

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of MARYLAND  
(State)

Case number (if known): \_\_\_\_\_ Chapter \_\_\_\_\_

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

SHEPHERD I, LLC

2. All other names debtor used in the last 8 years

N/A

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN)

81-3080040

4. Debtor's address

Principal place of business

1775 I Street, N.W.  
Number Street

Suite 1100

WASHINGTON, D.C. 20006  
City State ZIP Code

County \_\_\_\_\_

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor SHEPHERD LLC  
Name

Case number (if known) \_\_\_\_\_

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11.

Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No
- Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list.

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor SHEPHERD I, LLC  
Name

Case number (if known) \_\_\_\_\_

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, 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.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other \_\_\_\_\_

Where is the property?

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Is the property insured?

- No
- Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- 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
- More than 100,000

15. Estimated assets

- \$0-\$50,000
- \$50,001-\$100,000
- \$100,001-\$500,000
- \$500,001-\$1 million
- \$1,000,001-\$10 million
- \$10,000,001-\$50 million
- \$50,000,001-\$100 million
- \$100,000,001-\$500 million
- \$500,000,001-\$1 billion
- \$1,000,000,001-\$10 billion
- \$10,000,000,001-\$50 billion
- More than \$50 billion

Debtor SHEPHERD I, LLC  
Name

Case number (if known) \_\_\_\_\_

16. Estimated liabilities
- |                                                        |                                                      |                                                        |
|--------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000                  | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000           | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million         | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - I have been authorized to file this petition on behalf of the debtor.
  - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

Rebney L. Byrd  
Signature of authorized representative of debtor

Rebney L. Byrd  
Printed name

Title \_\_\_\_\_

18. Signature of attorney

Randy McRae  
Signature of attorney for debtor

Date 06/28/2016  
MM / DD / YYYY

RANDY McRAE  
Printed name

Firm name  
3178 BLADENSBURG Rd, N.E., P.O. Box #41216  
Number Street  
WASHINGTON D.C. 20018  
City State ZIP Code

(202) 421-7983  
Contact phone

RMCRAE55@verizon.net  
Email address

#10927 MD.  
Bar number State

Fill in this information to identify your case:

Debtor 1 SHEPHERD I, LLC  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Maryland

Case number \_\_\_\_\_  
(If known)

 Check if this is an amended filing

## Official Form 104

**For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**

		Unsecured claim	
<b>1</b>	<b>MAURICIO TRUST</b> <small>Creditor's Name</small> Number <u>5237 River Road, Ste. 357</u> <small>Street</small> <b>Bethesda</b> <b>Md.</b> <small>City State ZIP Code</small> <b>Rodney Levi Byrd</b> <small>Contact</small> Contact phone _____	What is the nature of the claim? <u>NOTES PAYABLE</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>48,000.00</u>
<b>2</b>	<b>Holly Hills Condo Assoc</b> <small>Creditor's Name</small> Number <u>7226 Lee Deforest Drive, Ste. 102</u> <small>Street</small> <b>Columbia</b> <b>Md</b> <u>21046</u> <small>City State ZIP Code</small> Contact _____ Contact phone _____	What is the nature of the claim? <u>CONDO FEES</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$ <u>27,000.00</u>

Debtor 1

**SHEPHERD I, LLC**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Unsecured claim**

<b>3</b>	Creditor's Name	What is the nature of the claim? _____ \$ _____
	Number Street	<b>As of the date you file, the claim is:</b> Check all that apply.
	City State ZIP Code	<input type="checkbox"/> Contingent
	Contact	<input type="checkbox"/> Unliquidated
	Contact phone	<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
		Value of security: - \$ _____
		Unsecured claim \$ _____
<b>4</b>	Creditor's Name	What is the nature of the claim? _____ \$ _____
	Number Street	<b>As of the date you file, the claim is:</b> Check all that apply.
	City State ZIP Code	<input type="checkbox"/> Contingent
	Contact	<input type="checkbox"/> Unliquidated
	Contact phone	<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
		Value of security: - \$ _____
		Unsecured claim \$ _____
<b>5</b>	Creditor's Name	What is the nature of the claim? _____ \$ _____
	Number Street	<b>As of the date you file, the claim is:</b> Check all that apply.
	City State ZIP Code	<input type="checkbox"/> Contingent
	Contact	<input type="checkbox"/> Unliquidated
	Contact phone	<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
		Value of security: - \$ _____
		Unsecured claim \$ _____
<b>6</b>	Creditor's Name	What is the nature of the claim? _____ \$ _____
	Number Street	<b>As of the date you file, the claim is:</b> Check all that apply.
	City State ZIP Code	<input type="checkbox"/> Contingent
	Contact	<input type="checkbox"/> Unliquidated
	Contact phone	<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
		Value of security: - \$ _____
		Unsecured claim \$ _____
<b>7</b>	Creditor's Name	What is the nature of the claim? _____ \$ _____
	Number Street	<b>As of the date you file, the claim is:</b> Check all that apply.
	City State ZIP Code	<input type="checkbox"/> Contingent
	Contact	<input type="checkbox"/> Unliquidated
	Contact phone	<input type="checkbox"/> Disputed
		<input type="checkbox"/> None of the above apply
		<b>Does the creditor have a lien on your property?</b>
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____
		Value of security: - \$ _____
		Unsecured claim \$ _____

Debtor 1

**SHEPHERD I, LLC**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Unsecured claim**

<b>8</b>	_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____ Contact _____ Contact phone	<b>What is the nature of the claim?</b> _____ \$ _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
<b>9</b>	_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____ Contact _____ Contact phone	<b>What is the nature of the claim?</b> _____ \$ _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
<b>10</b>	_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____ Contact _____ Contact phone	<b>What is the nature of the claim?</b> _____ \$ _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$ <u>/S/ Rodney Levi</u> Value of security: - \$ _____ Unsecured claim \$ _____
<b>11</b>	_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____ Contact _____ Contact phone	<b>What is the nature of the claim?</b> _____ \$ _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____
<b>12</b>	_____ Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____ Contact _____ Contact phone	<b>What is the nature of the claim?</b> _____ \$ _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply <b>Does the creditor have a lien on your property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____

Debtor 1

**SHEPHERD I, LLC**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Unsecured claim**

**13**

\_\_\_\_\_  
Creditor's Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Contact  
\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_  
**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
**Does the creditor have a lien on your property?**  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**14**

\_\_\_\_\_  
Creditor's Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Contact  
\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_  
**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
**Does the creditor have a lien on your property?**  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**15**

\_\_\_\_\_  
Creditor's Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Contact  
\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_  
**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
**Does the creditor have a lien on your property?**  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**16**

\_\_\_\_\_  
Creditor's Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Contact  
\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_  
**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
**Does the creditor have a lien on your property?**  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**17**

\_\_\_\_\_  
Creditor's Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Contact  
\_\_\_\_\_  
Contact phone

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_  
**As of the date you file, the claim is:** Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply  
**Does the creditor have a lien on your property?**  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_



Debtor 1

**SHEPHERD I, LLC**

First Name Middle Name Last Name

Case number (if known)

**Unsecured claim**

**18**

Creditor's Name \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**19**

Creditor's Name \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**20**

Creditor's Name \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

What is the nature of the claim? \_\_\_\_\_ \$ \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?  
 No  
 Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

**X** /s/ Rodney Levi Byrd \_\_\_\_\_

Signature of Debtor 1

**X** \_\_\_\_\_

Signature of Debtor 2

Date 06/28/2016  
 MM / DD / YYYY

Date \_\_\_\_\_  
 MM / DD / YYYY

Official Form 201A (12/15)

[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 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

**Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is N/A.

2. The following financial data is the latest available information and refers to the debtor's condition on \_\_\_\_\_.

a. Total assets	\$ <u>100,000</u>	
b. Total debts (including debts listed in 2.c., below)	\$ <u>70,000</u>	
c. Debt securities held by more than 500 holders		Approximate number of holders: <u>NA</u>

secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____

d. Number of shares of preferred stock \_\_\_\_\_  
e. Number of shares common stock \_\_\_\_\_

Comments, if any: \_\_\_\_\_  
\_\_\_\_\_

3. Brief description of debtor's business: REAL ESTATE  
\_\_\_\_\_  
\_\_\_\_\_

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

United States Bankruptcy Court  
District of Maryland

In Re: SHEPHERD I, LLC

Case Number:

Debtor(s)

Chapter: 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 06/28/2016

Signature of Debtor(s): /s/ Rodney L Byrd  
/s/

Fill in this information to identify the case and this filing:

Debtor Name Shepherd I, LLC  
United States Bankruptcy Court for the: \_\_\_\_\_ District of Maryland  
(State)  
Case number (if known): \_\_\_\_\_

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/28/2016  
MM/DD/YYYY

x Rodney L. Byrd  
Signature of individual signing on behalf of debtor

Rodney L. Byrd  
Printed name

Member  
Position or relationship to debtor

Certificate Number: 03088-MD-CC-027676032



03088-MD-CC-027676032

## CERTIFICATE OF COUNSELING

I CERTIFY that on June 29, 2016, at 12:47 o'clock AM CDT, Rodney L Byrd received from Debt Education and Certification Foundation, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Maryland, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: June 29, 2016 By: /s/Dennis Nichols

Name: Dennis Nichols

Title: Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).