B1 (Official Form 1) (1/08)

United States Bankruptcy Court Northern District of Illinois					Voluntary Petition			
Name of Debtor (if individual, enter Last, First, Mic Personal Office, Inc.	ldle):	Name of Joint Debtor (Spouse) (Last, First, Middle):						
All Other Names used by the Debtor in the last 8 ye (include married, maiden, and trade names):	ars	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 EIN (if more than one, state all): <b>36-4218654</b>	I.D. (ITIN) No./Complete	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Co EIN (if more than one, state all):			. (ITIN) No./Complete			
Street Address of Debtor (No. & Street, City, State <b>251 Milwaukee Ave.</b>	t, City, State & Zip Code): Street Address of Joint Debtor (No. & Street, City, Sta			et, City, Stat	te & Zip Code):			
Buffalo Grove, IL	ZIPCODE 60089			7	ZIPCODE			
County of Residence or of the Principal Place of Bu		County of Residen	ce or of the Principal Pla					
Mailing Address of Debtor (if different from street	address)	Mailing Address o	f Joint Debtor (if differen	nt from stree	et address):			
	ZIPCODE			Z	ZIPCODE			
Location of Principal Assets of Business Debtor (if	different from street address a	bove):		•				
251 Milwaukee Ave., Buffalo Grove, IL				Z	ZIPCODE <b>60089</b>			
Type of Debtor (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.)  Filing Fee (Check one be attached Filing Fee to be paid in installments (Applicable attach signed application for the court's consideration is unable to pay fee except in installments. Rule 3A.  Filing Fee waiver requested (Applicable to chapter	to individuals only). Must ation certifying that the debtor 1006(b). See Official Form	ne box.)  ate as defined in 11  pt Entity applicable.) at organization under States Code (the e).  Check one box: Debtor is a sma Debtor is not a scheck if: Debtor's aggregaffiliates are les	the Petition  Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 13  Debts are primarif debts, defined in 1 § 101(8) as "incur individual primarif personal, family, chold purpose."  Chapter 11 It ll business debtor as defined in 1 small business debtor as defin	n is Filed ((	box.) Debts are primarily business debts.  S.C. § 101(51D). U.S.C. § 101(51D).			
attach signed application for the court's consideration. See Official Form 3B.  Check all applicable boxes:  A plan is being filed with this petition  Acceptances of the plan were solicited prepetition from one or more cla creditors, in accordance with 11 U.S.C. § 1126(b).					om one or more classes of			
Statistical/Administrative Information  ✓ Debtor estimates that funds will be available for Debtor estimates that, after any exempt property distribution to unsecured creditors.			will be no funds availab	le for	THIS SPACE IS FOR COURT USE ONLY			
Estimated Number of Creditors		1	П					
	5,001-	0,001- 25,001 5,000 50,000	50,001-	Over 100,000				
Estimated Assets	ПГ		П	П				
\$0 to \$50,001 to \$100,001 to \$500,001 to \$1,50,000 \$100,000 \$500,000 \$1 million \$10,000 \$1,00		50,000,001 to $$100,0$	000,001 \$500,000,001 0 million to \$1 billion	More than \$1 billion				
Estimated Liabilities	.000,001 to \$10,000,001 \$ 0 million to \$50 million \$	50,000,001 to \$100,0	000,001 \$500,000,001 0 million to \$1 billion	More than \$1 billion				

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B1 (Official Form 1) (1/08)

Toluntary Petition This page must be completed and filed in every case)  Name of Debtor(s): Personal Office, Inc.					
Prior Bankruptcy Case Filed Within Last 8	Vears (If more than two attach	additional sheet)			
Location Location	Case Number:	Date Filed:			
Where Filed: None					
Location Where Filed:	Case Number:	Date Filed:			
Pending Bankruptcy Case Filed by any Spouse, Partner or	Affiliate of this Debtor (If mo	re than one, attach additional sheet)			
Name of Debtor: None	Case Number: Date Filed:				
District:	Relationship:	Judge:			
Exhibit A  (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.)  Exhibit A is attached and made a part of this petition.	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 § 342(b) of the Bankruptcy Code.				
	Signature of Attorney for Debtor(s)				
Yes, and Exhibit C is attached and made a part of this petition.  No	14 D				
(To be completed by every individual debtor. If a joint petition is filed, e  Exhibit D completed and signed by the debtor is attached and ma	•	ch a separate Exhibit D.)			
If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attach	ed a made a part of this petition.				
	ng the Debtor - Venue				
(Check any a Debtor has been domiciled or has had a residence, principal place preceding the date of this petition or for a longer part of such 180	pplicable box.) of business, or principal assets in th ) days than in any other District.	is District for 180 days immediately			
There is a bankruptcy case concerning debtor's affiliate, general		this District.			
Debtor is a debtor in a foreign proceeding and has its principal pl or has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in reg	but is a defendant in an action or pr	oceeding [in a federal or state court]			
Certification by a Debtor Who Reside (Check all app  Landlord has a judgment against the debtor for possession of debtor	olicable boxes.)	-			
(Name of landlord or less	or that obtained judgment)				
(Address of lar	ndlord or lessor)				
Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for pos					
☐ Debtor has included in this petition the deposit with the court of filing of the petition.	any rent that would become due du	aring the 30-day period after the			
☐ Debtor certifies that he/she has served the Landlord with this cert	tification. (11 U.S.C. § 362(l)).				

Page 2

<b>Voluntary Petitior</b>	Vol	untary	Petition
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(This page must be completed and filed in every case)

Name of Debtor(s):

Personal Office, Inc.

#### **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 State 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
Signature of Debtor

X
Signature of Joint Debtor
Telephone Number (If not represented by attorney)

#### 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.

Signature	of Foreign l	Representative		
Drintad N	Ioma of Fora	ian Danracanta	tivo	
Printed N	name of Fore	ign Representa	tive	

#### Signature of Attorney\*

# X /s/ Bradley H. Foreman

Signature of Attorney for Debtor(s)

#### Bradley H. Foreman 06190545

Printed Name of Attorney for Debtor(s)

### The Law Offices of Bradley H. Foreman, P

Firm Name

Date

#### 120 S. State Street Suite 535

Address

Chicago, IL 60603

#### (312) 558-1850

Telephone Number

#### May 29, 2008

Date

#### 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 /s/ Nelson Lopez

Signature of Authorized Individual

#### **Nelson Lopez**

Printed Name of Authorized Individual

#### President

Title of Authorized Individual

### May 29, 2008

Date

#### **Signature of Non-Attorney 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); 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.)

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

Date

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.

<sup>\*</sup>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.

IN RE	Personal	Office.	Inc
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Case	NIA
Case	INO.

(If known)

## 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 nonpriority claims to report on this Schedule F.

	_						
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3715-413137-81001</b>			Various credit card charges				
American Express P.O. Box 0001 Los Angeles, CA 90096-0001							26,801.81
ACCOUNT NO.							
AT & T 722 North Broadway Floor 11 Milwaukee, WI 53202							90,000.00
ACCOUNT NO. <b>5588-4550-0113-4605</b>			various credit card charges	H		H	55,555.65
Bank Of America PO Box 15710 Wilmington, DE 19886-5710			_				8,125.15
ACCOUNT NO.				H		H	5,120110
CAL Communications, Inc. 1340 Busch Parkway Buffalo Grove, IL 60089							
				<u> </u>		Ц	3,946.57
2 continuation sheets attached			(Total of th	Subt is pa			\$ 128,873.53
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the St Summary of Certain Liabilities and Relate	also atis	tica	n al	\$

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Case		$\sim$
Case	1.7	v.

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

			Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO. 4802-1326-1830-5471			various credit charges					
Capital One PO Box 790217 St. Louis, MO 63179-0217			<b>3</b>				10,000	0.00
ACCOUNT NO. 819214-883-0							,	
Charter One Bank Customer Service Center PO Box 42001 Providence, RI 02940-2001							unkno	own
ACCOUNT NO. <b>5082290054754806</b>			various credit charges				4	
Citibusiness Card PO Box 688905 Des Moines, IA 50368-8905	_		<b></b>				8,993	3.35
ACCOUNT NO.								
Custom Mailing Service, Inc. Attn: Penny 2038 S. Foster Ave. Wheelling, IL 60090							2,102	246
ACCOUNT NO.			service provider					
Itel Communications Suite E 1550 Grand Ave. Waukegan, IL 60085							150	. 00
ACCOUNT NO. 99410032791			service provider	H			100	
Network Billing Systems PO Box 436 Wayne, NJ 07474-0436								
						L	6,179	.75
ACCOUNT NO. 17627								
Neustar, Inc. PO Box 403034 Atlanta, GA 30384-3034								
1.0					L	Ļ	0	.00
Sheet no1 of2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the			e)	\$ 27,425	5.56
			(Use only on last page of the completed Schedule F. Repor the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als tatis	o c	on al	\$	

	T T	
Case	NO	

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Paetec Communications PO Box 1283 Buffalo, NY 14240-1283							22,524.26
ACCOUNT NO. <b>21000021005</b>			service provider			Н	22,324.20
Prescient Worldwide Comtech 21 PO Box 981062 Boston, MA 02298-1062							967.32
ACCOUNT NO.						Н	907.32
Stok Software C/O Glenn Stok 145 Northfield Rd. Hauppauge, NY 11788							900.00
ACCOUNT NO.							
ACCOUNT NO.	_						
ACCOUNT NO.	_						
ACCOUNT NO.							
Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th		age	)	\$ 24,391.58
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical							

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Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

180,690.67

Personal Office, Inc. 251 Milwaukee Ave. Buffalo Grove, IL 60089 Itel Communications Suite E 1550 Grand Ave. Waukegan, IL 60085

The Law Offices of Bradley H. Foreman, P 120 S. State Street Suite 535 Chicago, IL 60603 Network Billing Systems PO Box 436 Wayne, NJ 07474-0436

American Express P.O. Box 0001 Los Angeles, CA 90096-0001 Neustar, Inc. PO Box 403034 Atlanta, GA 30384-3034

AT & T 722 North Broadway Floor 11 Milwaukee, WI 53202 Paetec Communications PO Box 1283 Buffalo, NY 14240-1283

Bank Of America PO Box 15710 Wilmington, DE 19886-5710 Prescient Worldwide Comtech 21 PO Box 981062 Boston, MA 02298-1062

CAL Communications, Inc. 1340 Busch Parkway Buffalo Grove, IL 60089 Stok Software C/O Glenn Stok 145 Northfield Rd. Hauppauge, NY 11788

Capital One PO Box 790217 St. Louis, MO 63179-0217

Charter One Bank Customer Service Center PO Box 42001 Providence, RI 02940-2001

Citibusiness Card PO Box 688905 Des Moines, IA 50368-8905

Custom Mailing Service, Inc. Attn: Penny 2038 S. Foster Ave. Wheelling, IL 60090