

**United States Bankruptcy Court  
Western District of Arkansas**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Barker, John</b>	Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Barker, Kim</b>
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>DBA Culture Woodworks Inc.; AKA John HP Barker; DBA Culture Cabinets</b>	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>AKA Kim Crisler Barker</b>
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-7015</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-7468</b>
Street Address of Debtor (No. and Street, City, and State): <b>4886 Parsons Road Springdale, AR</b>	Street Address of Joint Debtor (No. and Street, City, and State): <b>4886 Parsons Road Springdale, AR</b>
ZIP Code <b>72764</b>	ZIP Code <b>72764</b>
County of Residence or of the Principal Place of Business: <b>Washington</b>	County of Residence or of the Principal Place of Business: <b>Washington</b>
Mailing Address of Debtor (if different from street address):  ZIP Code	Mailing Address of Joint Debtor (if different from street address):  ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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**Statistical/Administrative Information**

Debtor estimates that funds will be available for distribution to unsecured creditors.  
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

**Estimated Number of Creditors**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000

**Estimated Assets**

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

**Estimated Liabilities**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

THIS SPACE IS FOR COURT USE ONLY

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): <b>Barker, John</b> <b>Barker, Kim</b>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor: <b>Kim Crisler Barker</b>	Case Number: <b>97-81096 F</b>	Date Filed: <b>9/15/97</b>
District: <b>Western District of Arkansas</b>	Relationship: <b>Wife</b>	Judge: <b>Fussell</b>

<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p><b>X</b> _____          Signature of Attorney for Debtor(s) (Date)</p>
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**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_

(Name of landlord that obtained judgment)

\_\_\_\_\_

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**  
*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**Barker, John**  
**Barker, Kim**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ John Barker**  
Signature of Debtor **John Barker**

**X /s/ Kim Barker**  
Signature of Joint Debtor **Kim Barker**

Telephone Number (If not represented by attorney)

**April 15, 2008**  
Date

**Signature of Attorney\***

**X /s/ Donald A. Brady, Jr.**  
Signature of Attorney for Debtor(s)

**Donald A. Brady, Jr. 97-047**  
Printed Name of Attorney for Debtor(s)

**Adams, Brady & Jackson, PLLC**  
Firm Name

**216 1/2 East Emma Ave.**  
**Springdale, AR 72764**

Address

Email: **brlaw8888@sbcglobal.net**

**479-927-9062 Fax: 479-927-9039**  
Telephone Number

**April 15, 2008**  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X** \_\_\_\_\_

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

United States Bankruptcy Court  
Western District of Arkansas

In re John Barker  
Kim Barker

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**



United States Bankruptcy Court  
Western District of Arkansas

In re John Barker  
Kim Barker

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
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2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

Official Form 1, Exh. D (10/06) - Cont.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor:  /s/ Kim Barker  
Kim Barker

Date:  April 15, 2008

**United States Bankruptcy Court**  
**Western District of Arkansas**

In re **John Barker**  
**Kim Barker**

Debtor(s)

Case No. \_\_\_\_\_  
 Chapter **11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
ACI Distribution P O Box 277585 Atlanta, GA 30384-7585	ACI Distribution P O Box 277585 Atlanta, GA 30384-7585	glass supplies - Culture Woodworks		1,322.79
Advanta Bank Corp P.O. Box 8088 Philadelphia, PA 19101-8088	Advanta Bank Corp P.O. Box 8088 Philadelphia, PA 19101-8088	credit card - Culture Woodworks		2,431.23
ANB PO Box 699 Bentonville, AR 72712	ANB PO Box 699 Bentonville, AR 72712	Culture Woodworks shop and equipment		501,000.00 (0.00 secured)
ANB PO Box 699 Bentonville, AR 72712	ANB PO Box 699 Bentonville, AR 72712	16.34 acres of vacant land in Section 04, Township 18, Range 31, Benton Co. Arkansas		289,222.28 (0.00 secured)
Bank of America P O Box 15710 Wilmington, DE 19886-5710	Bank of America P O Box 15710 Wilmington, DE 19886-5710	credit card - Culture Woodworks		9,979.11
Bank of America P O Box 17322 Baltimore, MD 21297-1322	Bank of America P O Box 17322 Baltimore, MD 21297-1322			1,430.58
Capital One P.O. Box 650007 Dallas, TX 75265-0007	Capital One P.O. Box 650007 Dallas, TX 75265-0007	credit card		2,259.77
Capital One P.O. Box 650007 Dallas, TX 75265-0007	Capital One P.O. Box 650007 Dallas, TX 75265-0007	credit card		1,222.67
Capital One P O Box 650007 Dallas, TX 75265-0007	Capital One P O Box 650007 Dallas, TX 75265-0007	credit card		1,176.03
Capital One P. O Box 650007 Dallas, TX 75265-0007	Capital One P. O Box 650007 Dallas, TX 75265-0007	credit card		996.00
Capital One P O Box 105131 Atlanta, GA 30348-5131	Capital One P O Box 105131 Atlanta, GA 30348-5131	credit card - medical		13,317.60



In re **John Barker**  
**Kim Barker**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>Capital One</b> P.O. Box 650007 Dallas, TX 75265-0007	<b>Capital One</b> P.O. Box 650007 Dallas, TX 75265-0007	credit card		<b>2,905.73</b>
<b>Citibank</b> P O Box 6000 The Lakes, NV 89163-6000	<b>Citibank</b> P O Box 6000 The Lakes, NV 89163-6000	credit card		<b>14,780.45</b>
<b>Countywide Home Loan</b> Attn: Remittance Processing P.O. Box 650070 Dallas, TX 75265	<b>Countywide Home Loan</b> Attn: Remittance Processing P.O. Box 650070 Dallas, TX 75265	4886 Parsons Road, Springdale AR		<b>367,122.91</b>  <b>(340,000.00 secured)</b>
<b>Discover Card</b> PO Box 30395 Salt Lake City, UT 84130-0395	<b>Discover Card</b> PO Box 30395 Salt Lake City, UT 84130-0395	credit card		<b>13,514.97</b>
<b>HSBC Mortgage Services</b> P O Box 5249 Carol Stream, IL 60197-5249	<b>HSBC Mortgage Services</b> P O Box 5249 Carol Stream, IL 60197-5249	11951 Brush Arbor Road Bentonville AR		<b>250,000.00</b>  <b>(0.00 secured)</b>
<b>JR Welding</b> 1831 B Butterfield Coach Springdale, AR 72764	<b>JR Welding</b> 1831 B Butterfield Coach Springdale, AR 72764	not due - JR never finished work - Culture Woodworks		<b>1,530.00</b>
<b>Lowe's Capital One</b> P O Box 960010 Orlando, FL 32896-0010	<b>Lowe's Capital One</b> P O Box 960010 Orlando, FL 32896-0010	credit card		<b>5,632.70</b>
<b>NW Medical Of Washington County</b> PO Box 47 Springdale, AR 72765	<b>NW Medical Of Washington County</b> PO Box 47 Springdale, AR 72765	medical		<b>2,887.00</b>
<b>Roadway Express</b> P O Box 93151 Chicago, IL 60673-3151	<b>Roadway Express</b> P O Box 93151 Chicago, IL 60673-3151	freight - Culture Woodworks		<b>1,347.00</b>

In re John Barker  
Kim Barker  
Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

We, **John Barker** and **Kim Barker**, the debtors in this case, declare under penalty of perjury that we have read the foregoing list and that it is true and correct to the best of our information and belief.

Date April 15, 2008

Signature /s/ John Barker  
**John Barker**  
Debtor

Date April 15, 2008

Signature /s/ Kim Barker  
**Kim Barker**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

In re **John Barker,  
Kim Barker**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>582340</b>  <b>ACI Distribution</b> <b>P O Box 277585</b> <b>Atlanta, GA 30384-7585</b>			<b>J</b>				<b>1,322.79</b>
Account No. <b>5584-1800-1303-9600</b>  <b>Advanta Bank Corp</b> <b>P.O. Box 8088</b> <b>Philadelphia, PA 19101-8088</b>			<b>J</b>				<b>2,431.23</b>
Account No. <b>CULTUR</b>  <b>AR Carbide</b> <b>P O Box 127</b> <b>Pocola, OK 74902</b>			<b>J</b>				<b>289.53</b>
Account No. <b>4888-9361-2732-1945</b>  <b>Bank of America</b> <b>P O Box 17322</b> <b>Baltimore, MD 21297-1322</b>			<b>J</b>				<b>1,430.58</b>
Subtotal (Total of this page)							<b>5,474.13</b>

4 continuation sheets attached

In re **John Barker,  
Kim Barker**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. <b>4339-9300-2283-9452</b>  <b>Bank of America</b> <b>P O Box 15710</b> <b>Wilmington, DE 19886-5710</b>		<b>J</b>	<b>2006 through 2007</b> <b>credit card - Culture Woodworks</b>				<b>9,979.11</b>	
Account No. <b>4791-2423-6649-2869</b>  <b>Capital One</b> <b>P. O Box 650007</b> <b>Dallas, TX 75265-0007</b>		<b>J</b>	<b>01/2007 through 12/2007</b> <b>credit card</b>				<b>996.00</b>	
Account No. <b>5803582552438083</b>  <b>Capital One</b> <b>P O Box 105131</b> <b>Atlanta, GA 30348-5131</b>		<b>J</b>	<b>June, 2006</b> <b>credit card - medical</b>				<b>13,317.60</b>	
Account No. <b>4791-2421-0363-2264</b>  <b>Capital One</b> <b>P.O. Box 650007</b> <b>Dallas, TX 75265-0007</b>		<b>J</b>	<b>2006 through 2007</b> <b>credit card</b>				<b>2,259.77</b>	
Account No. <b>5291-1519-2940-8944</b>  <b>Capital One</b> <b>P.O. Box 650007</b> <b>Dallas, TX 75265-0007</b>		<b>J</b>	<b>2006 through 2007</b> <b>credit card</b>				<b>2,905.73</b>	
Sheet no. <u>1</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>29,458.21</b>

In re **John Barker,  
Kim Barker**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
		H W J C						
Account No. <b>4121-7415-6895-4163</b>  <b>Capital One</b> <b>P.O. Box 650007</b> <b>Dallas, TX 75265-0007</b>	J		<b>2006 through 2007 credit card</b>				<b>1,222.67</b>	
Account No. <b>4388-6418-8320-5747</b>  <b>Capital One</b> <b>P O Box 650007</b> <b>Dallas, TX 75265-0007</b>								
Account No. <b>5369-9336-7000-7562</b>  <b>Chase</b> <b>P O Box 94014</b> <b>Palatine, IL 60094-4019</b>	J		<b>01/2007 through 12/2007 credit card</b>				<b>669.81</b>	
Account No. <b>5424-1801-2816-4545</b>  <b>Citibank</b> <b>P O Box 6000</b> <b>The Lakes, NV 89163-6000</b>								
Account No. <b>D156060</b>  <b>Culligan Water of NWA</b> <b>c/o AR Systems</b> <b>P O Box 32572</b> <b>Phoenix, AZ 85064</b>	J		<b>July, 2007 shop office water delivery - Culture Woodworks</b>				<b>195.19</b>	
Sheet no. <u>2</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>18,044.15</b>

In re **John Barker,  
Kim Barker**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
		H W J C					
Account No. <b>6011-0066-6061-0487</b>  <b>Discover Card</b> <b>PO Box 30395</b> <b>Salt Lake City, UT 84130-0395</b>	J		<b>2005 through 2007 credit card</b>				<b>13,514.97</b>
Account No. <b>4.30804E+11</b>  <b>Dr. Alan Wade Henley</b>							
Account No. <b>1301329</b>  <b>Hogan Hardwoods</b> <b>P O Box 676118</b> <b>Dallas, TX 75267-6118</b>	J		<b>11/2007 supplies - Culture Woodworks</b>				<b>455.72</b>
Account No.  <b>JR Welding</b> <b>1831 B Butterfield Coach</b> <b>Springdale, AR 72764</b>							
Account No. <b>08 0165 20130</b>  <b>Lab Corp</b> <b>P O Box 779</b> <b>Needham Heights, MA 02494</b>	J		<b>8/16/2007 medical</b>				<b>68.80</b>
Sheet no. <b>3</b> of <b>4</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							<b>16,500.49</b>

In re **John Barker,  
Kim Barker**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>4305-9825-0243-7497</b>  <b>Lowe's Capital One</b> <b>P O Box 960010</b> <b>Orlando, FL 32896-0010</b>		<b>J</b>	<b>2006 through 2007 credit card</b>			<b>5,632.70</b>
Account No. <b>A0803500604</b>  <b>NW Medical Of Washington County</b> <b>PO Box 47</b> <b>Springdale, AR 72765</b>		<b>J</b>	<b>2/4/2008 medical</b>			<b>2,887.00</b>
Account No. <b>H31648-1/319650024-P1</b>  <b>Principal Financial Group</b> <b>711 High Street</b> <b>Des Moines, IA 50392</b>		<b>X J</b>	<b>January, 2008 group health</b>			<b>573.90</b>
Account No. <b>67170914766</b>  <b>Roadway Express</b> <b>P O Box 93151</b> <b>Chicago, IL 60673-3151</b>		<b>J</b>	<b>6/19/2007 freight - Culture Woodworks</b>			<b>1,347.00</b>
Account No.						

Sheet no. **4** of **4** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page)

**10,440.60**

Total  
(Report on Summary of Schedules)

**79,917.58**

ACI Distribution  
P O Box 277585  
Atlanta, GA 30384-7585

Advanta Bank Corp  
P.O. Box 8088  
Philadelphia, PA 19101-8088

ANB  
PO Box 699  
Bentonville, AR 72712

AR Carbide  
P O Box 127  
Pocola, OK 74902

Bank of America  
P O Box 17322  
Baltimore, MD 21297-1322

Bank of America  
P O Box 15710  
Wilmington, DE 19886-5710

Capital One  
P. O Box 650007  
Dallas, TX 75265-0007

Capital One  
P O Box 105131  
Atlanta, GA 30348-5131

Capital One  
P.O. Box 650007  
Dallas, TX 75265-0007

Capital One  
P O Box 650007  
Dallas, TX 75265-0007

Chase  
P O Box 94014  
Palatine, IL 60094-4019



Citibank  
P O Box 6000  
The Lakes, NV 89163-6000

Countywide Home Loan  
Attn: Remittance Processing  
P.O. Box 650070  
Dallas, TX 75265

Culligan Water of NWA  
c/o AR Systems  
P O Box 32572  
Phoenix, AZ 85064

Discover Card  
PO Box 30395  
Salt Lake City, UT 84130-0395

Dr. Alan Wade Henley

Ford Credit

Hogan Hardwoods  
P O Box 676118  
Dallas, TX 75267-6118

HSBC Mortgage Services  
P O Box 5249  
Carol Stream, IL 60197-5249

JR Welding  
1831 B Butterfield Coach  
Springdale, AR 72764

Lab Corp  
P O Box 779  
Needham Heights, MA 02494

Lowe's Capital One  
P O Box 960010  
Orlando, FL 32896-0010

Mickel Law Firm  
1501 North University Avenue,  
Suite 966  
Little Rock, AR 72207

NW Medical Of Washington  
County  
PO Box 47  
Springdale, AR 72765

Principal Financial Group  
711 High Street  
Des Moines, IA 50392

R.M.S. Collection  
P O Box 3099  
Naperville, IL 60566-7099

RMS Collection Agency  
P O Box 3099  
Naperville, IL 60563

Roadway Express  
P O Box 93151  
Chicago, IL 60673-3151

In re John Barker  
Kim Barker  
 Debtor(s)

Case Number: \_\_\_\_\_  
 (If known)

**CHAPTER 11 STATEMENT OF CURRENT MONTHLY INCOME**

In addition to Schedules I and J, this statement must be completed by every individual Chapter 11 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

<b>Part I. CALCULATION OF CURRENT MONTHLY INCOME</b>																					
1	<p><b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 2-10.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly. <b>Complete only column A ("Debtor's Income") for Lines 2-10.</b></p> <p>c. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.</b></p> <p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>			<b>Column A</b>	<b>Column B</b>																
		<b>Debtor's</b>	<b>Spouse's</b>																		
		<b>Income</b>	<b>Income</b>																		
2	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>			\$ <b>2,750.00</b>	\$ <b>2,566.00</b>																
3	<p><b>Net income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If more than one business profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Business income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>					Debtor	Spouse	a.	Gross receipts	\$ <b>0.00</b>	\$ <b>0.00</b>	b.	Ordinary and necessary business expenses	\$ <b>0.00</b>	\$ <b>0.00</b>	c.	Business income	Subtract Line b from Line a		\$ <b>0.00</b>	\$ <b>0.00</b>
		Debtor	Spouse																		
a.	Gross receipts	\$ <b>0.00</b>	\$ <b>0.00</b>																		
b.	Ordinary and necessary business expenses	\$ <b>0.00</b>	\$ <b>0.00</b>																		
c.	Business income	Subtract Line b from Line a																			
4	<p><b>Net Rental and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$ <b>0.00</b></td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Rent and other real property income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>					Debtor	Spouse	a.	Gross receipts	\$ <b>0.00</b>	\$ <b>0.00</b>	b.	Ordinary and necessary operating expenses	\$ <b>0.00</b>	\$ <b>0.00</b>	c.	Rent and other real property income	Subtract Line b from Line a		\$ <b>0.00</b>	\$ <b>0.00</b>
		Debtor	Spouse																		
a.	Gross receipts	\$ <b>0.00</b>	\$ <b>0.00</b>																		
b.	Ordinary and necessary operating expenses	\$ <b>0.00</b>	\$ <b>0.00</b>																		
c.	Rent and other real property income	Subtract Line b from Line a																			
5	<b>Interest, dividends, and royalties.</b>			\$ <b>0.00</b>	\$ <b>0.00</b>																
6	<b>Pension and retirement income.</b>			\$ <b>0.00</b>	\$ <b>0.00</b>																
7	<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse if Column B is completed.</p>			\$ <b>0.00</b>	\$ <b>0.00</b>																
8	<p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="text-align: right;">Debtor \$ <b>0.00</b></td> <td style="text-align: right;">Spouse \$ <b>0.00</b></td> </tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>													
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$ <b>0.00</b>																			
9	<p><b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>					Debtor	Spouse	a.		\$	\$	b.		\$	\$	\$ <b>0.00</b>	\$ <b>0.00</b>				
		Debtor	Spouse																		
a.		\$	\$																		
b.		\$	\$																		
10	<b>Subtotal of current monthly income.</b> Add lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 thru 9 in Column B. Enter the total(s).			\$ <b>2,750.00</b>	\$ <b>2,566.00</b>																

11	<b>Total current monthly income.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$ <b>5,316.00</b>
----	--	--------------------

**Part II. VERIFICATION**

12	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i>	
	Date: <u>April 15, 2008</u>	Signature: <u>/s/ John Barker</u> <b>John Barker</b> (Debtor)
	Date: <u>April 15, 2008</u>	Signature <u>/s/ Kim Barker</u> <b>Kim Barker</b> (Joint Debtor, if any)