B1 (Official Form 1)(4/10)					
	States Bankrup tern District of Cal			1	oluntary Petition
Name of Debtor (if individual, enter Last, First, Big Black Dogs, LLC	Middle):	Name	e of Joint Debtor (Spous	e) (Last, First, Midd	e):
All Other Names used by the Debtor in the last (include married, maiden, and trade names): DBA Palisade Hotel; DBA Palisade	·	All O (inclu	ther Names used by the ide married, maiden, and	Joint Debtor in the I trade names):	ast 8 years
Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all) 27-2185475	ayer I.D. (ITIN) No./Comp	lete EIN Last 1	four digits of Soc. Sec. o e than one, state all)	r Individual-Taxpay	er I.D. (ITIN) No./Complete EIN
Street Address of Debtor (No. and Street, City, a 965 Gray Avenue Yuba City, CA	,	^o Code	t Address of Joint Debto	r (No. and Street, Ci	ty, and State): ZIP Code
County of Residence or of the Principal Place of Sutter	f Business:		ty of Residence or of the	Principal Place of I	Business:
Mailing Address of Debtor (if different from street 4934 Red Creek Drive San Jose, CA Location of Principal Assets of Business Debtor (if different from street address beau)	ZIP 9513 Palisade Hotel	Code	ng Address of Joint Deb	tor (if different from	street address): ZIP Code
(if different from street address above): Type of Debtor	965 Gray Aven Yuba City, CA	95991			
(Form of Organization) (Check one box) ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)	(Check one b Health Care Business Single Asset Real Est in 11 U.S.C. § 101 (5) Railroad Stockbroker Commodity Broker Clearing Bank Other Tax-Exempt F (Check box, if app Debtor is a tax-exempunder Title 26 of the Code (the Internal Re	Entity olicable) to reganization United States	the Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 13 Debts are primarily c defined in 11 U.S.C. "incurred by an indiva a personal, family, or	of a Fore Chapter of a Fore Nature of De (Check one boonsumer debts, § 101(8) as idual primarily for	15 Petition for Recognition ign Main Proceeding 15 Petition for Recognition ign Nonmain Proceeding
Filing Fee (Check one box Full Filing Fee attached Filing Fee to be paid in installments (applicable to attach signed application for the court's consideratidebtor is unable to pay fee except in installments. Form 3A. Filing Fee waiver requested (applicable to chapter attach signed application for the court's considerations. Statistical/Administrative Information Debtor estimates that funds will be available Debtor estimates that, after any exempt proper	individuals only). Must on certifying that the Rule 1006(b). See Official 7 individuals only). Must on. See Official Form 3B.	Debtor is not Check if: Debtor's agg are less than Check all applicabl A plan is bei Acceptances in accordance	mall business debtor as defi it a small business debtor as regate noncontingent liquid \$2,343,300 (amount subject e boxes: ng filed with this petition. of the plan were solicited p e with 11 U.S.C. § 1126(b).	defined in 11 U.S.C. § ated debts (excluding of to adjustment on 4/01) repetition from one or	101(51D). lebts owed to insiders or affiliates) 13 and every three years thereafter).
1- 50- 100- 200-	on to unsecured creditors.		50,001- OVER 100,000 100,000		0010 10710
\$50,000 \$100,000 \$500,000 to \$1 to million to	\$1,000,001 \$10,000,001 \$50,000 o \$10 to \$50 to \$10 million million	0 to \$500	\$500,000,001 More than to \$1 billion		2010-49712 FILED November 10, 2010 1:39 PM
\$50,000 \$100,000 \$500,000 to \$1 t	\$1,000,001 \$10,000,001 \$50,000 to \$50 to \$10 nillion million million	0 to \$500	\$500,000,001 More than to \$1 billion		RELIEF ORDERED CLERK, U.S. BANKRUPTCY COUR EASTERN DISTRICT OF CALIFORN

Voluntary Petition

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

Name of Debtor(s):

Big Black Dogs, LLC

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.

Y

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

Signature of Attorney for Debtor(s)

R. Dale Ginter 100784

Printed Name of Attorney for Debtor(s)

Downey Brand LLP

Firm Name

621 Capitol Mall, 18th Floor Sacramento, CA 95814

Address

Email: dginter@downeybrand.com

916-444-1000 Fax: 916-444-2100

Telephone Number

*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

Grover Scott Black

Printed Name of Authorized Individual

Managing Member

Title of Authorized Individual

Date NA

Signature	of a	Foreign	Represe	ntative
Dignature	V1 44	LOICIZII	IZCD1 C3C	mianive

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.

v	
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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 bankrutpcy 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

A

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.

2010-49712 FILED

November 10, 2010

CLERK, U.S. BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA

B4 (Official Form 4) (12/07)

United States Bankruptcy Court Eastern District of California

In re	Big Black Dogs, LLC		Case No.	
•		Debtor(s)	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)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Allied Insurance P.O. Box 514540 Los Angeles, CA 90051-4540	Allied Insurance P.O. Box 514540 Los Angeles, CA 90051-4540			6,298.00
Allied Insurance PO BOX 2249 GARDEN GROVE, CA 92842-2249	Allied Insurance PO BOX 2249 GARDEN GROVE, CA 92842-2249	Futures Insurance		705.16
American Hotel Register Co. 16458 Collections Center Drive Chicago, IL 60693	American Hotel Register Co. 16458 Collections Center Drive Chicago, IL 60693			890.88
AT&T - 6692 PAYMENT CENTER SACRAMENTO, CA 95887-0001	AT&T - 6692 PAYMENT CENTER SACRAMENTO, CA 95887-0001	Phone Services, Hotel		4,269.00
Bank of America Business Card Center PO BOX 15710 Wilmington, DE 19886-5710	Bank of America Business Card Center PO BOX 15710 Wilmington, DE 19886-5710	Misc. Items, Supplies for Hotel		2,004.37
Botanica Landscapes P.O. Box 569 Yuba City, Ca 95991	Botanica Landscapes P.O. Box 569 Yuba City, Ca 95991	Monthly Landscaping		993.27
City of Yuba City Attn: Cathy 1201 Civic Center Blvd. Yuba City, CA 95993	City of Yuba City Attn: Cathy 1201 Civic Center Blvd. Yuba City, CA 95993	Transient Occupancy Tax, 10/1-12/31/10		26,527.00
City of Yuba City - 0033 1201 Civic Center Blvd. Yuba City, CA 95993	City of Yuba City - 0033 1201 Civic Center Blvd. Yuba City, CA 95993	Utility Water Services, Hotel		826.30
Compliance Payroll 8801 Folsom Blvd Suite 185 Sacramento, Ca 95826	Compliance Payroll 8801 Folsom Blvd Suite 185 Sacramento, Ca 95826	Payroll Services		3,830.65
Ecolab P.O.Box 100512 Pasadena, Ca 91189-0512	Ecolab P.O.Box 100512 Pasadena, Ca 91189-0512	Monthly Cleaning Supplies		725.23

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Case	N	^	
Lase	- 1 3		٠.

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Farmers Insurance P.O. Box 894731 Los Angeles, CA 90189	Farmers Insurance P.O. Box 894731 Los Angeles, CA 90189			4,200.00
Erica Jackson 164 Via Bianca Olivehurst, CA 95961	Erica Jackson 164 Via Bianca Olivehurst, CA 95961	Wages		546.40
Jana Johnson 1525 Bridge Street, #122 Yuba City, CA 95993	Jana Johnson 1525 Bridge Street, #122 Yuba City, CA 95993	Wages		840.42
Midwest Insurance Agency P.O. Box 9560 Springfield, IL 62791-9560	Midwest Insurance Agency P.O. Box 9560 Springfield, IL 62791-9560			5,136.00
Otis Spunkmeyer Inc. Collections Center Drive Chicago, II 60693	Otis Spunkmeyer Inc. Collections Center Drive Chicago, Il 60693			532.80
PG&E Box 997300 Sacramento, CA 95899	PG&E Box 997300 Sacramento, CA 95899	Electric Expense, Hotel		8,565.97
Recology Yuba-Sutter 3001 N.Levee Rd./ P.O.Box G Marysville, Ca 95901-1679	Recology Yuba-Sutter 3001 N.Levee Rd./ P.O.Box G Marysville, Ca 95901-1679	Garbage Services, Hotel		589.28
Umpqua Bank P.O. Box 1820 Roseburg, OR 97470	Umpqua Bank P.O. Box 1820 Roseburg, OR 97470	Palisade Hotel and Vacant Lot; Loan to Former Owner		2,176,528.62 (1,540,000.00 secured)
Umpqua Bank P.O. Box 1820 Roseburg, OR 97470	Umpqua Bank P.O. Box 1820 Roseburg, OR 97470	Palisade Plaza; Loan to Former Owner		2,698,850.97 (2,200,000.00 secured)
Kristen Walker 419 1/2 4th Street, Apt 1 Marysville, CA 95901	Kristen Walker 419 1/2 4th Street, Apt 1 Marysville, CA 95901	Wages		536.94

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

I, the Managing Member of the corporation named as 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.

Signature

Grover Scott Black Managing Member

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.