

**THE VIDA LAW FIRM, PLLC
3000 CENTRAL DRIVE
BEDFORD, TEXAS 76021
(817)358-9977**

BUSINESS QUESTIONNAIRE

THE LEGAL ENTITY'S NAME: _____

WARNING: The legal entity's Bankruptcy paperwork will be prepared using the information contained in this Questionnaire. The officer in charge of the legal entity will be required to sign the bankruptcy petition under OATH AND PENALTY OF PERJURY. The failure to provide complete and accurate information on the bankruptcy paperwork can constitute a FEDERAL CRIME.

INSTRUCTIONS:

Please PRINT each answer to each question in the space provided. Should you need additional space to fully respond insert your own sheet behind the page with your response. **Answer all of the questions completely.** If a question does not apply to the legal entity's situation insert "N/A" as response. **It is important that you do not guess and do not leave any blanks!**

ITEMS THAT MUST BE TURNED IN WITH THE QUESTIONNAIRE:

1. A copy of county tax appraisal for all real estate.
2. Copies of proof of insurance for ALL vehicles and real estate.
3. A copy of the last year's Federal and State Tax Return.
4. Copies of the Profit & Loss Statements and Balance Sheets for each of the last 6 months.
5. A copy of the corporate resolution for the filing of bankruptcy.
6. A copy of the most recent bank statement for each account.

WARNING

DO NOT TELL ANY CREDITOR THAT THE LEGAL ENTITY HAS RETAINED A BANKRUPTCY ATTORNEY IF THE CREDITOR HAS A LIEN ON ANY ITEMS WHICH ARE SUBJECT TO IMMEDIATE REPOSSESSION. THIS INCLUDES BUT IS NOT LIMITED TO MOTOR VEHICLES.

NAME AND CONTACT INFORMATION

Full Name of the Legal Entity (from here on we will refer to the legal entity as “Debtor”):

Date on which Debtor was formed: _____

Under the laws of what state was Debtor formed? _____

Debtor’s legal nature (circle one): Corporation Limited Liability Company Limited Partnership

Trust Professional Association General Partnership

Other (explain) _____
 (Provide a list with each partner’s or shareholder’s name and the percentage of ownership interest.)

List all assumed name(s) and dates under which Debtor did business:

_____ From _____ to _____
Assumed Name

_____ From _____ to _____
Assumed Name

Full name and position/title of the person filling out this Questionnaire:

_____ _____
Name *Title*

Full name and position/title of the person who will sign the Bankruptcy Petition:

_____ _____
Name *Title*

What is Debtor’s physical address? (where the business is located; include City, State and Zip)	
If Debtor’s assets are not at the physical address, give the location (include City, State and Zip)	
Name of individual who will be the person of Contact for Debtor.	

IMPORTANT: We need to know all possible telephone numbers where you can be reached so that we will always be able to contact you, especially in case of a deadline. To protect your confidentiality, we will not discuss your case with anyone without your permission in writing. If your numbers change after you turn in this Questionnaire, please notify this office of the changes in writing.

Contact's Home Address:	
Contact's Work Number:	
Contact's Mobile Number:	
Contact's Fax Number:	
Name of individual whom we may contact in case of an emergency.	
Phone Number:	
Do you wish to receive communications from this office through e-mail?	Yes No
If yes, provide e-mail address.	

TAXES

1. FEDERAL TAXES

Debtor's Federal Identification Number:

Debtor's Securities & Exchange Commission Number:				
Has Debtor received a tax refund in the past 2 years? If yes, how much did Debtor receive per year?	Yes No			
	200__	\$ _____		
	200__	\$ _____		
Is Debtor expecting a tax refund? If yes, how much and for what year?	Yes No			
Does Debtor owe the IRS?	Yes No			
<i>If Debtor owes taxes for more than 4 years and you need extra space, please attach another sheet of paper with the additional information. Provide a copy of each tax return.</i> If yes what year(s) does Debtor owe taxes for? What kind of tax does Debtor owe? (1120, 941)	1 st yr	2 nd yr	3 rd yr	4 th yr

When did Debtor file the tax return(s)?				
How much does Debtor owe per year and quarter?	Yes No			
Does Debtor dispute the debt?				
Has the IRS filed a tax lien against Debtor? <i>Provide a copy of each tax lien.</i>	Yes No			
If yes, in what County was tax lien filed?				
Are there any years for which you have not filed a tax return?	Yes No			
If yes, what years?				

ALL TAX RETURNS WHICH HAVE NOT BEEN FILED MUST BE FILED WITHIN 15 DAYS OF THE DATE OF THE FILING OF THE BANKRUPTCY.

2. STATE TAXES

Does Debtor owe any state taxes to Texas Comptroller of Public Accounts or Attorney General of Texas?

Yes No

	1 st yr	2 nd yr	3 rd yr	4 th yr
What kind of tax does Debtor owe?				
What year does Debtor owe taxes for?				
When did Debtor file the tax return?				
Specify the amount of debt for each year				
Does Debtor dispute the debt?				
Any other helpful information?				

3. COUNTY, CITY, AND INDEPENDENT SCHOOL DISTRICT TAXES

Does Debtor owe any county taxes?	Yes No			
If yes name of the taxing authority.				
Description of property (land, equip., etc.)				
What year does Debtor owe the taxes for?	1 st yr	2 nd yr	3 rd yr	4 th yr

How much does Debtor owe per year?				
Does Debtor owe any city taxes?	Yes No			
If yes name of the taxing authority.				
Description of property (land, equip., etc.)				
What year does debtor owe the taxes for?	1 st yr	2 nd yr	3 rd yr	4 th yr
How much does Debtor owe per year?				
Does Debtor owe any ISD taxes?	Yes No			
If yes name of the taxing authority.				
Description of property (land, equip., etc.)				
What year does Debtor owe the taxes for?	1 st yr	2 nd yr	3 rd yr	4 th yr
How much does Debtor owe per year?				
Does Debtor dispute any of the tax debts? If yes, please explain.	Yes No			

FEDERAL GOVERNMENT DEPARTMENTS AND AGENCIES

(examples of federal government departments or agencies, include but are not limited to: Environmental Protection Agency, Equal Employment Opportunity Commission, Federal Deposit Insurance Corporation, Food and Drug Administration, Labor Department, Securities and Exchange Commission, Small Business Administration, Social Security Administration, etc.)

For a full list go to: http://www.usa.gov/Agencies/Federal/All_Agencies/index.shtml

Does Debtor owe any fines, penalties or restitution based on a claim by a federal government department or agency?	Yes No
Name of the Federal Agency:	

Amount of the Federal Agency's Claim:	
Claim number:	
Date of Claim:	
Reason or cause for the claim against Debtor:	

Name of the Federal Agency:	
Amount of the Federal Agency's Claim:	
Claim number:	
Date of Claim:	
Reason or cause for the claim against Debtor:	

STATE GOVERNMENT DEPARTMENTS OR AGENCIES

(examples of Texas government departments or agencies, include but are not limited to: Alcoholic Beverage Commission, Lottery Commission, Railroad Commission, Securities Board, Texas Commission on Environmental Quality, Toxic Substances Coordinating Committee, Workforce Commission, etc.)

For a list of Texas government agencies' names go to: <http://www.tsl.state.tx.us/apps/lrs/agencies/>

Des Debtor owe any fines, penalties or restitution based on a claim by a state government department or agency?	Yes No
Name of the State Agency:	
Amount of the State Agency's Claim:	
Claim number:	
Date of Claim:	
Reason or cause for the claim against Debtor:	

Name of the State Agency:	
Amount of the State Agency's Claim:	
Claim number:	
Date of Claim:	
Reason or cause for the claim against Debtor:	

Name of the State Agency:	
Amount of the State Agency's Claim:	

Claim number:	
Date of Claim:	
Reason or cause for the claim against Debtor:	

SECURED CREDITORS
(DEBTS INVOLVING REAL ESTATE)

Note that any **contract for deed** which Debtor may have **MUST** be listed on page 32 and not here.

Does Debtor own any real property?	Yes No
If Yes, provide the property's address (include: city, state, zip & county)	
With respect to the property circle the appropriate designation.	Raw Land Land & Building
Is Debtor's name on the deed?	Yes No
Is Debtor's name on the note?	Yes No
Date of Purchase	Day _____ Moth _____ Year _____
Is Debtor occupying this property?	Yes No
If No, is the property leased to a third party?	Yes No
If Yes, how much is Debtor collecting in rent per month?	\$ _____
Has this property been posted for foreclosure?	Yes No
If Yes, what is the scheduled foreclosure date?	

INFORMATION REQUIRED REGARDING THE FIRST LIENHOLDER

Creditor's Name	
Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	
Pay off amount on the loan	
Latest tax appraisal value of the property	\$ _____
What would Debtor list this property for if it were to put it on the market today?	

Have any professional appraisals or realtor evaluations been done since the time of the purchase? If Yes, what was the value?	Yes No
	\$ _____

Date of Loan	Day _____ Moth _____ Year _____
When is the final payment due under the loan?	
What is the current interest rate?	
Is the interest rate fixed or variable?	
Is the Loan guaranteed by (circle one, if applicable):	SBA FHA VA Other _____
What is the monthly payment?	
What is the late charge, if any?	
What day of the month is the payment due?	
When is the payment considered late?	
Is Debtor behind on the monthly payments?	Yes No
What is today's date?	
Number of payments Debtor is behind as of today?	

INFORMATION REQUIRED REGARDING THE SECOND LIENHOLDER

Creditor's Name	
Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	
Pay off amount	
What was the appraised value of the property at time of the 2 nd lien loan.	
Date of Loan (month/day/year)	Day _____ Moth _____ Year _____
What is the current interest rate?	
Is the interest rate fixed or variable?	
Is the Loan guaranteed by (circle one, if applicable):	SBA FHA VA Other _____
What is the monthly payment?	

What is the late charge, if any?	
When is the payment due?	
When is the payment late?	
Is Debtor behind on the monthly payments?	Yes No
What is today's date?	
Number of payments Debtor is behind as of today?	
What was the purpose of the 2 nd loan?	
What were the proceeds spent on?	

PROPERTY #2

Does Debtor own a 2nd piece of real property? **Yes No**
 If Debtor does not own any more real property, proceed to page 11.

Does Debtor own any real property?	Yes No
If Yes, provide the property's address (include: city, state, zip & county)	
With respect to the property circle the appropriate designation.	Raw Land Land & Building
Is Debtor's name on the deed?	Yes No
Is Debtor's name on the note?	Yes No
Date of Purchase	Day _____ Moth _____ Year _____
Is Debtor occupying this property?	Yes No
If No, is the property leased to a third party?	Yes No
If Yes, how much is Debtor collecting in rent per month?	\$ _____
Has this property been posted for foreclosure?	Yes No
If Yes, what is the scheduled foreclosure date?	

INFORMATION REQUIRED REGARDING THE FIRST LIENHOLDER

Creditor's Name	

Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	
Pay off amount on the loan	
Latest tax appraisal value of the property	\$
What would Debtor list this property for if it were to put it on the market today?	
Have any professional appraisals or realtor evaluations been done since the time of the purchase?	Yes No
If Yes, what was the value?	\$
Date of Loan	Day _____ Moth _____ Year _____
When is the final payment due under the loan?	
What is the current interest rate?	
Is the interest rate fixed or variable?	
Is the Loan guaranteed by (circle one, if applicable):	SBA FHA VA Other _____
What is the monthly payment?	
What is the late charge, if any?	
What day of the month is the payment due?	
When is the payment considered late?	
Is Debtor behind on the monthly payments?	Yes No
What is today's date?	
Number of payments Debtor is behind as of today?	

INFORMATION REQUIRED REGARDING THE SECOND LIENHOLDER

Creditor's Name	
Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	

Pay off amount	
What was the appraised value of the property at time of the 2 nd lien loan.	
Date of Loan (month/day/year)	Day _____ Moth _____ Year _____
What is the current interest rate?	
Is the interest rate fixed or variable?	
Is the Loan guaranteed by (circle one, if applicable):	SBA FHA VA Other _____
What is the monthly payment?	
What is the late charge, if any?	
When is the payment due?	
When is the payment late?	
Is Debtor behind on the monthly payments?	Yes No
What is today's date?	
Number of payments Debtor is behind as of today?	
What was the purpose of the 2 nd loan?	
What were the proceeds spent on?	

SECURED CREDITORS
(DEBTS INVOLVING VEHICLES)

Does debtor have a vehicle that is financed? **Yes** **No** (If NO, proceed to page 15.)

If Debtor is behind on its vehicle payment, do not inform the vehicle lienholder(s) that Debtor is about to file bankruptcy because the vehicle lienholder may repossess the vehicle before the bankruptcy case is filed.

INFORMATION REQUIRED REGARDING THE LIENHOLDER ON VEHICLE #1

Creditor's Name	
Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	
Pay off amount	
What is the current interest rate?	

Date of Loan (month/day/year)	Day _____ Moth _____ Year _____
What is the monthly payment?	
What is the late charge, if any?	
Is Debtor behind in monthly payments?	Yes No
What is today's date?	
How many payments is Debtor behind as of today?	
What is the mileage?	
What is the VIN Number?	
What is the vehicle year?	
What is the vehicle make?	
What is the vehicle model? (Include Se, LE, GXE, GT, etc.)	
The name(s) of the owner(s) listed on the title.	
The name(s) of the owner(s) listed on the loan.	
Is the vehicle in Debtor's possession?	Yes No
If No , when was it repossessed or surrendered?	
If Yes , does Debtor wish to keep or surrender the vehicle?	
Did Debtor purchase an extended warranty, or extra insurance?	Yes No
If yes, what did Debtor purchase and for how much?	
Does Debtor wish to retain any of these policies?	Yes No
If yes, which one(s)?	
If the vehicle is financed with a credit union, does Debtor have any other loans or credit cards with the same credit union?	Yes No

PLEASE CIRCLE THE VEHICLE'S OPTIONS:

CD Player, A/C, Rear Air, P-Seats, Tilt, Cruise, P-Windows, P-Locks, ABS Brakes, Theft deterrent, Navigation

System, Leather interior, Luggage rack, Custom wheels, Alloy wheels, Sunroof, T-Tops, Convertible, Custom Paint; 4, 6, or 8 cylinders; Manual or Automatic; Diesel, Hybrid, Customized. TRUCKS: Bed length_____, Cab Style_____, Bed Style (fleet, sport, tow, 18wheel, etc.) _____, 2WD, 2-4WD, 4WD, Dually; Tonage 1/2, 3/4, 1, _____. Please fully describe any additional attachments and their value:_____

INFORMATION REQUIRED REGARDING THE LIENHOLDER ON VEHICLE #2

Creditor's Name	
Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	
Pay off amount	
What is the current interest rate?	
Date of Loan (month/day/year)	__/__/____
What is the monthly payment?	
What is the late charge, if any?	
Is Debtor behind in monthly payments?	Yes No
What is today's date?	
How many payments is Debtor behind as of today?	
What is the mileage?	
What is the VIN Number?	
What is the vehicle year?	
What is the vehicle make?	
What is the vehicle model? (Include Se, LE, GXE, GT, etc.)	
The name(s) of the owner(s) listed on the title.	
The name(s) of the owner(s) listed on the loan.	
Is the vehicle in Debtor's possession?	Yes No

If No , when was it repossessed or surrendered?	
If Yes , does Debtor wish to keep or surrender the vehicle?	
Did Debtor purchase an extended warranty, or extra insurance?	Yes No
If yes, what did Debtor purchase and for how much?	
Does Debtor wish to retain any of these policies?	Yes No
If yes, which one(s)?	

If the vehicle is financed with a credit union, does Debtor have any other loans or credit cards with the same credit union?	Yes No
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PLEASE CIRCLE THE VEHICLE'S OPTIONS:

CD Player, A/C, Rear Air, P-Seats, Tilt, Cruise, P-Windows, P-Locks, ABS Brakes, Theft deterrent, Navigation System, Leather interior, Luggage rack, Custom wheels, Alloy wheels, Sunroof, T-Tops, Convertible, Custom Paint; 4, 6, or 8 cylinders; Manual or Automatic; Diesel, Hybrid, Customized. TRUCKS: Bed length_____, Cab Style_____, Bed Style (fleet, sport, tow, 18wheel, etc.) _____, 2WD, 2-4WD, 4WD, Dually; Tonage 1/2, 3/4, 1, _____. Please fully describe any additional attachments and their value:_____

INFORMATION REQUIRED REGARDING THE LIENHOLDER ON VEHICLE #3

Creditor's Name	
Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	
Pay off amount	
What is the current interest rate?	
Date of Loan (month/day/year)	Day _____ Moth _____ Year _____
What is the monthly payment?	
What is the late charge, if any?	
Is Debtor behind in monthly payments?	Yes No

What is today's date?	
How many payments is Debtor behind as of today?	
What is the mileage?	
What is the VIN Number?	
What is the vehicle year?	
What is the vehicle make?	
What is the vehicle model? (Include Se, LE, GXE, GT, etc.)	
The name(s) of the owner(s) listed on the title.	
The name(s) of the owner(s) listed on the loan.	
Is the vehicle in Debtor's possession?	Yes No
If No , when was it repossessed or surrendered?	
If Yes , does Debtor wish to keep or surrender the vehicle?	
Did Debtor purchase an extended warranty, or extra insurance?	Yes No
If yes, what did Debtor purchase and for how much?	
Does Debtor wish to retain any of these policies?	Yes No
If yes, which one(s)?	
If the vehicle is financed with a credit union, does Debtor have any other loans or credit cards with the same credit union?	Yes No

PLEASE CIRCLE THE VEHICLE'S OPTIONS:

CD Player, A/C, Rear Air, P-Seats, Tilt, Cruise, P-Windows, P-Locks, ABS Brakes, Theft deterrent, Navigation System, Leather interior, Luggage rack, Custom wheels, Alloy wheels, Sunroof, T-Tops, Convertible, Custom Paint; 4, 6, or 8 cylinders; Manual or Automatic; Diesel, Hybrid, Customized. TRUCKS: Bed length_____, Cab Style_____, Bed Style (fleet, sport, tow, 18wheel, etc.) _____, 2WD, 2-4WD, 4WD, Dually; Tonage 1/2, 3/4, 1, _____. Please fully describe any additional attachments and their value:_____

SECURED CREDITORS

(OTHER DEBTS)

This category includes office furniture, electronics, computers, equipment, machinery, etc.

INFORMATION REQUIRED REGARDING SECURED DEBT #1

Creditor's Name	
Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	
Pay off	
Contract Interest Rate	
Monthly payment amount	
Due Date for payment	
Are you behind in payments	YES NO (If YES How many payments are you past due: _____)
What is the collateral?	
What is the market value of the items securing the debt?	
Do you wish to keep or surrender the collateral?	Keep Surrender
Did you purchase the items with this loan or did you already own the items and used them as collateral?	
Date debt was incurred (month/day/year)	Day _____ Moth _____ Year _____
Name of guarantor on account?	

INFORMATION REQUIRED REGARDING SECURED DEBT #2

Creditor's Name	
Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	
Pay off	

Contract Interest Rate	
Monthly payment amount	
Due Date for payment	
Are you behind in payments	YES NO (If YES How many payments are you past due: _____)
What is the collateral?	
What is the market value of the items securing the debt?	
Do you wish to keep or surrender the collateral?	Keep Surrender
Did you purchase the items with this loan or did you already own the items and used them as collateral?	
Date debt was incurred (month/day/year)	Day _____ Moth _____ Year _____
Name of guarantor on account?	

INFORMATION REQUIRED REGARDING SECURED DEBT #3

Creditor's Name	
Creditor's Address (Include city, state and zip)	
Account Number	
Creditor's Phone Number	
Pay off	
Contract Interest Rate	
Monthly payment amount	
Due Date for payment	
Are you behind in payments	YES NO (If YES How many payments are you past due: _____)
What is the collateral?	
What is the market value of the items securing the debt?	
Do you wish to keep or surrender the collateral?	Keep Surrender

Did you purchase the items with this loan or did you already own the items and used them as collateral?	
Date debt was incurred (month/day/year)	Day _____ Moth _____ Year _____
Name of guarantor on account?	

UNSECURED CREDITORS AND COLLECTION AGENCIES

A debt that is not secured by collateral is considered an unsecured debt. Examples are: debts owed to major credit cards, signature loans, lines of credit, operating loans, medical bills, etc.

Debts owed to Debtor's directors, officers, members, employees, investors, and business associates must be disclosed.

COLLECTION AGENCY: If a collection agency is working for a particular creditor, you should not only list the creditor and its full address but **also** you should list the name and full address of the collection agency.

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)	
--	--

Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance	

		Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other:_____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent:_____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other:_____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent:_____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	

Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other:_____
Does Debtor dispute this debt?	Yes No If yes, explain: _____
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent:_____
Collection Agency's Name and full address:	

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other:_____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent:_____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other:_____		

Does Debtor dispute this debt?	Yes No If yes, explain: _____
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____
Collection Agency's Name and full address:	

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this	Yes No If yes, explain: _____		

debt?	_____
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____
Collection Agency's Name and full address:	

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges	Yes No If yes, list date(s) and amount(s) for each:		

in the past 90 days?	_____
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____
Collection Agency's Name and full address:	

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		

Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____
Collection Agency's Name and full address:	

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		

Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____
Collection Agency's Name and full address:	

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		

Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____
Collection Agency's Name and full address:	

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		

Collection Agency's Name and full address:	

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's			

Name and full address:	
------------------------	--

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's Name and full address:			

CREDITOR'S NAME AND FULL ADDRESS (include Street, City, State and Zip)			
Account Number:		Balance Owed:	
Type of debt: (circle one)	Signature Loan Credit Card Services Medical Bill Judgment Other: _____		
Does Debtor dispute this debt?	Yes No If yes, explain: _____ _____		
Have you made charges in the past 90 days?	Yes No If yes, list date(s) and amount(s) for each: _____ _____		
Have you taken cash advances in past year?	Yes No If yes, list date(s), amount(s), and disclose the purpose for the cash advance and how each was spent: _____ _____		
Collection Agency's Name and full address:			

EXECUTORY CONTRACTS OR UNEXPIRED LEASES

(Include: real estate leases, contract for deeds, cellular phone contracts, vehicle leases, equipment leases, machinery leases, contracts for legal services with an attorney, etc.).

Lessor's Name and full address			
Account Number:		Monthly Payment:	
Date Contract/Lease began:		Date Contract/Lease Ends:	
Is Debtor behind?	Yes No If Yes, how many months? _____		
Type of Contract/Lease (circle one)	Office Vehicle Furniture Equipment Machinery Cell Phone Internet Warehouse Other(explain): _____		
Is any other party responsible with Debtor for the Contract/Lease?	Yes No If Yes, give full name and address: _____ _____		

Lessor's Name and full address			
Account Number:		Monthly Payment:	
Date Contract/Lease began:		Date Contract/Lease Ends:	
Is Debtor behind?	Yes No If Yes, how many months? _____		
Type of Contract/Lease (circle one)	Office Vehicle Furniture Equipment Machinery Cell Phone Internet Warehouse Other(explain): _____		
Is any other party responsible with Debtor for the Contract/Lease?	Yes No If Yes, give full name and address: _____ _____		

Lessor's Name and full address			
Account Number:		Monthly Payment:	
Date Contract/Lease began:		Date Contract/Lease Ends:	
Is Debtor behind?	Yes No If Yes, how many months? _____		
Type of Contract/Lease (circle one)	Office Vehicle Furniture Equipment Machinery Cell Phone Internet Warehouse		

	Other(explain):_____
Is any other party responsible with Debtor for the Contract/Lease?	Yes No If Yes, give full name and address:_____

CO-DEBTORS

A co-debtor is a person who is liable on the same debt as Debtor. A co-debtor includes but is not limited to: co-signer, co-owner, guarantor, etc. If there are any co-debtors on any of Debtor's debts please list their names as well as the names of the corresponding creditor.

Note that Debtor's bankruptcy will not relieve any co-debtor from his/her/its obligation to the creditor.

CREDITOR	CO-DEBTOR
Name:	Name:
Address:	Address:

What is the debt for?

CREDITOR	CO-DEBTOR
Name:	Name:
Address:	Address:

What is the debt for?

CASH COLLATERAL

List of all creditors who have a lien against Debtor's cash, negotiable instruments, documents of title, securities, deposit accounts, or other cash equivalents such as proceeds, products, offspring, rents, or payments for the use or occupancy of rooms and other public facilities in hotels, motels, or other lodging properties subject to a security interest.

CREDITOR'S NAME AND ADDRESS	CREDITOR'S COLLATERAL AND TERMS OF AGREEMENT

--	--

REAL PROPERTY OWNED

List all property, even if you have already disclosed them elsewhere in this Questionnaire, that are free and clear of liens, **as well as** all property which is subject to lien(s).

REAL PROPERTY #1

Type of property? (Please circle one)	Warehouse Raw Land Timeshare Office House Other(explain): _____
What is the address of the property?	
What is the current fair market value?	
Does Debtor own this property free and clear of all liens?	
Does Debtor pay real property taxes directly or through an escrow account?	
Does Debtor intend to keep or surrender the property?	

REAL PROPERTY #2

Type of property? (Please circle one)	Warehouse Raw Land Timeshare Office House Other(explain): _____
What is the address of the property?	
What is the current fair market value?	
Does Debtor own this property free and clear of all liens?	
Does Debtor pay real property taxes directly or through an escrow account?	
Does Debtor intend to keep or surrender the property?	

PERSONAL PROPERTY OWNED

The law requires Debtor to disclose and value every item that it owns, not just items which are considered to be valuable or nice.

In the space provided give the description and market value for each category. With respect to

each personal property item. The term “market value” means what a reasonable person would pay for the item if you were to buy it at a **garage sale**, but don’t value them ridiculously low.

WARNING!!! If Debtor owes money to a financial institution in which Debtor has a checking account, savings account or certificate of deposit, it is advisable that Debtor close its account in that financial institution and withdraw all funds before filing bankruptcy.

Cat 1	CASH ON HAND - enter the amount of cash Debtor has on hand, do not include money Debtor has in its bank accounts
-------	---

How much cash on hand does Debtor have?	\$
---	----

Cat. 2	CASH ON DEPOSIT - List cash on deposit. Please list all current bank accounts, certificates of deposit, shares in banks, credit unions, money market accounts or any other institutions with which Debtor has a deposit. All bank accounts must be listed, including inactive accounts where the balance is very small. (Use the balance according to the bank statement, not checkbook register.) This information will have to be updated at the time the case is filed.
--------	---

1.	The financial institution’s name and address:	
Type of Account (circle one)		Checking Saving Money Market Certificate of Deposit Other: _____
Names of the signatories on Account		
Account Number		
Current Balance		
2.	The financial institution’s name and address:	
Type of Account (circle one)		Checking Saving Money Market Certificate of Deposit Other: _____
Names of the signatories on Account		
Account Number		
Current Balance		
3.	The financial institution’s name and address:	
Type of Account (circle one)		Checking Saving Money Market Certificate of Deposit Other: _____
Names of signatories on Account		
Account Number		
Current Balance		
4.	The financial institution’s name and address:	

Type of Account (circle one)	Checking Saving Money Market Certificate of Deposit Other: _____
Names of the signatories on Account	
Account Number	
Current Balance	

Cat. 3	SECURITY DEPOSITS - list all security deposits with public utilities, telephone companies, landlords and others.
-----------	---

1.	Name and address of the deposit holder:	
	Purpose for the deposit:	
	Account number:	
	Amount of deposit:	
2.	Name and address of the deposit holder:	
	Purpose for the deposit.	
	Account number:	
	Amount of deposit:	

Cat. 9	LIFE INSURANCE POLICIES - list all policies that you have and include all policies provided by employer
-----------	--

1.	Name and address of Insurance Company	
	Account number	
	Type of Policy: (circle one)	Term Whole Universal Variable Other (explain):_____
	Name of the Insured:	
	Name of the Beneficiary:	
	What's the cash surrender value of the policy?	
	What's the face value of the policy?	
	Has Debtor borrowed money against this policy? If Yes, explain.	Yes No
	Has Debtor assigned this policy to a third party? If Yes, provide the name and address of the third party.	Yes No

2.	Name and address of Insurance Company	
Account number		
Type of Policy: (circle one)	Term Whole Universal Variable Other (explain):_____	
Name of the Insured:		
Name of the Beneficiary:		
What's the cash surrender value of the policy?		
What's the face value of the policy?		
Has Debtor borrowed money against this policy? If Yes, explain.	Yes No	
Has Debtor assigned this policy to a third party? If Yes, provide the name and address of the third party.	Yes No	
3.	Name and address of Insurance Company	
Account number		
Type of Policy: (circle one)	Term Whole Universal Variable Other (explain):_____	
Name of the Insured:		
Name of the Beneficiary:		
What's the cash surrender value of the policy?		
What's the face value of the policy?		
Has Debtor borrowed money against this policy? If Yes, explain.	Yes No	
Has Debtor assigned this policy to a third party? If Yes, provide the name and address of the third party.	Yes No	

Cat. 13	STOCKS AND INTEREST IN INCORPORATED AND UNINCORPORATED BUSINESSES (for each business provide the most recent tax return)
------------	--

Does Debtor have ownership interest or stocks in any other business? If Yes, answer the following:		Yes No
1.	Name and Address of the business in which Debtor has an ownership interest.	

Nature of ownership and extent of ownership:		
Fair market value of the ownership interest:		\$
2.	Name and Address of the business in which Debtor has an ownership interest.	
Nature of ownership and extent of ownership:		
Fair market value of the ownership interest:		\$

Cat. 14	INTEREST IN PARTNERSHIPS AND JOINT VENTURES
------------	--

1.	Name and address of the partnership or joint venture in which Debtor has an ownership.	
Is Debtor a general or limited partner?		
Fair market value of the interest:		\$
2.	Name and address of the partnership or joint venture in which Debtor has an ownership.	
Is Debtor a general or limited partner?		
Fair market value of the interest:		\$

Cat. 15	GOVERNMENT OR CORPORATE BONDS and other NEGOTIABLE and NON-NEGOTIABLE INSTRUMENTS (you must provide photocopies of the certificates and the value of each item)
------------	--

1.	Description of Bond	
What is the value of the bond?		\$
If there is a lienholder, please list the name and address of the lienholder.		
List the amount of the lien		\$
2.	Description of Bond	

What is the value of the bond?	\$
If there is a lienholder, please list the name and address of the lienholder.	
List the amount of the lien	\$

Cat. 16	ACCOUNTS RECEIVABLE
------------	----------------------------

Does anyone owe money to Debtor?		Yes	No
If Yes, what is the debt for?			
1.	Name and address of the person who owes money to Debtor.		
Is the debt collectable?		Yes	No
Amount of Debt?		\$	
2.	Name and address of the person who owes money to Debtor.		
Is the debt collectable?		Yes	No
Amount of Debt?		\$	

Instead of completing a box for each person who owes money to Debtor, you may provide us with a detailed report which includes the aging of each account.

Cat. 18	LIQUIDATED DEBTS (A DEBT OWING IN A SPECIFIC AMOUNT) TO DEBTOR SUCH AS TAX REFUND, PROMISSORY NOTE, MORTGAGE, ECT.; DO NOT LIST DEBTOR'S ACCOUNTS RECEIVABLE HERE.
------------	---

Does any person owe a specific amount to Debtor?		Yes	No
1	Name and address of the person		
Nature of the debt			
Has Debtor sued or obtained a judgment?		Yes	No
Is this debt collectible?		Yes	No
Amount of debt?		\$	
Is this claim subject to a lien?		Yes	No
Lienholder's name & address,			

including city, state & zip code		
Amount of lien		\$
Has this person who owes money to Debtor filed bankruptcy?		Yes No
2	Name and address of the person	
Nature of the debt		
Has Debtor sued or obtained a judgment?		Yes No
Is this debt collectible? Amount of debt?		Yes No \$
Is this claim subject to a lien?		Yes No
Lienholder's name & address, including city, state & zip code		
Amount of lien		\$
Has this person who owes money to Debtor filed bankruptcy?		Yes No

Cat. 19	EQUITABLE OR FUTURE INTEREST, LIFE ESTATES, AND RIGHTS OR POWERS EXERCISABLE FOR THE BENEFIT OF DEBTOR OTHER THAN THOSE PREVIOUSLY LISTED. Provide documentation.	
1	Description and market value of interest.	
2	Description and market value of interest.	

Cat. 21	OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF DEBTOR, AND RIGHTS TO SETOFF CLAIMS.	
Does Debtor have any kind of claim pending or claims which it could make against any person? If Yes, has Debtor hired an attorney? If Yes, provide the attorney's name, address and phone number.		Yes No
		Yes No
1	Description of claim:	
	Fair market value of claim:	\$

2	Description of claim:	
	Fair market value of claim:	\$

Cat. 22	PATENTS, COPYRIGHTS, AND OTHER INTELLECTUAL PROPERTY.
------------	--

1	Description of Patent or Copyright:	
	Patent or Copyright number:	
	Fair market value of Patent or Copyright:	\$

Cat. 23	LICENSES, FRANCHISES, AND OTHER INTELLECTUAL PROPERTY
------------	--

1	Description of interest:	
	Fair market value of interest:	\$
2	Description of interest:	
	fair market value of interest:	\$

Cat. 24	CUSTOMER LISTS OR OTHER COMPILATIONS CONTAINING PERSONALLY IDENTIFIABLE INFORMATION PROVIDED TO YOU BY INDIVIDUALS IN CONNECTION WITH OBTAINING A PRODUCT OR SERVICE FROM YOU. Provide a copy of list.
------------	---

Does Debtor have a customer list?	Yes No
fair market value of the customer list:	\$

Cat. 25	AUTOMOBILES, TRUCKS, TRAILERS AND OTHER VEHICLES (You <u>MUST</u> provide us with a copy of the current insurance binder for each vehicle). List all vehicles even if you have already disclosed them elsewhere in this Questionnaire. List ALL vehicles whether the vehicle has a lien against it or not. (Yes, Debtor must list all vehicles which it owns, or vehicles which are titled in its name even if another person drives it, or it does not run. For vehicles that have been taken apart disclose the value of the vehicle and the parts.)
------------	--

1. Make	
Model	
Year	
Mileage	

VIN number	
Estimated Resale Value	
2. Make	
Model	
Year	
Mileage	
VIN number	
Estimated Resale Value	\$
3. Make	
Model	
Year	
Mileage	
VIN number	
Estimated Resale Value	\$
4. Make	
Model	
Year	
Mileage	
VIN number	
Estimated Resale Value	\$
5. Make	
Model	
Year	
Mileage	
VIN number	
Estimated Resale Value	\$

Cat. 26	BOATS AND MOTORS (You <u>must</u> provide us with a copy of the current insurance binder for each item).
------------	---

1. Make

Model
Year
Fair Market Resale Value
2. Make
Model
Year
Fair Market Resale Value

Cat. 27	AIRCRAFT (You <u>must</u> provide us with a copy of the current insurance binder for each item).
------------	---

1. Make
Model
Year
Fair Market Resale Value

NOTE: If Categories 28, 29, and 30, apply to Debtor, provide a detailed list for each applicable category

Cat. 28	OFFICE EQUIPMENT, FURNISHINGS, FIXTURES, DECORATION, AND SUPPLIES	
Chairs		
Tables		
Desk		
Copiers		
Computers		
Fax		
Furniture		
Other (please itemize)		

Cat. 29	MACHINERY, FIXTURES, EQUIPMENT AND SUPPLIES USED IN BUSINESS (itemize into groups and list market value of each group).	
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Description of the Item	Fair Market Value

Cat. 30	INVENTORY HELD FOR SALE BY DEBTOR (itemize into groups and list market value of each group).
------------	---

Description of the Item	Fair Market Value

Cat. 31	ANIMALS - PROFESSIONAL, PET OR BREEDING STOCK (describe in detail including the estimated resale value)
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Description of Pet	Fair Market Value

Cat. 32	CROPS - GROWING OR HARVESTED (where stored and include value)
------------	--

Description of Crops	Fair Market Value

Cat. 33	FARMING EQUIPMENT AND IMPLEMENTS (describe and include value)
------------	--

Description of the Item	Fair Market Value

Cat. 34	FARM SUPPLIES, CHEMICALS, AND FEED (describe and include value)	
	Description of Crops	Fair Market Value

Cat. 35	OTHER PERSONAL PROPERTY OF ANY KIND NOT ALREADY LISTED. (such as oil & gas interest, etc.) If oil, gas or mineral attach a copy of the DIVISION ORDER to the requested document list.	
	Description of Property	Fair Market Value

INCOME AND EXPENSES

Please provide us with Debtor's Profit & Loss Statements, as well as Balance Sheets, for **each** of the preceding 6 months and most recent year end. If Debtor has made payments on behalf of a director, officer or employee of Debtor, please provide detail as to each such transaction.

Debtor's Full Name: _____

Business Debtor Engaged in: _____

Date Debtor Opened for Business: _____ Date Debtor Closed Business: _____

Debtor is publicly traded (circle one) ? **YES** **NO** Accounting method (circle one): Accrual Cash basis

FINANCIAL HISTORY

THERE MUST BE AN ANSWER TO EVERY QUESTION!

Cat. 2	Non business misc and other Income - Has Debtor received income this year or the past two years in the following areas?	
Daily business income	20____ \$ _____	
	20____ \$ _____	
Other: explain in detail	This Year to date \$ _____ Source: _____	
	Last year \$ _____	

	Two years ago \$ _____ This Year to date \$ _____ Source: _____ Last year \$ _____ Two years ago \$ _____
--	--

Cat. 3	List all payments made that would total \$600.00 or more within the past 90 days , to any single creditor for: loan payments, purchase of goods or services, payment to credit card company or other debts. (Do not include car payments or mortgage payments). Attach Debtor's computer printout if the below chart is insufficient		
Creditor's Name and Address	Dates and Amounts of Payments	Balance owed	

Cat. 4	Has Debtor made payments to a employee, officer, director or a shareholder, family member, relative or close associate (further known as insider) within one year immediately preceding the filing of this case? YES NO		
Name and Address of the person paid	Dates and Amounts of Payments	Balance Owed	

Cat. 5	List all lawsuits to which Debtor is or was a party (suing or being sued) within one year immediately preceding the filing of this bankruptcy case.		
Who vs. Who:	Cause No.:	Court No. & County:	Status of Lawsuit:

Cat. 6	Does Debtor have a claim against, or right to sue, anyone or any company for money or property? Provide a copy of the claim if filed formally.		
Please provide the name of the person/company:		Describe the nature of your claim:	

Cat. 7	Describe all of Debtor's property which has been attached, garnished or sized under any legal or equitable process within the last year.		
Name and address of the person benefitting:	Type and date of the legal action:	The description of the property:	Value of the property:

Cat. 8	List all property that has been repossessed, sold at foreclosure, transferred through a deed in lieu of foreclosure or returned to the seller, within the last year.		
Name and address of the person benefitting:	Type and date of the legal action:	The description of the property:	Value of the property:

Cat. 9	List any assignment of property for the benefit of a creditor made within the preceding 120 days.		
Name and address of the creditor	Date of Assignment	Description of the property	Fair Market Value

--	--	--	--

Cat. 10 List all Property which has been in the hands of a custodian, receiver, or court-appointed official within the last year.				
Name and address of the custodian	Name and location of the court	Case title and number	Date of the order	Describe and value property

Cat. 11 List all gifts and charitable contributions Debtor has made within the last year.			
Does Debtor donate to a charitable or religious organization? YES NO	If Yes, provide the name and address.	How often?	How much?
Has Debtor given a employee, officer, director or other individual a gift valued more than \$200 in the last year? YES NO	If Yes, provide the name and address.	When?	How Much?

Cat. 12 List all losses from fire, theft, other casualty or gambling within the last year.			
Describe the property damaged or lost to fire, theft or gambling.	Value of property.	Date of loss.	Was the loss covered in whole or in part by insurance? YES NO How much was paid? \$ _____

Cat. 13 Payments related to debt counseling or bankruptcy within the last year.			
Has Debtor paid anyone for debt counseling or bankruptcy? YES NO	If Yes, provide the name and address.	Date of payment.	Amount paid.

Cat. 14 List any and all assets sold or transferred or given away either absolutely or as security within the last two years. (Including cars, houses, land, boats, RV's, and personal belongings)				
Name and address of the transferee. (Who you sold to)	Transferee's relationship to Debtor.	Describe property sold or transferred.	Date of transfer.	Value received.

Cat. 15	List all property Debtor has transferred within ten years to a self-settled trust or similar device of which Debtor, an officer, director or employee is a beneficiary.
------------	---

Name of trust or similar device.	Describe property that was transferred.	Date of transfer.

Cat. 16	List all financial accounts including: checking, savings, CD's, Retirements, 401K, etc. that have been closed within the last year.
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Name of account holder.	Type of Account.	Dated Closed	Balance on date of closing.

Cat. 17	List each safe deposit or other box or depository which Debtor has had within the last year.
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Name and address of the bank or the depository.	Names and addresses of the persons authorized to have access.	Description of contents.	Date closed

Cat. 18	List all setoffs made by any creditor, including a bank, against a debt or deposit within the last 90 days. (When a bank takes money out of your bank account towards debt that you owe to it, it is exercising its right of set off)
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Name and address of creditor.	Date of setoff.	Amount of setoff.

Cat. 19	List all property owned by another person that Debtor holds or controls. For example: Are you using some else's car or house? Are you listed on someone else's bank account. Do you have someone's personal property in your possession?
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Name and address of owner.	Describe the property.	Value of property.	Location of property.

These definitions apply to questions 22 through 24:

“Environmental Law” means any federal, state, or local statute or regulation pollution, contamination, releases or 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 waster, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

Cat. 22	List the name and address of every site for which Debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law.		
	The governmental unit.	Date of the notice.	The environmental law.

Cat. 23	List the name and address of every site for which Debtor provided notice to a governmental unit of a release of Hazardous Material.	
	Name and address of the governmental unit to which the notice was sent.	Date of the notice.

Cat. 24	List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which Debtor is or was a party.	
	The name and address of the governmental unit that is or was a party to the proceeding.	Docket number, and outcome of the proceeding (we need a copy of the order).

Cat. 25	List names and addresses of all business entities Debtor operated in the previous six years and all partners and officers of each entity.		
	Name and address of business:	Nature of business.	Date of operation

	Name and address of business:	Nature of business.	Date of operation	Names of partners or officers.

Cat. 26	Year to date Income and Expenses for all non-incorporated businesses.		
Business #1	Gross Income \$ _____	Expenses \$ _____	
Business #2	Gross Income \$ _____	Expenses \$ _____	

Cat. 27	Last 2 years' Income and Expenses for all non-incorporated businesses.		
Business #1	Last years:	Gross Income \$ _____	Expenses \$ _____
Business #1	2 years ago:	Gross Income \$ _____	Expenses \$ _____
Business #2	Last years:	Gross Income \$ _____	Expenses \$ _____
Business #2	2 years ago:	Gross Income \$ _____	Expenses \$ _____

Cat. 28	List all bookkeepers and accountants who within the last two years kept or supervised the keeping of books of account and records.	
Name and address.		Date of service.

Cat. 29	List all firms or individuals who within the last two years have audited the books of account and records, or prepared a financial statement for Debtor	
Name and address.		Date of service.

Cat. 30	List all financial institutions, creditors and other parties to whom a financial statement was issued by Debtor within the last two years.	
Name and address.		Date of Statement.

Cat.	List the dates of the last two inventories taken of Debtor's property.
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Date of Inventory	Name of the person who supervised inventory.	Dollar amount of inventory.	Method used.	Person in possession of the records.
			Cost Market Other _____	
			Cost Market Other _____	
			Cost Market Other _____	

Cat. 32		If Debtor is a partnership, list the nature and percentage of interest for each member of the partnership.	
Name and address of partners.		Percentage of Interest.	

Cat. 33		If Debtor is a corporation, list all officers whose relationship with the corporation terminated within the last year.	
Name and address.		Date of termination.	

Cat. 34		If Debtor 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 the last year.	
Name and address.		Complete description of transaction.	

Cat. 35	If Debtor is a corporation, list the name and federal taxpayers identification number of the parent corporation or any consolidated group for tax purposes of which the debtor has been a member at any time within the last six years.	
	Name of parent corporation.	Federal taxpayer identification number.

Cat. 36	If Debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the Debtor, as an employer, has been responsible for contributing at any time within the last 6 years.	
	Pension fund name.	Federal taxpayer identification number.