

Exhibit A1

Class 6 Ballots

Class 6 Entitled to Vote Ballots

Class 6 Claims: Entitled to Vote

	Creditor Name	Date Received	Claim Number	Dollar Amount	Vote
1	Lehman Brothers	06/16/10	n/a	1.00	Accept
2	Paravue Corporation	06/16/10	1019	18,105,000.00	Accept
				\$ 18,105,001.00	
	Percentage of Votes Accept			100%	
	Percentage of Dollars Accept			100%	\$ 18,105,001.00

STEP A: Determine Your Class.

REVIEW THE PLAN TO DETERMINE YOUR CLASS. (SEE PLAN AT ARTICLES II AND IV). THE CLASSES THAT ARE ENTITLED TO VOTE ARE AS FOLLOWS:

- Class 6: Class 6 shall consist of Insured Malpractice Claims.
- Class 7: Class 7 shall consist of General Unsecured Claims.
- Class 8: Class 8 shall consist of all Biggers Subordinated Unsecured Claims.
- Class 9: Class 9 shall consist of the claims of Subordinated Former Shareholders.
- Class 10: Class 10 shall consist of the Interests held by the Interest Holders.

Claims in Classes 1, 2, 3 and 5 are unimpaired and are not entitled to vote on the Plan. Claims in Class 4 are the subject of a pending dispute and are not entitled to vote on the Plan.

STEP B: Vote On The Plan.

IF YOU ARE A CREDITOR OR INTEREST HOLDER IN CLASS 6, 7, 8, 9 AND/OR 10, FILL IN THE AMOUNT OF YOUR CLAIM UNDER THE APPROPRIATE CLASS IN THE TABLE BELOW AND THEN CHECK THE BOX TO INDICATE WHETHER YOU VOTE TO ACCEPT OR REJECT THE PLAN. IF YOU HAVE A CLAIM IN MORE THAN ONE CLASS FILL OUT THE CLASS, AMOUNT OF CLAIM AND VOTE FOR EACH CLAIM.

I, the undersigned, have claims against the Debtor in the amount(s) and in the class(es) indicated below:

Class	Amount of Claim in that Class	Vote to Accept	Vote to Reject
Class 6	\$ 1.00 (unliquidated)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 7	\$ 1.00 (unliquidated)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 8	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 9	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 10	\$	<input type="checkbox"/>	<input type="checkbox"/>

STEP C: Complete Balloting Information.

YOU MUST COMPLETE THE FOLLOWING INFORMATION

Dated: 6/15/10
 Tax Id. #: 13-3216325
 or
 Social Security #: _____

Print or type creditor name: Lehman Brothers
 Signed: [Signature] Holdings Inc.
 Address: 1271 Avenue of the Americas
New York, NY 10020

STEP D: Return Your Ballot.

THIS BALLOT MUST BE ACTUALLY RECEIVED BEFORE 5:00 P.M. (PST) ON JUNE 16, 2010 BY THE FOLLOWING:

Heller Ehrman LLP Plan Balloting
 c/o Development Specialists, Inc.
 235 Pine Street, Suite 1150
 San Francisco, CA 94104
 (ph) 415.981.2717

**Do not send your ballot via facsimile or e-mail.
 Ballots that are sent via facsimile or email will not be counted.**

1 **STEP A: Determine Your Class.**

2 **REVIEW THE PLAN TO DETERMINE YOUR CLASS. (SEE PLAN AT ARTICLES II AND IV).
THE CLASSES THAT ARE ENTITLED TO VOTE ARE AS FOLLOWS:**

3 **Class 6:** Class 6 shall consist of Insured Malpractice Claims.

4 **Class 7:** Class 7 shall consist of General Unsecured Claims.

5 **Class 8:** Class 8 shall consist of all Biggers Subordinated Unsecured Claims.

6 **Class 9:** Class 9 shall consist of the claims of Subordinated Former Shareholders.

7 **Class 10:** Class 10 shall consist of the Interests held by the Interest Holders.

8 Claims in Classes 1, 2, 3 and 5 are unimpaired and are not entitled to vote on the Plan. Claims in Class 4 are
9 the subject of a pending dispute and are not entitled to vote on the Plan.

10 **STEP B: Vote On The Plan.**

11 **IF YOU ARE A CREDITOR OR INTEREST HOLDER IN CLASS 6, 7, 8, 9 AND/OR 10, FILL IN
12 THE AMOUNT OF YOUR CLAIM UNDER THE APPROPRIATE CLASS IN THE TABLE BELOW
13 AND THEN CHECK THE BOX TO INDICATE WHETHER YOU VOTE TO ACCEPT OR REJECT
14 THE PLAN. IF YOU HAVE A CLAIM IN MORE THAN ONE CLASS FILL OUT THE CLASS,
15 AMOUNT OF CLAIM AND VOTE FOR EACH CLAIM.**

16 *I, the undersigned, have claims against the Debtor in the amount(s) and in the class(es) indicated below:*

Class	Amount of Claim in that Class	Vote to Accept	Vote to Reject
Class 6	\$ 18,105,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 7	\$ 2,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 8	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 9	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 10	\$	<input type="checkbox"/>	<input type="checkbox"/>

17 **STEP C: Complete Balloting Information.**

18 **YOU MUST COMPLETE THE FOLLOWING INFORMATION**

19 Dated: 6/16/2010

Print or type creditor name: PARANUE CORPORATION

20 Tax Id. #: 72-1581005

Signed: [Signature]

21 Social Security #: _____

Address: UJVALA SINGH, ESQ

GWIRE LAW OFFICES

455 MARKET STREET, STE 2220
SAN FRANCISCO, CA 94105

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Class 6 Not Entitled to Vote Ballots

Class 6 Claims: Not Entitled to Vote

	Creditor Name	Date Received	Claim Number	Dollar Amount	Vote	Reason
1	Adams, Naomi	06/14/10	n/a	not stated	Accept	Ballot is unintelligible
2	Anthony, Christoffer	06/10/10	697	6,949.46	Accept	Ballot improperly classifies claim
3	Arekapudi, Kartik	06/14/10	959	5,665.06	Accept	Ballot improperly classifies claim
4	Chiu, Carol	06/10/10	588	2,145.72	Accept	Ballot improperly classifies claim
5	Giusti, Darlene	06/14/10	71	not stated	Accept	Ballot improperly classifies claim
6	Pond, Tawny	06/15/10	98	not stated	Accept	Ballot is unintelligible
7	RMB Eterprises	05/28/10	30	not stated	Accept	Ballot improperly classifies claim
8	The Seaport Group	06/15/10	81; n/a	33,253.33	Accept	Ballot improperly classifies claim

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8 Claims in Classes 1, 2, 3 and 5 are unimpaired and are not entitled to vote on the Plan. Claims in Class 4 are the subject of a pending dispute and are not entitled to vote on the Plan.

9 **STEP B: Vote On The Plan.**

10 **IF YOU ARE A CREDITOR OR INTEREST HOLDER IN CLASS 6, 7, 8, 9 AND/OR 10, FILL IN THE AMOUNT OF YOUR CLAIM UNDER THE APPROPRIATE CLASS IN THE TABLE BELOW AND THEN CHECK THE BOX TO INDICATE WHETHER YOU VOTE TO ACCEPT OR REJECT THE PLAN. IF YOU HAVE A CLAIM IN MORE THAN ONE CLASS FILL OUT THE CLASS, AMOUNT OF CLAIM AND VOTE FOR EACH CLAIM.**

11 *I, the undersigned, have claims against the Debtor in the amount(s) and in the class(es) indicated below:*

Class	Amount of Claim in that Class	Vote to Accept	Vote to Reject
Class 6	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 7	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 8	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 9	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 10	\$	<input type="checkbox"/>	<input type="checkbox"/>

12 **STEP C: Complete Balloting Information.**

13 **YOU MUST COMPLETE THE FOLLOWING INFORMATION**

14 Dated: 6/11/10

Print or type creditor name: Naomi E. Adams

15 Tax Id. #: _____

Signed: Naomi E. Adams

16 *or*
Social Security #: 6996

Address: 100 S. Barton Street
Arlington VA 22204

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I, the undersigned, have claims against the Debtor in the amount(s) and in the class(es) indicated below:

Class	Amount of Claim in that Class	Vote to Accept	Vote to Reject
Class 6	\$6,949.46	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 7	\$7,971.08	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 8	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 9	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 10	\$	<input type="checkbox"/>	<input type="checkbox"/>

STEP C: Complete Balloting Information.

YOU MUST COMPLETE THE FOLLOWING INFORMATION

Dated: 06/08/10

Print or type creditor name: Christopher Anthony

Tax Id. #: _____
or

Signed: [Signature]

Social Security #: -5927

Address: 183 Stoneridge Lane
San Francisco, CA 94134

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16 AMOUNT OF CLAIM AND VOTE FOR EACH CLAIM.**

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Class	Amount of Claim in that Class	Vote to Accept	Vote to Reject
Class 6	\$ 5,665.06	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 7	\$ 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 8	\$ 2,677.49	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 9	\$ 8,238.17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 10	\$ 8,342.55	<input checked="" type="checkbox"/>	<input type="checkbox"/>

18 **STEP C: Complete Balloting Information.**

19 **YOU MUST COMPLETE THE FOLLOWING INFORMATION**

20 Dated: June 10, 2010 Print or type creditor name: Kartik Arekapudi
 21 Tax Id. #: _____ Signed: Kartik Arekapudi
 22 *or* Social Security #: -1743 Address: 1567 Wedgewood Place
Essexville, MI 48732

23 **STEP D: Return Your Ballot.**

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25 BY THE FOLLOWING:**

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16 AMOUNT OF CLAIM AND VOTE FOR EACH CLAIM.**

17 *I, the undersigned, have claims against the Debtor in the amount(s) and in the class(es) indicated below:*

Class	Amount of Claim in that Class	Vote to Accept	Vote to Reject
Class 6	\$ 2,145.72	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 7	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 8	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 9	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 10	\$ 2,145.72	<input checked="" type="checkbox"/>	<input type="checkbox"/>

18 **STEP C: Complete Balloting Information.**

19 **YOU MUST COMPLETE THE FOLLOWING INFORMATION**

20 Dated: June 8, 2010

21 Print or type creditor name: CAROL CHIU

22 Tax Id. #: _____

23 Signed: Carol Chiu

24 *or*
25 Social Security #: 3771

26 Address: 344 OAKTREE DR.

27 MOUNTAIN VIEW, CA 94040

28 **STEP D: Return Your Ballot.**

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Class	Amount of Claim in that Class	Vote to Accept	Vote to Reject
Class 6	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 7	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 8	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 9	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 10	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>

STEP C: Complete Balloting Information.

YOU MUST COMPLETE THE FOLLOWING INFORMATION

Dated: 6/11/10

Print or type creditor name: DARLENE GIUSTI

Tax Id. #: _____

Signed: Darlene Giusti

or

Social Security #: 1-6459

Address: 901 Masson Avenue

San Bruno, CA
94066

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STEP A: Determine Your Class.

REVIEW THE PLAN TO DETERMINE YOUR CLASS. (SEE PLAN AT ARTICLES II AND IV). THE CLASSES THAT ARE ENTITLED TO VOTE ARE AS FOLLOWS:

~~Class 6:~~ Class 6 shall consist of ~~Insured Malpractice Claims.~~

Class 7: Class 7 shall consist of General Unsecured Claims.

Class 8: Class 8 shall consist of all Biggers Subordinated Unsecured Claims.

~~Class 9:~~ Class 9 shall consist of the ~~claims of Subordinated Former Shareholders.~~

Class 10: Class 10 shall consist of the ~~Interests held by the Interest Holders.~~

Claims in Classes ~~1, 2, 3~~ and ~~5~~ are unimpaired and are not entitled to vote on the Plan. Claims in Class 4 are the subject of a pending dispute and are not entitled to vote on the Plan.

STEP B: Vote On The Plan.

IF YOU ARE A CREDITOR OR INTEREST HOLDER IN CLASS 6, 7, 8, 9 AND/OR 10, FILL IN THE AMOUNT OF YOUR CLAIM UNDER THE APPROPRIATE CLASS IN THE TABLE BELOW AND THEN CHECK THE BOX TO INDICATE WHETHER YOU VOTE TO ACCEPT OR REJECT THE PLAN. IF YOU HAVE A CLAIM IN MORE THAN ONE CLASS FILL OUT THE CLASS, AMOUNT OF CLAIM AND VOTE FOR EACH CLAIM.

I, the undersigned, have claims against the Debtor in the amount(s) and in the class(es) indicated below:

Class	Amount of Claim in that Class	Vote to Accept	Vote to Reject
Class 6	\$ <i>pusla AF 70</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 7	\$ <i>ethid 7 I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 8	\$ <i>attached.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 9	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class 10	\$	<input checked="" type="checkbox"/>	<input type="checkbox"/>

STEP C: Complete Balloting Information.

YOU MUST COMPLETE THE FOLLOWING INFORMATION

Dated: 6-5-10 Print or type creditor name: Tawny D. Pond
 Tax Id. #: _____ Signed: Tawny D Pond
 or Social Security #: 2731 Address: 3412 - 39th Ave West
Seattle, WA 98199

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EXHIBIT 1

Employee:

Pond, Tawny -- 007934

Total number of hours of accrued, vested and unused vacation on last day of work 50.34

Total allowed claim for accrued, vested and, unused vacation as of last day of work \$1,587.69

Total allowed claim for unpaid wages (other than vacation), including sabbatical, amounts owed under contract and non-discretionary bonuses \$ 0.00

Wages and Vacation Earned Pre-Petition, but Paid Post-Petition (deducted from Priority Cap) \$ 0.00

Total allowed claim for WARN damages \$7,307.40

Portion of claim for accrued, vested, and unused vacation accrued between 5/4/08 and 10/31/08 entitled to priority up to "priority wage cap" of \$10,950 under Bankruptcy Code section 507(a)(4) ~~\$1,587.69~~

Portion of claim for unpaid wages (other than vacation) accrued between 5/4/08 and 10/31/08 entitled to priority up to "priority wage cap" of \$10,950 under Bankruptcy Code section 507(a)(4) ~~\$ 0.00~~

Portion of WARN claim entitled to priority up to "priority wage cap" of \$10,950 under Bankruptcy Code section 507(a)(4) ~~\$3,702.13~~

Total allowed general unsecured WARN claim not entitled to priority treatment under Bankruptcy Code section 507(a)(4) ~~\$ 0.00~~

Total allowed claim entitled to wage priority under Bankruptcy Code section 507(a)(4) ~~\$5,289.82~~

Total allowed ~~general unsecured~~ claim not entitled to priority treatment under Bankruptcy Code section 507(a)(4) ~~\$ 0.00~~

Total allowed ~~subordinated~~ general unsecured claim for waiting time penalties \$2,151.07

*Settlement
63,146
WARN*

07.7%

*Unlikely
to receive*

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Class 9	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 10	\$	<input type="checkbox"/>	<input type="checkbox"/>

STEP C: Complete Balloting Information.

YOU MUST COMPLETE THE FOLLOWING INFORMATION

Dated: 05/27/10
 Tax Id. #: 680427901
 or
 Social Security #: _____

Print or type creditor name: AMB Enterprises
 Signed: Donna Ellison, Owner
 Address: 1212 P Street
Sacramento CA 95814

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Class 9	\$	<input type="checkbox"/>	<input type="checkbox"/>
Class 10	\$	<input type="checkbox"/>	<input type="checkbox"/>

STEP C: Complete Balloting Information.

YOU MUST COMPLETE THE FOLLOWING INFORMATION

Dated: 6/14/10
 Tax Id. #: 13-4169208
 or
 Social Security #: _____

Print or type creditor name: The Seaport Group LLC
 Signed: Scott Friedberg
 Address: 360 Madison Avenue
New York, NY 10017

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 235 Pine Street, Suite 1150
 San Francisco, CA 94104
 (ph) 415.981.2717

**Do not send your ballot via facsimile or e-mail.
Ballots that are sent via facsimile or email will not be counted.**

			Original Creditor	Type	Amount	Transfer - Docket No.
Heller Ehrman	ND CA	08-32514	Costco Business Delivery	GUC	\$251.95	172
			Ingallina's Box Lunch	GUC	\$482.24	173
			Cogent Communications	GUC	\$32,519.14	171
					\$33,253.33	