

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:  
**EASTERN DISTRICT OF ARKANSAS**

Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name 1st Advantage Home Care, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 4 7 - 1 1 7 4 0 0 0

4. Debtor's address

	<b>Principal place of business</b>	<b>Mailing address, if different from principal place of business</b>
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2103 C-O County Road  
 Number Street

P.O. Box 954  
 Number Street

\_\_\_\_\_  
 P.O. Box

Pocahontas AR 72455  
 City State ZIP Code

Pocahontas AR 72455  
 City State ZIP Code

Randolph  
 County

**Location of principal assets, if different from principal place of business**

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor 1st Advantage Home Care, Inc. Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:
  - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
  - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
  - A plan is being filed with this petition.
  - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
  - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
  - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- No
- Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor 1st Advantage Home Care, Inc. Case number (if known) \_\_\_\_\_

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

11. Why is the case filed in this district?

*Check all that apply:*

Debtor has had its domicile, 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.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds

*Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor 1st Advantage Home Care, Inc. Case number (if known) \_\_\_\_\_

- |  |   |  |  |
|--|---|--|--|
| <b>14. Estimated number of creditors</b> | <input checked="" type="checkbox"/> 1-49                | <input type="checkbox"/> 1,000-5,000                 | <input type="checkbox"/> 25,001-50,000                 |
|  | <input type="checkbox"/> 50-99                          | <input type="checkbox"/> 5,001-10,000                | <input type="checkbox"/> 50,001-100,000                |
|  | <input type="checkbox"/> 100-199                        | <input type="checkbox"/> 10,001-25,000               | <input type="checkbox"/> More than 100,000             |
|  | <input type="checkbox"/> 200-999                        |  |  |
| <b>15. Estimated assets</b>              | <input checked="" type="checkbox"/> \$0-\$50,000        | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
|  | <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
|  | <input type="checkbox"/> \$100,001-\$500,000            | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
|  | <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
| <b>16. Estimated liabilities</b>         | <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
|  | <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
|  | <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
|  | <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - I have been authorized to file this petition on behalf of the debtor.
  - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/08/2018  
MM / DD / YYYY

**X /s/ Jennifer Crismon** \_\_\_\_\_ **Jennifer Crismon** \_\_\_\_\_  
Signature of authorized representative of debtor Printed name  
Title President

**18. Signature of attorney** **X /s/ Joel G. Hargis** \_\_\_\_\_ Date 02/08/2018  
Signature of attorney for debtor MM / DD / YYYY

**Joel G. Hargis** \_\_\_\_\_  
Printed name  
**Hargis Law Office** \_\_\_\_\_  
Firm name  
**512 West Washington Ave** \_\_\_\_\_  
Number Street

**Jonesboro** \_\_\_\_\_ **AR** \_\_\_\_\_ **72401** \_\_\_\_\_  
City State ZIP Code

**(870) 336-6407** \_\_\_\_\_ **joel@hargislawoffice.com** \_\_\_\_\_  
Contact phone Email address  
**2004-007** \_\_\_\_\_ **AR** \_\_\_\_\_  
Bar number State

**Fill in this information to identify the case:**

Debtor 1st Advantage Home Care, Inc.  
 United States Bankruptcy Court for the: EASTERN DISTRICT OF ARKANSAS  
 Case number \_\_\_\_\_  
 (if known)

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim                      Priority amount

<p><b>2.1</b> Priority creditor's name and mailing address  <u>Arkansas Dept Fin Admin</u>  <u>P.O. Box 3628</u>    <u>Little Rock</u>                      <u>AR</u>    <u>72203</u>                  Date or dates debt was incurred _____                  Last 4 digits of account number _____                  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )                  Withholding Taxes</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p>Basis for the claim:  <u>940 and 941 Taxes</u></p> <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>	<p><u>\$5,000.00</u></p>	<p><u>\$5,000.00</u></p>
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<p><b>2.2</b> Priority creditor's name and mailing address  <u>Internal Revenue Office</u>  <u>533 Getwell Rd</u>  <u>P.O. Box 30803</u>    <u>Memphis</u>                      <u>TN</u>    <u>38130</u>                  Date or dates debt was incurred _____                  Last 4 digits of account number _____                  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )                  Federal Unemployment Taxes and Federal Withholding</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contingent</li> <li><input type="checkbox"/> Unliquidated</li> <li><input type="checkbox"/> Disputed</li> </ul> <p>Basis for the claim:  <u>Taxes</u></p> <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul>	<p><u>\$150,000.00</u></p>	<p><u>\$150,000.00</u></p>
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Debtor 1st Advantage Home Care, Inc. Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		<b>Amount of claim</b>
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b>	
	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	_____
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b>	
<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<input type="checkbox"/> No	
<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	

Debtor 1st Advantage Home Care, Inc. Case number (if known) \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$155,000.00

5b. Total claims from Part 2 5b. + \$0.00

5c. Total of Parts 1 and 2 5c. 

<u>\$155,000.00</u>
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Lines 5a + 5b = 5c.