the 12-month period prior to the commencement of this  
19 Chapter 11 case, Tonkon Torp received retainers from Debtor totaling \$55,000. From those  
20 retainers, Tonkon Torp has been paid a total of \$20,005.50 for prepetition fees, costs, and  
21 expenses, which includes the bankruptcy filing fee of \$1,046.00. The balance of the retainer  
22 is being held in Tonkon Torp's trust account.

23 3. The filing fee for commencing this Chapter 11 case is being paid in  
24 full.

25 4. The source of payments to be made by Debtor to Tonkon for legal  
26 services, filing fees, and costs incurred in or in connection with this case will be from the

1 |   aforementioned retainer and, to the extent necessary, from property of the bankruptcy estate.

2 |                 5.       Tonkon has not shared or agreed to share with any person, other than  
3 | its members, any compensation paid or to be paid.

4 |                 DATED this 10th day of April, 2012.

5 |                                 TONKON TORP LLP

6 |  
7 |                                 By /s/ Albert N. Kennedy

8 |   Albert N. Kennedy, OSB No. 821429

9 |   Attorney for Debtor

10 | 035365/00001/2398280v1

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court  
District of Oregon**

In re HemCon Medical Technologies, Inc.

Debtor(s)

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

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
<b>Marine Polymer Technologies 107 Water St. Danvers, MA 01923</b>	<b>Sergio Finkielstein Marine Polymer Technologies 107 Water St. Danvers, MA 01923 781-270-3200</b>	<b>Judgment</b>	<b>Contingent Disputed</b>	<b>34,200,000.00</b>
<b>Ryan Kromholz &amp; Manion, S.C. POB 26618 Milwaukee, WI 53226</b>	<b>John Manion Ryan Kromholz &amp; Manion, S.C. POB 26618 Milwaukee, WI 53226 800-686-9333</b>	<b>Legal Services</b>	<b>Disputed</b>	<b>1,052,273.36</b>
<b>Cardinal Health 200, LLC Attn: Deborah Schotz 7000 Cardinal PI Dublin, OH 43017</b>	<b>Deborah Schotz Cardinal Health 200, LLC Attn: Deborah Schotz 7000 Cardinal PI Dublin, OH 43017 debra.schotz@cardinalhealth.com</b>	<b>Distribution contract</b>	<b>Contingent Disputed</b>	<b>1,000,000.00</b>
<b>Miller Nash LLP POB 40324 Portland, OR 97204</b>	<b>Erich Merrill Miller Nash LLP POB 40324 Portland, OR 97204 503-224-5858</b>	<b>Legal Services</b>		<b>489,659.71</b>
<b>Washington County Tax Property Tax Payment Center POB 3587 Portland, OR 97208</b>	<b>Rebeca Halsen Washington County Tax Property Tax Payment Center POB 3587 Portland, OR 97208 503-846-3906</b>	<b>Business taxes and property tax.</b>	<b>Unliquidated</b>	<b>308,023.38</b>
<b>Puget Sound Blood Center 921 Terry Ave Seattle, WA 98104</b>	<b>Joyce Fuhrman Puget Sound Blood Center 921 Terry Ave Seattle, WA 98104 206-292-6393</b>	<b>Supply of Raw Materials for Research</b>		<b>190,584.50</b>

B4 (Official Form 4) (12/07) - Cont.

In re HemCon Medical Technologies, Inc.

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

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
University of Cincinnati Hoxworth Blood Center 3130 Highland Ave Cincinnati, OH 45267	Kathy Weber University of Cincinnati Hoxworth Blood Center 3130 Highland Ave Cincinnati, OH 45267 513-556-4809	Research		124,925.41
Univ. of New South Wales Kensington Campus Research Services Sydney NW 2052 AUSTRALIA	Anthony Guerrero Univ. of New South Wales Kensington Campus Research Services AUSTRALIA 02-93-85-2744	Research		112,559.59
TSI 500 Cardigan Road Shoreview, MN 55126	Steve Beiersdorf TSI 500 Cardigan Road Shoreview, MN 55126 651-490-2705	Capital Equipment		96,175.00
AMRI Burlington, Inc. 99 South Bedford St Burlington, MA 01803	Marge Cosman AMRI Burlington, Inc. 99 South Bedford St Burlington, MA 01803 781-270-7900	Supply of Raw Materials for Research		64,450.00
FedEx POB 7221 Pasadena, CA 91109	Hans Straube FedEx POB 7221 Pasadena, CA 91109 360-901-7434	Freight to Customers		48,662.44
Hogan Lovells US LLP Harbor East 100 International Dr #2000 Baltimore, MD 21202	John Booher Hogan Lovells US LLP Harbor East 100 International Dr #2000 Baltimore, MD 21202 410-659-2700	Legal Services		39,827.78
Massachusetts General Hospital Wellman Center for Photomedicine 40 Blosson St., BAR 314 Boston, MA 02114	Illa Mae Chaisson Massachusetts General Hospital Wellman Center for Photomedicine 40 Blosson St., BAR 314 Boston, MA 02114 617-954-9674	Services for the provision of Research		25,000.00
Express Personnel Services POB 4427 Portland, OR 97208	Kim Guard Express Personnel Services POB 4427 Portland, OR 97208 503-292-1200	Contract Personnel		24,750.54

B4 (Official Form 4) (12/07) - Cont.

In re HemCon Medical Technologies, Inc.

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

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Synthesia, A.S. Semtin 103 Pardubice 532 17 CZECH REPUBLIC	Zdenek Slovacek Synthesia, A.S. Semtin 103 Pardubice 532 17 CZECH REPUBLIC 420-466-824-502	Supply of Raw Materials for Resale		24,276.40
OpenClinica LLC 460 Totten Pond Rd #200 Waltham,, MS 02451	Denise Drinkwater OpenClinica LLC 460 Totten Pond Rd #200 Waltham,, MS 02451 617-621-8585	Services for the provision of Research		21,417.26
Graphic Arts Center BOX #911300 POB 31001-1300 Pasadena, CA 91110	Susie Sartorius Graphic Arts Center BOX #911300 POB 31001-1300 Pasadena, CA 91110 503-224-7777	Supply of Raw Materials for Resale		21,070.75
Wuxi AppTec, Inc. 24681 Network PI Chicago, IL 60673	Lydia Erce Wuxi AppTec, Inc. 24681 Network PI Chicago, IL 60673 888-794-0077	Supply of Raw Materials for Resale		17,760.00
Univ of Minn. Particle Calibration Lab 1100 Mechanical Engineering 111 Church St SE Minneapolis, MN 55455	Bernard Olson Univ of Minn. Particle Calibration Lab 1100 Mechanical Engineering 111 Church St SE Minneapolis, MN 55455 olso0209@umn.edu	Services for the provision of Research		17,652.00
VWR Int'l, Inc. 12350 SW Tualatin Rd Tualatin, OR 97062	Kington Paul VWR Int'l Inc 12350 SW Tualatin Rd Tualatin, OR 97062 800-873-8977	Supply of Raw Materials for Resale		15,960.16

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the CFO of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date April 10, 2012Signature /s/ Nick Hart  
Nick Hart  
CFO

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.



1 **Albert N. Kennedy**, OSB No. 821429 (Lead Attorney)  
Direct Dial: (503) 802-2013  
2 Facsimile: (503) 972-3713  
E-Mail: al.kennedy@tonkon.com

3 **TONKON TORP LLP**  
1600 Pioneer Tower  
4 888 S.W. Fifth Avenue  
Portland, OR 97204

5 Attorneys for Debtor  
6  
7

8 UNITED STATES BANKRUPTCY COURT  
9 DISTRICT OF OREGON

10 In re  
11 HemCon Medical Technologies, Inc.  
12 Debtor.

Case No.

**CERTIFICATE OF SERVICE OF  
LIST OF CREDITORS HOLDING  
20 LARGEST UNSECURED  
CLAIMS ON THE U.S. TRUSTEE**

13  
14 I hereby certify that I served (1) a copy of the **LIST OF CREDITORS  
HOLDING 20 LARGEST UNSECURED CLAIMS**, (2) address mailing labels for the  
15 debtor, debtor's attorney, and a contact person for each creditor on the List, and (3) this  
16 Certificate of Service on the U.S. Trustee at 620 SW Main Street, Room 213, Portland,  
Oregon 97205 by mailing a copy thereof in a sealed, first-class postage prepaid envelope on  
17 the date set forth below

18 DATED this 10th day of April, 2012.

19 TONKON TORP LLP

20  
21 By /s/ Albert N. Kennedy  
Albert N. Kennedy, OSB No. 82142  
Attorney for Debtor

22 035365/00001/2398283v1  
23  
24  
25  
26