

B1 (Official Form 1)(1/08)

**United States Bankruptcy Court
Central District of California**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Kobaissi, Ali	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-7138	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 760 Griffith Park Drive Burbank, CA <div style="text-align: right; margin-top: 5px;"> ZIP Code 91506 </div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>
County of Residence or of the Principal Place of Business: Los Angeles	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;"> ZIP Code </div>

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

Type of Debtor (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.)	Nature of Business (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 type="checkbox"/> Other <hr/> Tax-Exempt Entity (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).	Chapter of Bankruptcy Code Under Which the Petition is Filed (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 Nature of Debts (Check one box) <input checked="" 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 type="checkbox"/> Debts are primarily business debts.
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Filing Fee (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.	Chapter 11 Debtors 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 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"/>
\$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

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Kobaissi, Ali	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -		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: - None -		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A		Exhibit B	
(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.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		(To be completed if debtor is an individual whose debts are primarily consumer debts.) 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). <input checked="" type="checkbox"/> <u>/s/ Arthur F. Stockton Cal</u> <u>December 22, 2009</u> Signature of Attorney for Debtor(s) (Date) Arthur F. Stockton Cal 262655	
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? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> 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.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> 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)			
<input checked="" type="checkbox"/> 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. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> 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)			
<input type="checkbox"/> 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)			
<input type="checkbox"/> 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 <input type="checkbox"/> 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. <input type="checkbox"/> 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):

Kobaissi, Ali

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/ Ali Kobaissi
Signature of Debtor **Ali Kobaissi**

X
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

December 22, 2009
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.

Signature of Attorney*

X /s/ Arthur F. Stockton Cal
Signature of Attorney for Debtor(s)

Arthur F. Stockton Cal 262655
Printed Name of Attorney for Debtor(s)

Stockton Law Offices
Firm Name
16480 Harbor Blvd
Suite 101
Fountain Valley, CA 92708

Address

Email: art@stocktonlawoffices.com
(480) 346-1252 Fax: (866) 207-4082

Telephone Number

December 22, 2009 **262655**

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

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Central District of California**

In re Ali Kobaissi

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 14 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 seven 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. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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/ Ali Kobaissi
Ali Kobaissi

Date: December 22, 2009

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
Central District of California**

In re Ali Kobaissi
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) <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>
Aurora Loan Services I 10350 Park Meadows Dr St Littleton, CO 80124	Aurora Loan Services I 10350 Park Meadows Dr St Littleton, CO 80124	ConventionalRealEstateMortgage		154,916.00 (Unknown secured)
Bac Home Loans Servi 450 American St Simi Valley, CA 93065	Bac Home Loans Servi 450 American St Simi Valley, CA 93065	ConventionalRealEstateMortgage		148,783.00 (Unknown secured)
Bank Of America 4161 Piedmont Pkwy Greensboro, NC 27410	Bank Of America 4161 Piedmont Pkwy Greensboro, NC 27410	HomeEquityLineOfCredit		99,941.00 (Unknown secured)
Bank Of America 4161 Piedmont Pkwy Greensboro, NC 27410	Bank Of America 4161 Piedmont Pkwy Greensboro, NC 27410	HomeEquityLineOfCredit		193,993.00 (Unknown secured)
Carmax Auto Finance 2040 Thalbro St Richmond, VA 23230	Carmax Auto Finance 2040 Thalbro St Richmond, VA 23230	Automobile		13,733.00 (Unknown secured)
Central Mortgage Co 801 John Barrow Rd Ste 1 Little Rock, AR 72205	Central Mortgage Co 801 John Barrow Rd Ste 1 Little Rock, AR 72205	ConventionalRealEstateMortgage		187,916.00 (Unknown secured)
Central Mortgage Co 801 John Barrow Rd Ste 1 Little Rock, AR 72205	Central Mortgage Co 801 John Barrow Rd Ste 1 Little Rock, AR 72205	ConventionalRealEstateMortgage		179,125.00 (Unknown secured)
Chase Po Box 15298 Wilmington, DE 19850	Chase Po Box 15298 Wilmington, DE 19850	CreditCard		9,595.00
Ing Direct 1105 N Market Wilmington, DE 19801	Ing Direct 1105 N Market Wilmington, DE 19801	ConventionalRealEstateMortgage		356,715.00 (Unknown secured)

B4 (Official Form 4) (12/07) - Cont.

In re **Ali Kobaissi**

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>
Ncb Ne Er 4661 E Main St Columbus, OH 43213	Ncb Ne Er 4661 E Main St Columbus, OH 43213	HomeEquityLineOf Credit		95,247.00
Progressive Mgmt Syste (Original Cr 1521 W Cameron Ave Fl 1 West Covina, CA 91790	Progressive Mgmt Syste (Original Cr 1521 W Cameron Ave Fl 1 West Covina, CA 91790	Collection Providence St Joseph Med Ctr		2,287.00
Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Educational		8,500.00
Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Educational		8,500.00
Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Educational		8,500.00
Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Educational		6,837.00
Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Educational		13,602.00
Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Educational		12,809.00
Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Sallie Mae 11100 Usa Parkway Fishers, IN 46037	Educational		12,052.00
Union Bank Na 8155 Mercury Ct San Diego, CA 92111	Union Bank Na 8155 Mercury Ct San Diego, CA 92111	ConventionalRealE stateMortgage		277,675.00 (Unknown secured)
Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701	Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701	ConventionalRealE stateMortgage		333,029.00 (Unknown secured)

B4 (Official Form 4) (12/07) - Cont.

In re **Ali Kobaissi**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

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

I, **Ali Kobaissi**, the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **December 22, 2009**

Signature **/s/ Ali Kobaissi**

Ali Kobaissi

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.

February 2006

2006 USBC Central District of California

**United States Bankruptcy Court
Central District of California**

In re Ali Kobaissi

Debtor(s)

Case No.

Chapter 11

**DEBTOR'S CERTIFICATION OF EMPLOYMENT INCOME
PURSUANT TO 11 U.S.C. § 521 (a)(1)(B)(iv)**

Please fill out the following blank(s) and check the box next to one of the following statements:

I, Ali Kobaissi, the debtor in this case, declare under penalty of perjury under the laws of the United States of America that:

- I have attached to this certificate copies of my pay stubs, pay advices and/or other proof of employment income for the 60-day period prior to the date of the filing of my bankruptcy petition.
(NOTE: the filer is responsible for blacking out the Social Security number on pay stubs prior to filing them.)
- I was self-employed for the entire 60-day period prior to the date of the filing of my bankruptcy petition, and received no payment from any other employer.
- I was unemployed for the entire 60-day period prior to the date of the filing of my bankruptcy petition.

I, __, the debtor in this case, declare under penalty of perjury under the laws of the United States of America that:

- I have attached to this certificate copies of my pay stubs, pay advices and/or other proof of employment income for the 60-day period prior to the date of the filing of my bankruptcy petition.
(NOTE: the filer is responsible for blacking out the Social Security number on pay stubs prior to filing them.)
- I was self-employed for the entire 60-day period prior to the date of the filing of my bankruptcy petition, and received no payment from any other employer.
- I was unemployed for the entire 60-day period prior to the date of the filing of my bankruptcy petition.

Date December 22, 2009

Signature /s/ Ali Kobaissi

Ali Kobaissi

Debtor

Employee Statement of Earnings - Payroll Help: (213)241-6670 or employeeservicess@lausd.net

Name: KOBAISSI, ALI
 EE ID: 689789
 Payroll Period: 09/01/09 To:09/30/09
 Pay Date: 10/05/09
 Payroll Payment PS-Area: UT
 DD*6875
 Tax Exemptions: PED / M / Exemptions = 02
 CA / M / Exemptions = 02

Payments: Per End SB PS-Grp PL PERNR Cost Ctr Rate Hours Gross
 Leave HRS
 Full Pay Illness 401.37
 Half Pay Illness 189.25

Payments	Per End	SB	PS-Grp	PL	PERNR	Cost Ctr	Rate	Hours	Gross
CURRENT PAY									
Regular Time Pay	09/30/09	C	26	10	00689789	01861401		86.62	
C-Basis Salary	09/30/09	C	26	10	00689789	01861401			5,793.43
Regular Auxiliary As	09/30/09	C	26	10	00689789	01861401	57.27529	14.00	801.85
Full pay Illness	09/30/09	C	26	10	00689789	01861401		9.00	
Personal Necessity	09/30/09	C	26	10	00689789	01861401		0.38	
Masters Degree	09/30/09	C	26	10	00689789	01861401	0.48	96.00	45.79

District Paid Benefits

Blue Cr HMO P (A) ER 836.71
 EVC (K) ER 7.48
 MetLife DHMO ER 25.15
 EAP ER 1.06
 Employee Basic Life 1.70
 STRS ER 547.89

Annualized Status

Earned Amt 5,452.63
 Paid Amt 17,380.29
 Difference 11,927.66

Hours Summary

Contract Hrs 1,224
 Reported Hrs 96
 Remaining Hrs 1,128
 Fiscal Hrs Paid 96

Pre-Tax Deductions	Current	YTD	Post-Tax Deductions	Current	YTD	Totals	Current	YTD
STRS EE	531.29	5271.23	Unitd Teachers L A Du	57.42	574.20	Gross	6,641.07	65,890.32
			Unitd Teach of L A Pre	8.33	83.30	Imputed Income	0.00	0.00
			Employee Optional Life	14.16	122.67	Pre-Tax Deduct	531.29	5,271.23
						Taxable Earnings	6,109.78	60,619.09
						PED Withholding	592.09	5,982.45
						PED EE Medicare	96.30	955.41
						CA Withholding	168.91	1,574.13
						Post-Tax Deduct	79.91	780.17
						Non-Tax Reimburs	0.00	0.00
Total Pre-Tax:	531.29	5,271.23	Total Post-Tax:	79.91	780.17	Total Net Pay	5,172.57	

Message:

EARNINGS - COMPENSATION		EMPLOYEE ID				ALLOWANCES		ALLOWANCES		ALLOWANCES	
BASIS	DESCRIPTION	END DATE	RATE	UNITS	AMOUNT	EMPLOYEE DEDUCTIONS	PRE-TAX REDUCTIONS	CURRENT AMOUNT	YTD TOTALS		
C M	REGULAR	09-30-2009	3,535.425	21.00	3,535.43						
						STRS RED		282.83		820.79	
						EMPLOYEE DEDUCTIONS					
						MEDCAR DED		51.27		382.03	
						FWT		41.92		129.68	
						SWT		6.14		12.68	
						CSEA DUES		38.75		193.69	
						EMPLOYER CONTRIBUTIONS					
						STRS CON		291.67		846.44	
						MEDCAR CON		51.27		382.03	
						SUI		10.61		79.05	
						WORK COMP		70.71		511.90	

***** LEAVE BALANCES *****	CURRENT TAXABLE BALANCES		YTD TAXABLE BALANCES		CURRENT PAY SUMMARY	
VACATION	FEDERAL	3,252.60	FEDERAL	25,525.95	GROSS PAY	3,535.43
SICK LEAVE	STATE	3,252.60	STATE	25,525.95	REDUCTIONS	282.83
COMP TIME	MEDI GROSS	3,535.43	MEDI GROSS	26,346.74	TAXES	99.33
	OASDI GROSS		OASDI GROSS	17,730.78	DEDUCTIONS	36.75
	CA SDI GROSS		CA SDI GROSS		NET PAY	\$3,190.02
	GROSS EARN'S	3,535.43	GROSS EARN'S	26,346.74		

DISTRICT NAME: GLENDALE COMMUNITY COL DISTRICT ADDRESS: 1500 N. VERDUGO RD GLENDALE, CA 91208

GLENDALE COMMUNITY COL

NO. 1877429

Date Issued 10-01-2009

*THREE THOUSAND ONE HUNDRED NINETY AND 02/100 DOLLARS

Amount
\$3,190.02

NOT NEGOTIABLE

LOCATION 271
ACCRUAL DATE
09-30-2009

ALI KOBAISSI
8641 GLENOAKS #213
SUN VALLEY, CA 91352

NET PAY IN THE AMOUNT OF \$3,190.00
HAS BEEN DEPOSITED TO YOUR ACCOL

Payments	Per	End	SB	PS	Grp	PL	PERNR	Cost	CTR	Rate	Hours	Gross	Leave	HRS
CURRENT PAY														
Regular Time Pay		10/31/09	C	26		10	00689789	01861401			109.00			
C-Basis Salary		10/31/09	C	26		10	00689789	01861401				5,793.43	Full Pay Illness	372.37
Regular Auxiliary As		10/31/09	C	26		10	00689789	01861401	57.27529		19.00	1,088.23	Half Pay Illness	189.25
Full pay Illness		10/31/09	C	26		10	00689789	01861401			23.00			
Masters Degree		10/31/09	C	26		10	00689789	01861401	0.48		132.00	62.96		

District Paid Benefits

Blue CR HMO P (A) ER	836.71
EVC (K) ER	7.48
MedLife DHMO ER	25.15
EAP ER	1.06
Employee Basic Life	1.70
District Paid STRS	572.93

Annualized Status

Earned Amt	12,950.01
Paid Amt	23,173.72
Difference	10,223.71-

Hours Summary

Contract Hrs	1,224
Reported Hrs	228
Remaining Hrs	996
Fiscal Hrs Paid	228

Pre-Tax Deductions	Current	YTD	Post-Tax Deductions	Current	YTD	Totals	Current	YTD
STRS EE	555.57-	5822.21-	United Teachers L A Du	57.42-	631.62-	Gross	6,944.62	72,777.67
			United Teach of L A Pre	8.33-	91.63-	Imputed Income	0.00	0.00
			Employee Optional Life	14.16-	136.83-	Pre-Tax Deduc	555.57-	5,822.21-
						Taxable Earnings	6,336.37	66,955.46
						FED Withholding	626.08-	6,608.53-
						FED EE Medicare	99.87-	1,055.28-
						CA Withholding	201.37-	1,775.50-
						Post-Tax Deduc	79.91-	860.08-
						Non-Tax Reimburs	0.00	0.00
Total Pre-Tax:	555.57-	5,822.21-	Total Post-Tax:	79.91-	860.08-	Total Net Pay	5,329.14	

Message: We are pleased to announce an improved online resource for W-4 and DE-4 forms, which provides LAUSD employees the ability to view and change the federal and state withholding forms during a payroll period. To access the new W-4 and DE-4, employees can go to <https://selfservice.lausd.net> and login with their LAUSD email User ID and password.

EMPLOYEE NAME		SUPPLEMENTAL ID		FEDERAL STATUS / ALLOWANCES	STATE STATUS / ALLOWANCES	ADDITIONAL STATE ALLOWANCES	Desc	
KOBASSI, ALI		XXX-XX-7138		M / 05	M / 05	00	Main Document Page 48 of 17	
EARNINGS - COMPENSATION					DEDUCTIONS/TAXES/MISC			
BASIS	DESCRIPTION	END DATE	RATE	UNITS	AMOUNT	EMPLOYEE DEDUCTIONS	CURRENT AMOUNT	YTD TOTALS
C M	REGULAR	11-30-2009	3,535.425	18.00	3,535.43	STRS RED	282.83	1,388.45
						PRE-TAX REDUCTIONS		
						EMPLOYEE DEDUCTIONS		
						MEDCAR DED	51.27	484.56
						FWT	41.92	213.52
						SWT	6.75	26.18
						EMPLOYER CONTRIBUTIONS		
						STRS CON	291.67	1,429.78
						MEDCAR CON	51.27	484.56
						SUJ	10.61	100.27
						WORK COMP	70.71	653.32
***** LEAVE BALANCES *****		CURRENT TAXABLE BALANCES			YTD TAXABLE BALANCES		CURRENT PAY SUMMARY	
VACATION		FEDERAL	3,252.60	FEDERAL	32,031.15	GROSS PAY	3,535.43	
SICK LEAVE		STATE	3,252.60	STATE	32,031.15	REDUCTIONS	282.83	
COMP TIME		MEDI GROSS	3,535.43	MEDI GROSS	33,417.60	TAXES	99.94	
		OASDI GROSS		OASDI GROSS	17,730.78	DEDUCTIONS		
		CA SDI GROSS		CA SDI GROSS		NET PAY	\$3,152.66	
		GROSS EARN'S	3,535.43	GROSS EARN'S	33,417.60			
DISTRICT NAME		DISTRICT ADDRESS			GLENDALE, CA 91208			
GLENDALE COMMUNITY COL		1500 N. VERDUGO RD						

GLENDALE COMMUNITY COL

NO.2126035

Date Issued 12-01-2009

*THREE THOUSAND ONE HUNDRED FIFTY-TWO
AND 66/100 DOLLARS

Amount \$3,152.66

LOCATION 271
ACCRUAL DATE
11-30-2009

NOT NEGOTIABLE

ALI KOBASSI
8641 GLENOAKS #213
SUN VALLEY, CA 91352

NET PAY IN THE AMOUNT OF \$3,152.66
HAS BEEN DEPOSITED TO YOUR ACCOUNT.

Payments	Per	End	SB	PS-Grp	PL	PERNR	Cost Ctr	Rate	Hours	Gross	Leave HRS
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CURRENT PAY											
Regular Time Pay	11/30/09	C	26	10	00689789	01861401			82.75		
C-Basis Salary	11/30/09	C	26	10	00689789	01861401				5,793.43	Full Pay Illness 347.12
Regular Auxiliary As	11/30/09	C	26	10	00689789	01861401	57.27529		12.00	687.30	Half Pay Illness 189.25
Holiday Pay	11/30/09	C	26	10	00689789	01861401			18.00		
Full pay Illness	11/30/09	C	26	10	00689789	01861401			24.50		
Personal Necessity P	11/30/09	C	26	10	00689789	01861401			0.75		
Masters Degree	11/30/09	C	26	10	00689789	01861401	0.48		126.00	60.10	

District Paid Benefits			
Blue Cr HMO P (A)	ER		836.71
EVC (K) ER			7.48
MetLife DHMO ER			25.15
EAP ER			1.06
Employee Basic Life			1.70
District Paid STRS			539.62

Annualized Status	
Earned Amt	20,106.60
Paid Amt	28,967.15
Difference	8,860.55-

Hours Summary	
Contract Hrs	1,224
Reported Hrs	354
Remaining Hrs	870
Fiscal Hrs Paid	354

Page	Tax Deductions	Current	YTD	Post-Tax Deductions	Current	YTD	Totals	Current	YTD
STRS BE	523.27	6345.48		United Teachers L A Du	57.42	689.04	Gross	6,540.83	79,318.50
				Unitd Teach of L A Pre	8.33	99.96	Imputed Income	0.00	0.00
				Employee Optional Life	14.16	150.99	Pre-Tax Deduct	523.27	6,345.48
							Taxable Earnings	6,017.56	72,973.02
							FED Withholding	578.26	7,186.79
							FED EE Medicare	94.84	1,150.12
							CA Withholding	179.46	1,954.96
							Post-Tax Deduct	79.91	939.99
							Non-Tax Reimburs	0.00	0.00
Total Pre-Tax:	523.27	6,345.48		Total Post-Tax:	79.91	939.99	Total Net Pay	5,085.09	

Message:

Ali Kobaissi
760 Griffith Park Drive
Burbank, CA 91506

Arthur F. Stockton Cal
Stockton Law Offices
16480 Harbor Blvd
Suite 101
Fountain Valley, CA 92708

Aurora Loan Services I
10350 Park Meadows Dr St
Littleton, CO 80124

Bac Home Loans Servici
450 American St
Simi Valley, CA 93065

Bank Of America
4161 Piedmont Pkwy
Greensboro, NC 27410

Bmw Financial Services
5515 Parkcenter Cir
Dublin, OH 43017

Carmax Auto Finance
2040 Thalbro St
Richmond, VA 23230

Central Mortgage Co
801 John Barrow Rd Ste 1
Little Rock, AR 72205

Chase
Po Box 15298
Wilmington, DE 19850

Franchise Tax Board
PO Box 942867
Sacramento, CA 94627

Grant & Weber (Original Creditor:St
26575 West Agoura Road
Calabasas, CA 91302

Hsbc/Bstby
1405 Foulk Road
Wilmington, DE 19808

Ing Direct
1105 N Market
Wilmington, DE 19801

Internal Revenue Service
Fresno, CA 93888

Los Angeles County Assessor
500 W. Temple St.
Los Angeles, CA 90012-2713

Macysdsnb
911 Duke Blvd
Mason, OH 45040

Maricopa County Assessor
301 W. Jefferson
Phoenix, AZ 85003

Ncb Ne Er
4661 E Main St
Columbus, OH 43213

Prog Mgt Sys (Original Creditor:Med
1521 W. Cameron Av First Floor
West Covina, CA 91790

Progressive Mgmt Syste (Original Cr
1521 W Cameron Ave Fl 1
West Covina, CA 91790

Sallie Mae
11100 Usa Parkway
Fishers, IN 46037

Security Collection Bu (Original Cr
Po Box 4655
Glendale, CA 91222

Union Bank Na
8155 Mercury Ct
San Diego, CA 92111

Wells Fargo Hm Mortgag
8480 Stagecoach Cir
Frederick, MD 21701