B1 (Official	Form 1)(1/		TT 1/ 1	<u> </u>			<u> </u>					
United States Bankruptcy C Southern District of Indiana, Indianapo											Voluntary	<b>Petition</b>
Name of Debtor (if individual, enter Last, First, Middle):  Ray, Michael Wayne						Name	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-1355							Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)					
	ınmeado	*	Street, City,	and State)	):		Street	Address of	f Joint Debtor	r (No. and St	reet, City, and State):	
					Г	ZIP Code <b>46131</b>						ZIP Code
County of R		of the Prin	cipal Place o	f Business			Count	y of Reside	ence or of the	Principal Pl	ace of Business:	-
		ntor (if diffe	rent from str	eet addres	24).		Mailir	ng Address	of Joint Deb	tor (if differe	ent from street address)	)•
ivianing / ide	uress or Dec	otor (ir uirie	Tent Hom su	cet addres			TVI CONTROLLER	ig riddress	or some Bee	tor (ir differe	in from street address,	,.
						ZIP Code						ZIP Code
Location of (if different			siness Debtor ove):	•								
	Type o	f Debtor			Nature	of Business			Chanta	r of Ronkry	ptcy Code Under Wh	ich
(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.)						e) anization d States	defined	ter 9 ter 11 ter 12	Natur (Chec onsumer debts § 101(8) as idual primarily	busi y for	eeding Recognition	
attach si is unable	ee to be paid gned applic e to pay fee ee waiver re	ched  d in installm ation for the except in in equested (ap	nents (applica e court's cons stallments. F pplicable to c e court's cons	able to indisideration Rule 1006	certifying t (b). See Offi ndividuals	hat the debtacial Form 3A only). Must	Check	Debtor is c if: Debtor's a to insider c all applica A plan is Acceptant	aggregate not a sor affiliates able boxes: being filed we ces of the pla	ncontingent land are less that with this petition were solicities.	s defined in 11 U.S.C. or as defined in 11 U.S liquidated debts (exclu n \$2,190,000.	ding debts owed  ne or more
☐ Debtor e	estimates that estimates that	at funds will at, after any	ation  I be available exempt proper for distribut	erty is ex	cluded and	administrat		es paid,		THIS	S SPACE IS FOR COUR	Γ USE ONLY
Estimated N  1- 49	Number of C 50- 99	reditors  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 A  \$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	to \$1	\$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				
				\$100,000,000 to \$500	\$500,000,001 to \$1 billion							

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DI (Olliciai Fori	III 1)(1/08)		rage 2			
Voluntary	y Petition	Name of Debtor(s):  Ray, Michael Wayne				
(This page mus	st be completed and filed in every case)		W. 11 A			
T	All Prior Bankruptcy Cases Filed Within Last					
Location Where Filed:	- None -	Case Number:	Date Filed:			
Location Where Filed:		Case Number:	Date Filed:			
	nding Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If more than				
Name of Debto	or:	Case Number:	Date Filed:			
District:		Relationship:	Judge:			
forms 10K ar pursuant to S and is reques	Exhibit A  leted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission section 13 or 15(d) of the Securities Exchange Act of 1934 string relief under chapter 11.)  A is attached and made a part of this petition.	Exhibit B  (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).  X  Signature of Attorney for Debtor(s) (Date)				
	Eul	<u>l</u> ibit C				
	r own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.		harm to public health or safety?			
		ibit D				
Exhibit l	-	a part of this petition.	separate Exhibit D.)			
☐ Exhibit I	D also completed and signed by the joint debtor is attached a	and made a part of this petition.				
	Information Regardin	_				
•	(Check any ap Debtor has been domiciled or has had a residence, princip days immediately preceding the date of this petition or for	al place of business, or principal asset				
	There is a bankruptcy case concerning debtor's affiliate, ge	• .	•			
	Certification by a Debtor Who Reside (Check all app		rty			
	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)					
	Debtor claims that under applicable nonbankruptcy law, the					
	the entire monetary default that gave rise to the judgment in Debtor has included in this petition the deposit with the coafter the filing of the petition.	• •	-			

B1 (Official Form 1)(1/08) Page 3

# **Voluntary Petition**

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

## 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/ Michael Wayne Ray

Signature of Debtor Michael Wayne Ray

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

August 17, 2009

Date

#### Signature of Attorney\*

#### X /s/ David R. Krebs

Signature of Attorney for Debtor(s)

#### David R. Krebs 5521-49

Printed Name of Attorney for Debtor(s)

#### **HOSTETLER & KOWALIK, P.C.**

Firm Name

101 West Ohio Street Suite 2100 Indianapolis, IN 46204

Address

#### 317-262-1001 Fax: 317-262-1010

Telephone Number

## August 17, 2009

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

Name of Debtor(s):

Ray, Michael Wayne

#### Signatures

#### 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 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.)

Date

Address

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.

**B4** (Official Form 4) (12/07)

# United States Bankruptcy Court Southern District of Indiana, Indianapolis Division

In re	Michael Wayne Ray		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)
(1)	(2)	(3)	(4)	(3)
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]
Primesource Healthcare Systems c/oJackie Bennett/F. Anthony Paganelli One Indiana Square, Suite 3500 Indianapolis, IN 46204	Primesource Healthcare Systems c/oJackie Bennett/F. Anthony Paganelli One Indiana Square, Suite 3500 Indianapolis, IN 46204	Judgment		2,070,597.00
Discover	Discover	Credit card		5,000.00
P.O. Box 30943	P.O. Box 30943			
Salt Lake City, UT 84130	Salt Lake City, UT 84130			

B4 (Offi	cial Form 4) (12/07) - Cont.		
In re	Michael Wayne Ray	Case No.	
	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]

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

I, **Michael Wayne Ray**, 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	August 17, 2009	Signature	/s/ Michael Wayne Ray
			Michael Wayne Ray
			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.

 ${}_{Discover}\quad \text{Case 09-11970-BHL-11}\quad \text{Doc 1}\quad \text{Filed 08/17/09}\quad \text{EOD 08/17/09 12:31:14}\quad \text{Pg 6 of 6}$ 

P.O. Box 30943 Salt Lake City, UT 84130

Huntington National Bank 41 South High Street 7th Floor Columbus, OH 43215

Primesource Healthcare Systems c/oJackie Bennett/F. Anthony Paganelli One Indiana Square, Suite 3500 Indianapolis, IN 46204

Regions Bank Corporate Lending One Indiana Square, Suite 229 Indianapolis, IN 46204