### 

#### Part A. Name and Address

Name: Last	First	Middle
Telephone Number Home:	Work:	
	es in the past eight years? No	
Social Security Number		
Driver' License No.:	Expiration Date:	Date of Birth:
Address		
City:	State: Zip:	
County:		
If you answered no to either of	for at least 730 days (2 years)? No fithe questions above, please list your pro	evious address:
	State:	
County:		
If you have a different mailing	address, please list:	
Mailing Address:		
	State: Zip:	
rt B. Name and Addı	ress of Spouse	
	r spouse, fill in the following information	about your spouse:
Last	First	Middle
Has your spouse used any oth	her names in the past eight years? $\Box$ No	Yes If yes, list othername
Social Security Number:		
Driver' Licence No:	Expiration Date:	
Address: (if different from	your address):	
City:	State: Zip:	County:
If your spouse has a different i	mailing address, please list:	
Mailing Address:		
City:	State: Zip:	

## Part C. Prior/Pending Bankruptcy Cases Has a bankruptcy case been filed by you or against you in the last 8 years? ☐ No ☐ Yes If yes, in which district of which state was the case filed? Case Number: Date filed: Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? \( \backsim No \quad \text{Yes} \) If yes, name of debtor: \_\_\_\_\_\_ Relationship to you: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_ In which district of which state was the case filed?\_\_\_\_\_ **Exhibit "C" to the Voluntary Petition** Do you 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? No Yes (If yes, please attach a list and description of the property.) **Debtors Who Reside as Tenants of Residential Property** If you rent your home, does a landlord hold a judgment against you? \( \subseteq \text{No} \subseteq \text{Yes} \) If yes, please provide the name and address of the landlord: Name: \_\_\_\_ Address: City:\_\_\_\_\_ Zip: Please list your children that live with you below: Relationship Age Name

#### Section 2 **∠**Property

#### Part A. Real Estate (Schedule A) – LIST PROPERTY AND MORTGAGE COMPANY

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint or Community	Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	List all mortgages, home equity loans, and liens:  What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?	Who issued the lien, loan or mortgage? (Name, Address of Institution)	Monthly Payments

#### Part B. Personal Property (Schedule B) - PLEASE PROVIDE COMPLETE DESCRIPTION OF ITEMS

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property  1. Cash on hand	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only  Exemptions?
2. Checking/Savings Account, Certificates of deposit, other bank accounts Please give full account number for each account. Also, you will need to provide on the day of filing the exact amount in each account.					
Security deposits held by utility companies, landlord					

			Husband, Wife,		Office Use Only
Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Exemptions?
Household goods,					
furniture, including audio, video, and computer					
equipment					
5. Books, pictures, art objects, records, compact					
discs, collectibles					
6. Clothing			İ		
7. Furs and jewelry					
8. Sports, photographic,					
hobby equipment, firearms					

	Yes/		Husband, Wife, Joint,		Office Use Only
Type of Property	No	Description & Location	Community	Value	Exemptions?
Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)					
12. Interests in pension or profit sharing plans					
13. Stock and interests in incorporated/ unincorporated business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts receivable					
17. Alimony/family support to which you are entitled					

	No. 1		Husband, Wife, Joint,		Office Use Only
Type of Property	Yes/ No	Description & Location	Community	Value	Exemptions?
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests or life estates					
20. Interests in estate of decedent or life insurance plan or trust					
21. Other contigent/ unliquidated claims, including tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, trailers, and accessories.					
Need make, model, year and mileage. Please look up blue book value and provide copy.					
26. Boats, motors, and accessories					
27. Aircraft and accessories					

	Yes/		Husband, Wife, Joint,		Office Use Only
Type of Property	No	Description & Location	Community	Value	Exemptions?
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					
30. Inventory					
31. Animals					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					

	Yes/		Husband, Wife, Joint,		Office Use Only
Type of Property	No	Description & Location	Community	Value	Exemptions?
35. Other personal property of any kind not listed.					

## Section 3 Debts - PLEASE PROVIDE LATEST MONTHLY STATEMENT WHERE POSSIBILE

List below all debts that you owe, or that creditors claim that you owe.

Type of Debt	Creditor Name and Address     Account Number, if any     Date/range of dates when debt was incurred     Contact person's name and address, if different	Total Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Monthly payment amount.	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/						
mortgages						
Car loans						
Other bank loans						
Personal						
loans						
Student loans						
Major credit						
card debts (Visa, Am Ex, Mastercard						
Mastercard,						<u> </u>

Type of Debt	Creditor Name and Address     Account Number, if any	Total Amount	Name and address of codebtor, if any What is debt for?	Do you dispute		
Discover) - continue on next page, if necessary						
	1. Creditor Name and Address				Offi	ce Use Only
Type of Debt	Account Number, if any     Date/range of dates when debt was incurred     Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards, (Visa, Am Ex, Mastercard, Discover) continued						
Department store credit card debts						
Other credit card debts (Gas cards, phone cards, etc.)						

Type of Debt	Creditor Name and Address     Account Number, if any	Amount owed	Name and address of codebtor, if any What is debt for?	Do you dispute	Office Use Only
Cash Advances (from credit cards)					
Unpaid medical bills					

	Creditor Name and Address     Assaurt Number if any		Name and address of codebter if any		Offi	ce Use Only
Type of Debt	Account Number, if any     Date/range of dates when debt was incurred     Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid rent						
Unpaid taxes						
Unpaid alimony or						
child support						
Unpaid						
service fees						

Type of Debt	Creditor Name and Address     Account Number, if any	Amount owed	Name and address of codebtor, if any What is debt for?	Do you dispute	Office Use Only
All other unpaid debts/bills					
All other unpaid debts/bills					
All other unpaid debts/bills					
All other unpaid debts/bills					
All other unpaid debts/bills					

# Section 4 ∠Unexpired Leases (i.e., Lease for Apartment, Office Space, House) and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Name and Address of Other Party or Parties	Date that Contract Expires
	Name and Address of Other Party or Parties

#### Section 5 & Current Income

Marital Status: List all dependents of you	ou and your spouse, their ages, and their relationship to you:
Married Single Divorced Separated Widowed	ne Age Relationship
Part A. Debtor's Income	Part B. Joint Debtor's Income
What is your occupation?	What is your spouse's occupation?
Name and address of your employer:	Name and address of your spouse's employer:
How long have you been employed there?	3. How long employed there?
4. What is the gross amount of your paycheck, before taxes/other deductions are taken out? \$	4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$
5. How often do you get paid? once a week every two weeks twice a month once a month	5. How often does your spouse get paid? once a wee every two weeks twice a month other
Complete the below questions with your estimate of monthly averages.	Complete the below questions with your estimate of monthly averages.
6. Do you receive overtime pay outside ofyour salary? If so, how much per month? \$	<ol><li>Does your spouse receive overtime pay outside of your salary? How much per month? \$</li></ol>
7. How much is taken out of each paycheck for taxes and social security? \$	7. How much is taken out of each paycheck for taxes and social security? \$
8. How much is taken out for insurance? \$	8. How much is taken out for insurance? \$
9. How much for union dues? \$	9. How much for union dues? \$
10. Are there other deductions? If so, what are they and how much?	10. Are there other deductions? If so, what are they and how much?
Do you receive  a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?	Does your spouse receive  a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?
b) income from real estate property? If so, how much per month? No Yes \$	b) income from real estate property? If so, how much per month? No Yes \$
c) interest or dividends? If so, how much per month?  No Yes \$	c) interest or dividends? If so, how much per month?  No Yes \$
d) alimony or family support payments for your use or f the care of your dependents? If so, how much per month? No Yes \$	or d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month?  No Yes \$
e) social security or other forms of monetary governme assistance?  No Yes \$	e) social security or other forms of monetary government assistance? No Yes \$
f) retirement or pension money?  No Yes \$_	f) retirement or pension money?  No Yes
Do you have any other sources of income not listed?	Does your spouse have any other income not listed?
Are you or your spouse expecting any increase or decre	ease in salary next year? If so, explain.

## Section 5A ∠Current Monthly Income - This is necessary for the MEANS TEST!

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month)	Month 2 (2 months ago)	Month 3/	Month 4/	Month 5/_	Month 6/_	Office Use Only
Gross wages, salary, tips, bonuses, overtime, commissions.							
Income from operation of business:  a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income:  a. Gross Income - b. Expenses - c. Net Income.  Interest, dividends, and royalties.							
Pension and retirement income (NOT Social Security).							
Regular contributions from others to the household expenses, including child support. Unemployment Compensation.							
Social Security income.							
Other Sources of Income Not Already Mentioned. Specify							

## Section 6 Current Expenses-PLEASE LIST ALL MONTHLY EXPENSES!!

Do you and your spouse maintain separate households? No Ye household and another for your spouse's.	s. If so, fill one page out for your
The following questions ask for your expenses each month. If you are month, but know the amount for a different period (per week, per day, amount and the frequency that you pay the amount.  Indicate how much you pay for each item each month	
<ol> <li>your rent or your home mortgage</li> <li>Does that amount include real estate taxes? No Yes</li> <li>Does it include property insurance? No Yes</li> </ol>	\$
2. electricity and heating	\$
3. water and sewage	\$
4. telephone service/long distance	\$
5. Do you have any other utility bills? If so, what, and how much pe	er month?
	\$
	\$
	\$
6. home maintenance, including repairs and general upkeep	\$
7. food	\$
8. clothing	\$
9. laundry and dry cleaning	\$
10. medical and dental expenses	\$
11. transportation (not including car payments)	\$
12. entertainment, recreation, newspapers, magazines	\$
13. charitable contributions	\$
14. insurance not deducted from paycheck	
a) homeowner's or renter's insurance	\$
b) life insurance	\$
c) health insurance	\$
d) auto insurance e) other insurance	\$
15. taxes not deducted from paycheck	\$ \$
16. Monthly payments for car, furniture, etc. (Specify)	<b>\$</b>
To. Monthly payments for car, furniture, etc. (Specify)	\$
	\$
	\$
17. alimony, maintenance, support paid to others	- Ψ \$
18. payments for support of dependents not living at home	\$
19. expenses from operation of business	\$
·	Ψ
Additional Expenses (707(b) Expenses) 20. mandatory payroll deductions not already listed	•
	\$

court ordered payments not already listed	\$
	\$
	\$
education necessary to maintain employment	\$
education for a physically or mentally challenged child	\$
childcare	\$
disability insurance (if not listed on line 14)	\$
health savings accounts	\$
care for elderly, chronically ill, or disabled family members	\$
protection from family violence	\$
education expense for your children under 18	\$
ayment)	\$
	\$
other expenses not listed above	\$
	\$
	\$
	\$
	other expenses not listed above

#### Section 7 Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

1. Income from employment or operation of business

☐ NONE				
Period	\$ Amount	Source	Husband/Wife	
January 1 of this year through commencement of case This is your year to date inc				
2009, (January 1 - Decembe	er 31)			<b>→</b> ¬
This amount should be tal	, i			
2008, (January 1 - December 31)				7
This amount should be tal 2008 filed income taxes or				
Note: You may request you	r tax transcripts at no cost from the	IRS by calling -1-800-829-1040.		
2. Income other than from	m employment or operation of	business		
State the amount of inc commencement of this		employment or operation	of business during the two years	immediately preceding the
NONE				
Period	\$ Amount	Source	Husband/Wife	
During the last year				
Year before last				

#### 3. Payments to creditors

If your debts are primarily consumer debts, list all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor made within **90 days** immediately preceding the commencement of this case. Indicate with an asterisk (\*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.

NONE			
Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed

NONE				
Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed[	
			the commencement of this case to one their relatives, your corporations,	
NONE	e your relatives, your b	usiness partners ar	id their relatives, your corporations,	or your anniates.)
Name and Address of Creditor				
and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed	
		1		
Suits, executions, garnishments a	nd attachments - <b>Pleas</b>	se provide Court D	ocuments!!!!!!!	
List all suits and administrative pro	oceedings to which you	ı are or were a part	y within <b>one year</b> preceding the filin	ng of this case.
NONE				
Caption of Suit		Court or Agency	Status or	
and Case Number Nature of	Proceeding	and Location	Disposition	
1 1				
			I I	

Name and Address of Person/Company		Description
for Whom the Property Was Seized (Creditor)	Date of Seizure	and Value of Property

5. Repossessions, foreclosures, and r List all property that has been reposse the seller, within <b>one year</b> immediately	ssed by a creditor, sold at			d in lieu of foreclosure, or returned to
NONE	preceding the commence	ineni oi tins G	asc.	
Name and Address of Creditor	Date of Repossession, Foreclosure, Transfer or	Return	Description and Value of Property	
6. Assignments and receiverships				
a. Describe any assignment of prope	erty for the benefit of credito	ors made withi	n <b>120 days</b> immediately prece	ding the commencement of this case.
NONE	ity for the benefit of credite	oro mado with	in 120 days immodiately proces	ang the commencement of the case.
	Data of Assignment		Tarma of Assistance at/Cattlema	m4
Name and Address of Assignee	Date of Assignment		Terms of Assignment/Settleme	ent ————
<ul> <li>b. List all property which has been in commencement of this case.</li> </ul>	the hands of a custodian,	receiver, or co	burt-appointed oπicial within on	e year immediately preceding the
NONE				
Name and Address Nam	ne and location of Court, e Title and Number	Date of Order	Description and Value of Property	
7. Gifts				
				nis case except ordinary and usual gifts to ibutions aggregating less than \$100 per

☐ NONE

Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift

8. Losses			
List all losses from fire, theft, gamblir commencement of this case.	ng or other casualty within <b>one ye</b>	ear immediately preceding the commen	cement of this case or since the
NONE			
Description and Value Description and Value Description and Value	escription of Circumstances and Amount Covered by Insuranc	e, if Any Date of Loss	
	ansferred by or on behalf of the c	debtor to any persons, including attorne tion in bankruptcy within <b>one year</b> imme	ys, for consultation concerning debt ediately preceding the commencement of the
NONE			
Name and Address Date of Payee Paym		Amount of Money/ Description and Value of Property	
LAW OFFICE OF MARIE F. BENJAMIN CREDIT COUNSELING CLASS			
10. Other transfers (including sale of a. List all other property, other than p security within <b>two years</b> immediatel	property transferred in your ordina	ary course of business or financial affair of this case.	s, transferred either absolutely or as a
NONE			
Name and Address of Transferee and Relationship to you	Date of Transfer	Description of Property Transferred and Value Received	

which you are the beneficiary.		
NONE		
Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest

b. List all property you transferred within 10 years immediately preceding the commencement of this case to a self-settled trust, or a similar device of

11. Closed financial accounts List all financial accounts and in immediately preceding the com-		our benefit which were closed, sold, c	r otherwise transferred within one year
NONE			
Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing	
12. Safe deposit boxes List each safe deposit or other b commencement of this case.	oox or depository in which you have o	r have had securities, cash, or other	valuables within <b>one year</b> immediately preceding
NONE			
Name and Address of Bank or Other Depository	Name and Address of Those With Access to Box or Depository	Description Date of Transfer, if Any	
13. Setoffs			
List all setoffs made by any cred	ditor, including a bank, against a debt	or deposit of yours within 90 days pr	eceding the commencement of this case.
NONE			
Name and Address of Credit	or Date of Setoff	Amount of Setoff	
14. Property held for another p	erson control that is owned by another per	son	

☐ NONE

#### 15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE		
Address	Your Name at the Time	Dates of Occupancy

#### 16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE	
Name	

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

n violation of an Environmental L	_aw. Indicate the governm	ental unit, the date of the r	notice, and, if known, the	Environmental Law:
NONE				
Site Name and Address	Name and Address of	Date of Notice	Environmental	
Site Name and Address	Governmental Unit	Of Notice	Law	
			mental unit of a release o	f Hazardous Material. Indicate the
povernmental unit to which the n	otice was sent and the dat	te of the notice.		
NONE				
	Name and Address of	Date	Environmental	
Site Name and Address	Governmental Unit	of Notice	Law	

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or

		or were a
	5 a party to and processing, and are accountanted.	
Docket Number	Status or Disposition	
siness		
an officer, director, partner, or managing years immediately preceding the compaix years immediately preceding the companies, addresses, taxpayer identificate	ng executive of a corporation, partnership, sole proprietorship, or water mencement of this case, or in which the debtor owned 5 percent commencement of this case.  Stion numbers, nature of the businesses, and beginning and ending	vas a self- or more of the dates of all
I) Address Nature of Business	Beginning and End Dates of Operation	
oonse to subdivision a., above, that is "	single asset real estate" as defined in 11 U.S.C. § 101.	
ess		
	Docket Number  Docket Number  Isiness Ise names, addresses, taxpayer identifican officer, director, partner, or managing a years immediately preceding the companies immediately preceding the companies, addresses, taxpayer identificate a partner or owned 5 percent or more of the partner or owned 5 percent or owned 5 percent or more of the partner or owned 5 percent	Isiness  le names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or we years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or six years immediately preceding the commencement of this case.  names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending a partner or owned 5 percent or more of the voting or equity securities within the six years immediately is a partner or owned 5 percent or more of the voting or equity securities within the six years immediately is a partner or owned 5 percent or more of the voting or equity securities within the six years immediately is a partner or owned 5 percent or more of the voting or equity securities within the six years immediately is a partner or owned 5 percent or more of the voting or equity securities within the six years immediately is a partner or owned 5 percent or more of the voting or equity securities within the six years immediately is a partner or owned 5 percent or more of the voting or equity securities within the six years immediately is a partner or owned 5 percent or more of the voting or equity securities within the six years immediately is a partner or owned 5 percent or more of the voting or equity securities within the six years immediately is a partner or owned 5 percent or more of the voting or equity securities.

The following questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. Books, records, and financial statements

,		
a. List all bookkeepers at the keeping of books of a		in the two years immediately preceding the filing of this bankruptcy case, kept or supervised
NONE		
Name and Address		Dates Services Rendered
b. List all firms or individuand records, or prepared		years immediately preceding the filing of this bankruptcy case, have audited the books of account
NONE	a ililaliciai statement or ti	ie debior.
Name	Address	Dates Services Rendered
therecords are not availal		be commencement of this case, were in possession of your books of account and records. If
NONE	oro, oxpiairi.	
Name and Address		Comments

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NONE						
Name and Address		Date Issu	ed			
20. Inventories						
dollar amount and basis of e		of your prop	perty, the name	of the person who sup	ervised the takir	ng of each inventory, and the
NONE						
Date of Inventory	Inventory Supe	rvisor	Dollar Amour (specify cost.	it of Inventory market, or other basis	3)	
<u> </u>		1	(0,000) 0000.,	market, or earler back		1
h List the many and address				. f 41 t		
b. List the name and addres	s of the person poss	sessing the re	ecords of each (	or the two inventories i	reported in a.) at	oove.
NONE						
Date of Inventory	Name and Add	ress of Custo	odian of Invento	ry Records		
21. Current partners, officers						
a. If your business is a partr	ership, list the natur	e and percer	ntage of partner	ship interest of each n	nember of the pa	ırtnership.
NONE						
Name and Address	<u> </u>	lature of Inte	rest	Percentage of Inter	rest_	
b. If your business is a corp	oration, list all office	s and directo	ors of the corpor	ation, and each stock	holder who direc	etly or indirectly owns, controls
holds 5 % or more of the vot			<b> </b> -	,		, , , , , , , , , , , , , , , , , , , ,
NONE						
Name and Address	Title		Nature and P of Stock Own			

<ol><li>Former partners, oπice</li></ol>	ers, directors and snare	olders	
a. If your business is a pa of this case.	artnership, list each me	ber who withdrew from the partnershi	p within one year immediately preceding the commencement
NONE			
Name and Address		Date of Withdrawal	
If your business is a co	rnoration list all officer	or directors whose relationship with the	ne corporation terminated within <b>one year</b> immediately
preceding the commence		or an edicio mices relationerily marti	to corporation terminated within the year minimately
NONE			
Name and Address	Title	Date of Termination	

If your business is a partnership bonuses, loans, stock redemption	•				•		• .	•
NONE								
Name and Address of Withdrawal		ind Purpose ue of Property	Am	nount of Money o	r Description Rec	cipient, a	and Relationship to You	of
24. Tax Consolidation Group.								
If the debtor is a corporation, list of which the debtor has been a m  NONE  Name of Parent Corporation			-year pe	<b>riod</b> immediately				, p p
25. Pension Funds.								
If the debtor is not an individual, been responsible for contributing a			•		• •			employer, has
NONE								
Name of Pension Fund		Taxpayer Identifica	ation Nur	nber				
							]	

PLEASE REVIEW INFORMATION FOR CORRECTNESS AND COMPLETENESS. PLEASE CONTACT OUR OFFICE TO SET AN APPOINTMENT TO GO OVER INFORMATION BEFORE INPUT FOR FILING.

THANK YOU AND WE LOOK FORWARD TO WORKING WITH YOU!

23. Withdrawal from a partnership or distribution by a corporation