| Fill | in this information to ident | ify your case: | | |
|------|--|---|-------------------------------------|--|
| Uni | ited States Bankruptcy Court | for the: | | |
| DIS | STRICT OF ARIZONA | | | |
| Ca | se number (if known) | C | hapter 11 | |
| | | | | ☐ Check if this an amended filing |
| Of | ficial Form 201 | | | |
| V | oluntary Petiti | on for Non-Individual | s Filing for Bank | ruptcy 4/16 |
| For | more information, a separa | te document, Instructions for Bankruptcy I | | debtor's name and case number (if known). lable. |
| 1. | Debtor's name | RECREATE MED SPA LLC | | |
| 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) | 37-1743858 | | |
| 4. | Debtor's address | Principal place of business | Mailing addres business | s, if different from principal place of |
| | | 10900 N. Scottsdale Rd., #105 Scottsdale, AZ 85254 | 2302 W. Lark Phoenix, AZ | |
| | | Number, Street, City, State & ZIP Code | P.O. Box, Numb | per, Street, City, State & ZIP Code |
| | | Maricopa | Location of pri | ncipal assets, if different from principal |
| | | County | 10900 N. Sco | ttsdale Rd #105 Scottsdale, AZ 85254 , City, State & ZIP Code |
| 5. | Debtor's website (URL) | | | |
| 6. | Type of debtor | ■ Corporation (including Limited Liability C | Company (LLC) and Limited Liability | Partnership (LLP)) |
| | | ☐ Partnership (excluding LLP) | . , , , | // |
| | | ☐ Other. Specify: | | |

| Deb | tor RECREATE MED SPA | A LLC | | Case numbe | er (if known) | |
|-----|--|-------------------------|---|--------------------------|---|--------|
| | Name | | _ | | • | |
| 7. | Describe debtor's business | A. Check one: | | | | |
| | | _ | ess (as defined in 11 U.S | .C. § 101(27A)) | | |
| | | | state (as defined in 11 l | | | |
| | | _ | d in 11 U.S.C. § 101(44) | - , ,, | | |
| | | | ined in 11 U.S.C. § 101(| | | |
| | | | (as defined in 11 U.S.C. | | | |
| | | _ | ` lefined in 11 U.S.C. § 78 | | | |
| | | ■ None of the above | · · | · // | | |
| | | | | | | |
| | | B. Check all that apply | | | | |
| | | ☐ Tax-exempt entity (a | s described in 26 U.S.C | . §501) | | |
| | | ☐ Investment compan | y, including hedge fund | or pooled investment v | ehicle (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 Ameri | can Industry Classificati | on System) 4-digit code | that best describes debtor. | |
| | | | ourts.gov/four-digit-nation | | | |
| | | | | | | |
| 8. | Under which chapter of the | Check one: | | | | |
| 0. | Bankruptcy Code is the | ☐ Chapter 7 | | | | |
| | debtor filing? | ☐ Chapter 9 | | | | |
| | | _ | all that apply | | | |
| | | Chapter 11. Check | | | | |
| | | - | 55 5 | . | debts (excluding debts owed to insiders or adjustment on 4/01/19 and every 3 years a | , |
| | | • | | ` | ned in 11 U.S.C. § 101(51D). If the debtor i | , |
| | | _ | business debtor, attac | ch the most recent balar | nce sheet, statement of operations, cash-flo | ow |
| | | | statement, and federa procedure in 11 U.S.C | | all of these documents do not exist, follow | the |
| | | | · | - , , , , | | |
| | | | | • | tition from one or more classes of creditors | s. in |
| | | | accordance with 11 U | | | , |
| | | | | | (for example, 10K and 10Q) with the Secur | |
| | | | | | 5(d) of the Securities Exchange Act of 193 viduals Filing for Bankruptcy under Chapte | |
| | | _ | (Official Form 201A) v | vith this form. | | |
| | | | The debtor is a shell of | company as defined in t | he Securities Exchange Act of 1934 Rule 1 | 12b-2. |
| | | ☐ Chapter 12 | | | | |
| | | | | | | |
| 9. | Were prior bankruptcy | ■ No. | | | | |
| | cases filed by or against the debtor within the last 8 | _ | | | | |
| | years? | ☐ Yes. | | | | |
| | If more than 2 cases, attach a | District | | NA/II | Occasional and | |
| | separate list. | District | | When | Case number | |
| | | District | | When | Case number | |
| 10. | Are any bankruptcy cases | ■ No | | | | |
| | pending or being filed by a | _ | | | | |
| | business partner or an affiliate of the debtor? | ☐ Yes. | | | | |

When

Debtor

District

List all cases. If more than 1,

attach a separate list

Relationship

Case number, if known

| Debt | INDONEATE MED C | SPA LLC | | Case number (if known) | | | | |
|------|---|---|--|--|---|--|--|--|
| | Name | | | | | | | |
| 11. | Why is the case filed in | Check all that apply: | | | | | | |
| | this district? | 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. | | | | | | |
| | | | · | ebtor's affiliate, general partner, or partners | • | | | |
| | 5 | | | | | | | |
| 12. | Does the debtor own or have possession of any | ■ No | r balow for anab propa | which has do immediate attention. Attach | additional abouts if panded | | | |
| | real property or personal property that needs | ☐ Yes. Answe | Answer below for each property that needs immediate attention. Attach additional sheets if needed. | | | | | |
| | immediate attention? | Why d | Why does the property need immediate attention? (Check all that apply.) | | | | | |
| | | ☐ It po | oses or is alleged to po | se a threat of imminent and identifiable had | zard to public health or safety. | | | |
| | | Wha | t is the hazard? | | | | | |
| | | ☐ It no | eeds to be physically se | ecured or protected from the weather. | | | | |
| | | | | ds or assets that could quickly deteriorate of meat, dairy, produce, or securities-related | or lose value without attention (for example, assets or other options). | | | |
| | | ☐ Oth | er | | | | | |
| | | Where | is the property? | | | | | |
| | | | | Number, Street, City, State & ZIP Code | | | | |
| | | | property insured? | | | | | |
| | | □ No | | | | | | |
| | | ☐ Yes | _ | | | | | |
| | | | Contact name Phone | | | | | |
| | | | THORE | | | | | |
| | Statistical and admin | istrative informat | ion | | | | | |
| 13. | Debtor's estimation of | . Check or | | | | | | |
| | available funds | ■ Funds | will be available for dis | stribution to unsecured creditors. | | | | |
| | | _ | | enses are paid, no funds will be available to | unsecured creditors. | | | |
| 14. | Estimated number of | ■ 1-49 | | □ 1,000-5,000 | □ 25,001-50,000 | | | |
| | creditors | ☐ 50-99 | | 5 001-10,000 | 5 0,001-100,000 | | | |
| | | ☐ 100-199 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| | | □ 200-999 | | | | | | |
| 15. | Estimated Assets | \$0 - \$50,000 | | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | | □ \$50,001 - \$10 | 0,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | □ \$100,001 - \$5 | 00,000 | \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | | | |
| | | □ \$500,001 - \$1 | million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |

□ \$1,000,001 - \$10 million

□ \$10,000,001 - \$50 million

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

16. Estimated liabilities

\$0 - \$50,000

□ \$50,001 - \$100,000

□ \$100,001 - \$500,000

□ \$500,001 - \$1 million

□ \$500,000,001 - \$1 billion

☐ More than \$50 billion

□ \$1,000,000,001 - \$10 billion

□ \$10,000,000,001 - \$50 billion

| \Box | _ | Li | _ | |
|--------|---|----|---|--|
| | | | | |

RECREATE MED SPA LLC

Case number (if known)

Nam

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 trued and correct.

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

Executed on

October 17, 2018 MM / DD / YYYY

| X | /s/ | DEB | ORAH | М. | GIBS | SON |
|---|-----|-----|------|----|------|-----|
|---|-----|-----|------|----|------|-----|

DEBORAH M. GIBSON

Printed name

Title MANAGING MEMBER

Signature of authorized representative of debtor

| 18. Signature | of attorne |
|---------------|------------|
|---------------|------------|

X /s/ BERT L. ROOS

Date October 17, 2018

blrpc85015@msn.com

MM / DD / YYYY

Signature of attorney for debtor

BERT L. ROOS

Printed name

GERTELL & ROOS, PLLC

Firm name

5045 N. 12TH STREET

SUITE B

Phoenix, AZ 85014

Number, Street, City, State & ZIP Code

Contact phone 602-242-7869 Email address

006960

Bar number and State