

United States Bankruptcy Court

District of Kansas

VOLUNTARY PETITION

Name of Debtor - (If individual, enter Last, First, Middle): Helmers, Russell G		Name of Joint Debtor (Spouse) (Last, First, Middle): Helmers, Kathy J	
All Other Names used by the Debtor in the last 8 years <small>(include married, maiden, and trade names):</small> dba Helmerts Construction dba Hometown Bingo		All Other Names used by the Joint Debtor in the last 8 years <small>(include married, maiden, and trade names):</small> dba Helmerts Construction dba Hometown Bingo	
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. <small>(if more than one, state all):</small> 1133		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. <small>(if more than one, state all):</small> 3248	
Street Address of Debtor (No. & Street, City, and State): 215 Wire Haysville, KS		Street Address of Joint Debtor (No. & Street, City, and State): 215 Wire Haysville, KS	
<div style="float: right; border: 1px solid black; padding: 2px;"> Zip Code 67060 </div>		<div style="float: right; border: 1px solid black; padding: 2px;"> Zip Code 67060 </div>	
County of Residence or of the Principal Place of Business: Sedgwick		County of Residence or of the Principal Place of Business: Sedgwick	
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):	
<div style="float: right; border: 1px solid black; padding: 2px;"> Zip Code </div>		<div style="float: right; border: 1px solid black; padding: 2px;"> Zip Code </div>	
Location of Principal Assets of Business Debtor: <small>(if different from address listed above)</small>			
<div style="float: right; border: 1px solid black; padding: 2px;"> Zip Code </div>			

Type of Debtor (Form of Organization) (Check one box)	Nature of Business (Check all applicable boxes)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
<input checked="" type="checkbox"/> Individual (includes joint debtors) <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 provide the information requested below.) State type of entity: _____	<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"/> Nonprofit Organization qualified under 26 U.S.C. § 501(c)(3)	<input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 13
Filing Fee (Check one box)		Nature of Debts (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		<input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business
		Chapter 11 Debtors
		Check one box: <input checked="" type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business under 11 U.S.C. § 101(51D).
		Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.

Statistical/Administrative Information (Estimates only)										
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> 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	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001 -	25,001-50,000	50,001-100,000	Over 100,000
	<input type="checkbox"/>	<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"/>
Estimated Assets	\$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 million to \$500 million	\$500 million to \$1 million	More than \$1 million
	<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"/>	<input type="checkbox"/>
Estimated Debts	\$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 million to \$500 million	\$500 million to \$1 million	More than \$1 million
	<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"/>	<input type="checkbox"/>

THIS SPACE FOR COURT USE ONLY

Voluntary Petition (This page must be completed and filed in every case).		Name of Debtor(s): Russell G Helmers and Kathy J Helmers	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheets)			
Location Where Filed:	None	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
<p style="text-align: center;">Exhibit A</p> <p>(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.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition</p>		<p style="text-align: center;">Exhibit B</p> <p>(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.</p> <p>I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> _____ Signature of Attorney for Debtor(s) Date </p>	
<p style="text-align: center;">Exhibit C</p> <p>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?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>		<p style="text-align: center;">Certification Concerning Debt Counseling by Individual/Joint Debtor(s)</p> <p><input checked="" type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition.</p> <p><input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. (Must attach certification describing.)</p>	
Information Regarding the Debtor (Check the Applicable Boxes)			
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.			
Statement by a Debtor Who Resides as a Tenant of a Residential Property			
<i>Check all applicable boxes</i>			
<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 this petition.			

Voluntary Petition

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

Name of Debtor(s):

Russell G Helmers and Kathy J Helmers

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 and 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 § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/Russell G Helmers

Signature of Debtor

X /s/Kathy J Helmers

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

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 § 1515 of title 11 are attached.

Pursuant to § 1511 of title 11, United States Code, 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 Attorney

X /s/Mark J. Lazzo

Signature of Attorney for Debtor(s)

Mark J. Lazzo

12790

Printed Name of Attorney for Debtor(s)

Mark J. Lazzo

Firm Name

129 E Second St

Wichita, KS 67202

Address

(316) 263-6895

(316) 264-4704

Telephone Number

Fax Number

E-mail: mark@lazzolaw.com

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); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 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 19B 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 _____
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 signed 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 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

Mark J. Lazzo
Mark J. Lazzo
129 E Second St
Wichita, KS 67202
Tel: (316) 263-6895
Fax: (316) 264-4704
Attorney for Petitioners

UNITED STATES BANKRUPTCY COURT
District of Kansas

In re:
Russell G Helmers
Last four digits of Social Security No.: 1133
Kathy J Helmers
Last four digits of Social Security No.: 3248
Debtors

Chapter 11
Case Number: _____

VERIFICATION OF CREDITOR MAILING MATRIX

The above named debtors or debtors' attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 8 pages including this declaration, is complete, correct and consistent with the debtors' schedules pursuant to the local bankruptcy rules and we assume all responsibility for errors and omissions.

Dated: Tuesday, August 29, 2006

/s/Russell G Helmers
Russell G Helmers
Debtor

/s/Kathy J Helmers
Kathy J Helmers
Joint Debtor

/s/Mark J. Lazzo
Mark J. Lazzo
Attorney for Petitioners

Bibler & Newman PA
225 N Market Ste 230
Wichita KS 67220

Calvin Dean Homolka II
200 E. 1st Street, Ste 542
Wichita KS 67202-2110

Central States Recovery
PO Box 3130
Hutchinson KS 67504-3130

Credit Protections
1355 Noel Rd Ste 2100
Dallas TX 75240

Foulston Siefkin LLP
100 N Broadway Ste 700
Wichita KS 67202

Goldman, Walker & Deploy
6303 E Tonque Verde Rd Ste 110
Tuscon AZ 85715

Kansas Counselors Inc
1421 N St Paul
Wichita KS 67203-1718

US Attorney
Office of the US Attorney
301 N Main Ste 1200
Wichita KS 67202

Wilbur & Associates
PO Box 2159
Bloomington IL 61702

ACE Recovery Services
PO Box 129
Grand River OH 44045-0129

Allied Interstate
3000 Corporate Exchange Dr
Columbus OH 43231

AmeriCredit
PO Box 183593
Arlington TX 76096

Board of Sedgwick County Commi
Christopher McElgunn, Esq
301 N Main Ste 1600
Wichita KS 67202

Calvary Portfolio Services
4050 E Cotton Center Blvd
Phoenix AZ 85040

Capital One Bank
PO Box 85015
Richmond VA 23285

Carter Waters
PO Box 412676
Kansas City MO 64141

Central Ag Wheel and Tire
4106 Esthner
Wichita KS 67209

Central Plains Laboratory
1719 Highway 183
Phillipsburg KS 67661

Credit Bureau Services
1135 College Dr Ste L-1
Garden City KS 67846

Credit Collections Services
Two Wells Ave Dept 9134
Newton MA 02459

Crystal Driskill
Butler & Associates PA
3706 S Topeka
Topeka KS 66609

Cypress Surgery Center
9300 E 29th St N
Wichita KS 67226

Dan's Heating & Air
349 S Laura
Wichita KS 67211

Derby Eye Care
234 E Greenway
Derby KS 67037

Dillons Co
Newman Reynolds PA
PO Box 47068
Wichita KS 67201

Family Eye Care
1626 E Madison
Derby KS 67037

Family Health Center
1410 Woodlawn
Derby KS 67037

First National Bank of Marin
Credit One Bank
PO Box 98873
Las Vegas NV 89193-8876

First Premier Bank
601 S Minnesota Ave
Sioux Falls SD 57104

First Premier Bank
601 S Minnesota
Sioux Falls SD 57104

Fleet Maintenance
3700 W 30th St S
Wichita KS 67217

FNB Credit One Bank
PO Box 98873
Las Vegas NV 89193

Foley Equipment Company
PO Box 930659
Kansas City MO 64193-0659

Goodville Mutual Casualty Comp
625 W Main
New Holland PA 17557-9343

Hollywood Video
133 E 47th St S
Wichita KS 67216

Internal Revenue Service
271 W 3rd St N Ste 3000
Stop 5333 WIC
Wichita KS 67202-9821

Kansas Department of Labor
200 E Topeka
Topeka KS 66603

Kansas Department of Revenue
915 SW Harrison
Topeka KS 66612

Kansas Department of Transport
Maintenance Dept
3200 E 45th St N
Wichita KS 67220

Kansas Gas Services
1021 E 26th St N
Wichita KS 67219

Liberty Mutual
6800 College Blvd
Shawnee Mission KS

Michael Brown MD PA
3233 E 2nd St
Wichita KS 67208

NCO Financial
PO Box 41466
Philadelphia PA 19101

Risk Management Alternatives
PO Box 105062
Atlanta GA 30348

RSC
PO Box 840514
Dallas TX 75284-0514

Sellers Tractor Company
400 N Chicago St
Salina KS 67401

Southwest National Bank
400 E Douglas Ave
Wichita KS 67202

Southwestern Bell
2024 N Woodlawn
Wichita KS 67208

Southwestern Bell
JNR Adjustment Company Inc
PO Box 27070
Minneapolis MN 55427-0070

SpeedyCash/Rapid Cash
PO Box 3069
Gardena CA 90247-1269

The Yard Store
725 E Central Ave
Wichita KS 67202

Via Christi Reg Med Center
929 N St Francis
Wichita KS 67214-3882

Washington Mutual
4900 Johnson Dr
Pleasanton CA 94588

Wichita Anesthesiology
8080 E Central Ste 250
Wichita KS 67206

WPM Pathology
238 N Fronk
Salina KS 67401