Client Questionnaire For Non-Business Debtor Section 1 № Basic Information

Part A. Name and Address

Name:	First	Middle Middle
Telephone Number Home:		_ Work:
Have you used any other name	es in the past six years?	No Yes If yes, list other names:
Social Security Number:		
A 1.1		
City:	State:	_Zip:
County:	Have you lived at this a	iddress for at least 180 days? 🔲 No 🔲 Yes
If you have a different mailing a	address, please list:	
Mailing Address:		
		_Zip:
If you are filing jointly with your Name: Last		Middle
	First	NA: dalla
Edot	7 // 00	Madio
names: Social Security Number:		<u> </u>
Address: (if different from	your address):	
City:	State: Z	p: County:
If your spouse has a different n	nailing address, please list:	
Mailing Address:		
City:	State:	_Zip:
art C. Prior/Pending I	Bankruntov Cases	
_		e last 6 years? □ No □ Yes
. ,	,, ,	
•		
	otcy cases pending against yo	u, your business, your spouse, or your spouse's
If yes, name of debtor:		Relationship to you:
Case Number:	Date filed:	Judge:
In which district of which stat	e was the case filed?	
xhibit "C" to the Voluntar	y Petition	
Do you own or have possessio	n of any property that poses o	r is alleged to pose a threat of imminent and es (If yes, please attach a list and description of the

Section 2 & Property

Part A. Real Estate (Schedule A)

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	Market 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?	Who issued th or mortgage? (Address of Ins

Part B. Personal Property (Schedule B)

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 market value as the resale value.

-					
Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	
1. Cash on hand					
Checking/Savings Account, Certificates of deposit, other bank accounts					
Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment					
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	
8. Sports, photographic, hobby equipment, firearms	140	Description a Location		Market Value	
Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in pension or profit sharing plans					
12. Stock and interests in incorporated/ unincorporated business					
13. Interests in partnerships/joint ventures					
14. Bonds					
15. Accounts receivable					
16. Alimony/family support to which you are entitled					
17. Other liquidated debts owed to you, including tax refunds					
18. Equitable or future interests or life estates					
19. Interests in estate of decedent or life insurance plan or trust					
20. Other contigent/ unliquidated claims, including tax refunds, counterclaims					

	V/		Husband, Wife, Joint,		
Type of Property	Yes/ No	Description & Location	Community	Market Value	
21. Patents, copyrights, other intellectual property					
22. Licenses, franchises					
23. Automobiles, trucks, trailers, and accessories.					
24. Boats, motors, and accessories					
25. Aircraft and accessories					
26. Office equipment, supplies					
27. Machinery, fixtures etc. for business					
28. Inventory					
29. Animals					
30. Crops-growing or harvested					
31. Farming equipment and implements					
32. Farm supplies, chemicals, feed					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Market Value	
Type of Property 33. Other personal property of any kind not listed.	No	Description & Location	Community	Market Value	

Section 3 & Debts

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	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property?	Do you dispute the debt?	So D, F?
Home loans/ mortgages					
Car loans					
Other bank loans					
Personal loans					
Student loans					
Major credit card debts (Visa, Am Ex, Mastercard, Discover) - continue on next page, if necessary					
Unpaid credit cards, (Visa, Am Ex, Mastercard, Discover) continued					

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	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property?	Do you dispute the debt?	So D, F?
Department store credit card debts					
Other credit card debts (Gas cards, phone cards, etc.)					
Unpaid medical bills					
Unpaid utility bills					

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	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property?	Do you dispute the debt?	So D, F?
Unpaid rent					
Unpaid taxes					
Unpaid alimony or child support					
Unpaid service fees					
All other unpaid debts/bills					

Section 4 & Unexpired Leases 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.

Nature and Description of Contract	Name and Address of Other Party or Parties

Section 5 & Current Income

Married Single Divorced Separated Widowed Part A. Debtor's Income 1. What is your occupation? 2. Name and address of your employer: 1. What is your spouse's occupation? 2. Name and address of your spouse's employer: 2. Name and address of your spouse's employer: 3. How long have you been employed there? 2. Name and address of your spouse's employer: 3. How long employed there? 4. What is the gross amount of your paycheck, before taxes, other deductions are taken out? \$ 5. How often do you get paid? once a week every two weeks twice a month once a month once a month other 6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ 5. How much is taken out of each paycheck for taxes and social security? \$ 8. How much is taken out for insurance? \$ 9. How much for union dues? \$ 10. Are there other deductions? If so, what are they and how much? No Yes \$ 10. Are there other deductions? If so, what are they and how much? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, what are they and how much per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, what is the business and how much do you receive per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$ 10. Are there other deductions? If so, how much per month? No Yes \$	Marital Status:	List all dependents of you and your spouse, their ages, and their relationship to you:					
Separated Widowed Part B. Joint Debtor's Income 1. What is your occupation? 2. Name and address of your employer: 1. What is your spouse's occupation? 2. Name and address of your spouse's employer: 2. Name and address of your spouse's employer: 3. How long employed there? 2. Name and address of your spouse's employer: 4. What is the gross amount of your spouse's paycheck, before taxes, other deductions are taken out? \$ 5. How often do you get paid? once a week every two weeks wice a month once a month other 6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ 5. How much is taken out of each paycheck for taxes and social security? \$ 6. Does your spouse receive overtime pay outside of your salary? How much per month? \$ 1. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ 5. How often does your spouse get paid? once a week every two weeks twice a month other 6. Does your spouse receive overtime pay outside of your salary? How much per month? \$ 1. How much is taken out of your spouse receive overtime pay outside of your salary? How much per month? \$ 1. How much is taken out of your spouse's paycheck, before taxes/other deductions? \$ 5. How often does your spouse receive overtime pay outside of your salary? How much per month? \$ 1. How much is taken out of each paycheck for taxes and social security? \$ 1. How much for union dues? \$ 1. How much for u	_	Name			Age	Relationship	
Part B. Joint Debtor's Income 1. What is your occupation? 2. Name and address of your employer: 3. How long have you been employed there? 4. What is the gross amount of your paycheck,before taxes, other deductions are taken out? \$ 5. How often do you get paid? once a week every two weeks twice a month once a month other month? S. 7. How much is taken out of each paycheck for taxes and social security? \$ 8. How much is taken out of each paycheck for taxes and social security? \$ 8. How much for union dues? \$ 10. Are there other deductions? If so, what are they and how much? Do you receive over eceive per month? Do you receive over eceive per month? 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 \$ d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social sec	Divorced						
Part A. Debtor's Income 1. What is your occupation? 2. Name and address of your employer: 3. How long have you been employed there? 4. What is the gross amount of your paycheck,before taxes, other deductions are taken out? 5. How often do you get paid? once a week every two weeks twice a month once a month other 6. Do you receive overtime pay outside of your salary? If so, how much per month? No Yes \$ 9. How much is taken out of each paycheck for taxes and social security? \$ 10. Are there other deductions? If so, what are they and how much? No Yes \$ 10. Income from real estate property? If so, how much per month? No Yes \$ 10. Interest or dividends? If so, how much per month? No Yes \$ 2. Name and address of your spouse's employer: 1. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ 4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ 5. How often does your spouse get paid? once a week every two weeks whice a month once a mo	Separated						
1. What is your occupation? 2. Name and address of your employer: 2. Name and address of your spouse's employer: 3. How long have you been employed there? 4. What is the gross amount of your paycheck, before taxes, other deductions are taken out? \$ 5. How often do you get paid? once a week every two weeks twice a month once a month other 6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ 7. How much is taken out of each paycheck for taxes and social security? \$ 8. How much is taken out for insurance? \$ 9. How much for union dues? \$ 10. Are there other deductions? If so, what are they and how much? Do you receive a) income from teal 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 \$ d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or other forms of monetary government assistance? No Yes \$ e) Social security or o	-						
2. Name and address of your spouse's employer: 3. How long have you been employed there? 4. What is the gross amount of your paycheck, before taxes, other deductions are taken out? \$ 5. How often do you get paid?	Part A. Debtor's	Income	Pa	rt B. Joint Debtor's	Income		
3. How long have you been employed there? 4. What is the gross amount of your paycheck,before taxes, other deductions are taken out? \$ 5. How often do you get paid? once a week every two weeks twice a month once a month once a month other 6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ 7. How much is taken out of each paycheck for taxes and social security? \$ 8. How much is taken out of insurance? \$ 9. How much for union dues? \$ 10. Are there other deductions? If so, what are they and how much? Do you receive overtime pay outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month? No Yes \$ ol alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ el social security or other forms of monetary government assistance? No Yes \$ f) retirement or pension money? No Yes\$ Does your spouse receive overtime pay outside of your salary? How much ges your spouse receive overtime pay outside of your salary? How much per month? \$ 5. How long employed there? 4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ 5. How often does your spouse get paid? once a week every two weeks twice a month once a month once a month once a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a month once a week every two weeks twice a mo	1.What is your occu	pation?	1. '	What is your spouse's o	ccupation?		
3. How long employed there? 4. What is the gross amount of your paycheck, before taxes, other deductions are taken out? \$	2. Name and address	s of your employer:	2.	Name and address of yo	our spouse's	employer:	
before taxes/other deductions? \$ 5. How often do you get paid?				How long employed then	re?		
every two weeks							
salary? How much per month? \$	every two weel	ks utwice a month		every two weeks	twice a m		
social security? \$							
9. How much for union dues? \$						check for taxes and	
10. Are there other deductions? If so, what are they and how much?	8. How much is taker	out for insurance? \$	8. How much is taken out for insurance? \$				
much?	9. How much for unic	on dues? \$	9. How much for union dues? \$				
 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? b) income from real estate property? If so, how much per month?	10. Are there other de and how much?	eductions? If so, what are they	10.				
b) income from real estate property? If so, how much per month?	a) income from bus regular paychecl business and ho	k listed above? If so, what is the		income from business paycheck listed above	? If so, wha	at is the business and	
c) interest or dividends? If so, how much per month?	b) income from real		b)				
 d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$	c) interest or divide	nds? If so, how much per	c)			nuch per month?	
e) social security or other forms of monetary government assistance? No Yes \$ f) retirement or pension money? No Yes\$ No Yes\$ Yes\$ To be social security or other forms of monetary government assistance? No Yes \$ Yes\$ No Yes\$ Does your spouse have any other income not listed?	d) alimony or family or for the care of	support payments for your use your dependents? If so, how	d)	for care of dependents	? If so, hov		
f) retirement or pension money? No Yes\$ No Yes\$ No Yes\$ Does your spouse have any other income not listed?	e) social security or	other forms of monetary	e)				
Does your spouse nave any other income not listed?	· ·		f)	retirement or pension r	money? 🗖 I	No □ Yes\$	
		•	Do	es your spouse have an	y other inco	me not listed?	

Are you or your spouse expecting any increase or decrease in salary of more than 10% next year? If so, explain.

Section 6 & Current Expenses

Do you and your spouse maintain separate households?

No Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.,), write in the amount and the frequency that you pay the amount.

malicate beautiful to the second state and beautiful to the second secon	
ndicate how much you pay for each item each month	•
1. your rent or your home mortgage	\$
Does that amount include real estate taxes? ☐ No ☐ Yes	
Does it include property insurance? ☐ No ☐ Yes	
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 per m	onth?
	\$
	\$
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.installment payments for car, furniture, etc. (Specify)	
	\$
	\$
17. alimony, maintenance, support paid to others	\$
18.payments for support of dependents not living at home	\$
19. expenses from operation of business	\$
20.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

State your gross income from employment or operation of a business: If you have not received an income from employment during the two years immediately preceding this calendar year, check this box:				
	NONE			
<u> </u>	Period	\$ Amount	Source	Husband/Wife
	January 1 of this year through date of commencement of case			
l	_ast year, (January 1 - December 31)			
	The year before last, January 1 - December 31)			
2. I	ncome other than from employmer	nt or operation of bus	iness	
	ate the amount of income received ars immediately preceding the com			usiness during the two
	NONE			
<u> </u>	Period	\$ Amount	Source	Husband/Wife
[During the last year			
`	Year before last			
3. I	Payments to creditors			
a.	List all payments on loans, install more than \$600 to any creditor m this case.			
	NONE			
1	Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed

creditors who were "insiders". ("In relatives, your corporations, or you	nsiders" include your re		
■ NONE			
Name and Address of Creditor and Relationship to You	Dates of Payments	Amount Paid	Amount Still Owed
4. Suits, executions, garnishments a	and attachments		
 a. List all suits and administrative pr the filing of this case. 	oceedings to which you	u are or were a party	within one year preceding
■ NONE			
Caption of Suit and Case Number Nature of	Proceeding	Court or Agency and Location	Status or <u>Disposition</u>
 b. Describe all property that has been within one year immediately precipilately. NONE Name and Address of Person/Confor Whom the Property Was Seize 	eding the commencen		plegal or equitable process Description and Value of Property
 5. Repossessions, foreclosures, and List all property that has been repossedeed in lieu of foreclosure, or returned commencement of this case. NONE 	essed by a creditor, so		
Name and Address of Creditor	Date of Repossess Foreclosure, Trans		Description and Value of Property

6.	Assignments and receiverships			
a.	. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case.			
	NONE			
	Name and Address of Assign	ee Date of Assignment	Terms of A	ssignment/Settlement
b.		en in the hands of a custodian, re		rt-appointed official within
	NONE			
	Name and Address of Custodian	Name and location of Court, Case Title and Number	Date of Order	Description and Value of Property
List this	case except ordinary and usu vidual family member and cha	ions made within one year imme al gifts to family members aggreg ritable contributions aggregating l	gating less tha	n \$200 in value per
	Name and Address of Recipient	Relationship to You, if Any	Date of Gift	Description and Value of Gift
8.	Losses			
		abling or other casualty within one ince the commencement of this		ately preceding the
	NONE			
	Description and Value of Property	Description of Circumstances an Amount Covered by Insurance,		Date of Loss

List all payments made or pro attorneys, for consultation co petition in bankruptcy within of	ncerning debt	consultation, relief under the	e bankruptcy law	or preparation of the
□ NONE				
Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Mand Value of	loney/ Description Property
10. Other transfers, (includin	g sale of your	property)		
List all other property, other the transferred either absolutely of this case.				
■ NONE				
Name and Address of Trans and Relationship to you	ansferee	Date of Transfer	Description of Transferred a	^f Property <u>nd Value Received</u>
11. Closed financial accounts List all financial accounts and otherwise transferred within 6	l instruments			
■ NONE				
Name and Address of Institution		d Number of t & Final Balance		unt and Date le or Closing
12. Safe deposit boxes				
List each safe deposit or othe valuables within one year im				es, cash, or other
□ NONE				
Name and Address of Bank or Other Depository		and Address of Those ccess to Box or Depository	Description of Contents	Date of Transfer, if Any

9. Payments related to debt counseling or bankruptcy

13. Setoffs		
List all setoffs made by any credit preceding the commencement of	tor, including a bank, against a debt this case.	or deposit of yours within 90 days
■ NONE		
Name and Address of Credito	orDate of Setoff Amount of Seto	<u>off</u>
14. Property held for another per	son	
List all property that you hold or c NONE	ontrol that is owned by another pers	son.
Name and Address of Owner	Description and Value of Pro	operty Location of Property
residences during the last two year NONE	years immediately preceding the co ars, excluding your present address	i.
Address	Your Name at the Time	Dates of Occupancy
16. Spouses and Former Spouse	s	
California, Idaho, Louisiana, Neva the six-year period immediately		
□ 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 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 in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law: ■ NONE Name and Address of Date Environmental Site Name and Address Governmental Unit of Notice Law b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice. □ NONE Name and Address of Environmental Date Site Name and Address Governmental Unit of Notice Law

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE		
Name and Address of		
Governmental Unit	Docket Number	Status or Disposition

18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.				
■ NONE				
Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
b. Identify any defined in 11 L	•	se to subdivis	sion a., above, that is "singl	e asset real estate" as
■ NONE				
Name	Address	S		

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, a	and financial statements					
	a. List all bookkeepers and accountants who, within the six years immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.					
■ NONE	□ NONE					
Name and Addre	SS	Dates Services Rendered				
h List all firms or in	dividuals who within the tu	vo years immediately preceding the filing of this bankruptcy				
		d records, or prepared a financial statement of the debtor.				
■ NONE						
Name	Address	Dates Services Rendered				
		of the commencement of this case, were in possession of ecords are not available, explain.				
■ NONE						
Name and Addre	ess	Comments				
	statement was issued by the	her parties, including mercantile and trade agencies, to he debtor within two years immediately preceding the				
■ NONE						
Name and Addre	ess	Date Issued				

a.	a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.					
	NONE					
	Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)			
b.	 b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above. 					
	NONE					
	Date of Inventory	Name and Address of C	ustodian of Inventory Records			
a. b.	 21. Current partners, officers, directors, and shareholders a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership. NONE Name and Address Nature of Interest Percentage of Interest b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation. NONE Nature and Percentage Nature and Address Title Of Stock Ownership 					
00						
	Former partners, officers, d		Million Consultation of the Mills			
a.	If your business is a partner immediately preceding the c		withdrew from the partnership within one year e.			
	NONE					
	Name and Address		Date of Withdrawal			
	 b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case. NONE 					
	Name and Address	Title	Date of Termination			

20. Inventories

23.	Withdrawals from a partnership or distribut	ions by a corporation			
insic	If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.				
	NONE				
	Name and Address of ecipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property		
24.	Tax Consolidation Group.				
If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.					
	NONE				
<u>Na</u>	ame of Parent Corporation	Taxpayer Identification I	<u>Number</u>		
25. I	Pension Funds.				
to w	e debtor is not an individual, list the name a hich the debtor, as an employer, has been od immediately preceding the commencem	responsible for contributing			
	NONE				
<u>Na</u>	ame of Pension Fund	Taxpayer Identification I	Number		