Official Form 5 (10/06)

| Official Form 5 (10/00) | | | | |
|--|---|--|---|--|
| United States Bankruptcy CourtDistrict of | | | INVOLUNTARY PETITION | |
| | | ES used by debtor in the last 8 years aiden, and trade names.) | | |
| Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (If more than one, state all.): | | n | | |
| STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) | | MAILING ADDRE | SS OF DEBTOR (If different from street address) | |
| COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF | BUSINESS ZIP CO | DDE | ZIP CODE | |
| LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) | | | | |
| CHAPTER OF BANKRUPTCY CODE UNDER WH | | | | |
| ☐ Chapter 7 ☐ Chapter | | | | |
| INFOR | MATION REGARDING I | DEBTOR (Check applicab | le boxes) | |
| Nature of Debts (Check one box.) Petitioners believe: Debts are primarily consumer debts Debts are primarily business debts | Type of Debtor (Form of Organization) Individual (Includes Joint Debtor) Corporation (Includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | Nature of Business (Check one box.) Health Care Business Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) Railroad Stockbroker Commodity Broker Clearing Bank Other | |
| VENUE | <u> </u> | | FILING FEE (Check one box) | |
| □ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the 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. □ A bankruptcy case concerning debtor's affiliate, general | | specified in § 304(g) of [If a child support credite | Full Filing Fee attached Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. If a child support creditor or its representative is a petitioner, and if the dittioner files the form specified in § 304(g) of the Bankruptcy Reform Act of | |
| PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER | | | | |
| Name of Debtor | BTOR (Report information for any additional cases on a Case Number | | Date | |
| Relationship | District | | Judge | |
| | ALLEGATIONS (Check applicable boxes) | | COURT USE ONLY | |
| □ Petitioner (s) are eligible to file this petition por the debtor is a person against whom an order States Code. a. □ The debtor is generally not paying such debtor subject of a bona fide dispute as to liability or an b. □ Within 120 days preceding the filing of this per agent appointed or authorized to take charge of ledebtor for the purpose of enforcing a lien against | for relief may be entered un as debts as they become due tount; or tition, a custodian, other that less than substantially all of the | der title 11 of the United , unless such debts are the n a trustee receiver, or the property of the | | |

| Name of Debtor | |
|----------------|--|
| Case No | |

| □□ Check this box if there has been a transfer of any claim evidence the transfer and any statements that are require | d under Bankruptcy Rule 1003(a). | cuments that | | |
|---|---|--------------------------------|--|--|
| Petitioner(s) request that an order for relief be entered against the petition. If any petitioner is a foreign representative appointed in recognition is attached. | | | | |
| Petitioner(s) declare under penalty of perjury that the foregoing is correct according to the best of their knowledge, information, and | | | | |
| xSignature of Petitioner or Representative (State title) | Signature of Attorney | x Signature of Attorney Date | | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | Name of Attorney Firm (If any) | | |
| Name & Mailing Address of Individual Signing in Representative Capacity | Address Telephone No. | | | |
| xSignature of Petitioner or Representative (State title) | x_Signature of Attorney | Date | | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | | | |
| Name & Mailing Address of Individual | Address | | | |
| Signing in Representative Capacity | Telephone No. | | | |
| xSignature of Petitioner or Representative (State title) | xSignature of Attorney | Date | | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | Name of Attorney Firm (If any) | | |
| Name & Mailing | Address | | | |
| Address of Individual Signing in Representative Capacity | Telephone No. | Telephone No. | | |
| PETITI | ONING CREDITORS | | | |
| Name and Address of Petitioner | Nature of Claim Amount of | Claim | | |
| Name and Address of Petitioner | Nature of Claim Amount of | Claim | | |
| Name and Address of Petitioner | Nature of Claim Amount of | Claim | | |
| Note: If there are more than three petitioners, attach additions penalty of perjury, each petitioner's signature under the and petitioning creditor information in the format above | e statement and the name of attorney Claims | ant of Petitioners' | | |

____continuation sheets attached