48455 County of Residence or of the Principal Place of Business: Lapeer Mailing Address of Debtor (if different from street address): Mailing Address of Debtor (if different from street address): ZIP Code ZIP Code Location of Principal Assets of Business Debtor (if different from street address above): Location of Principal Assets of Business Debtor (if different from street address above): Health Care Business (Check one box) Health Care Business Single Asset Real Estate as defined Individual (includes Joint Debtors) See Exhibit D on prage 2 of this form	tion
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Corporation (includes LLC and LLP) □ Stockbroker □ Chapter 12 □ Chapter 15 Petition for Recognite of a Foreign Nonmain Proceeding □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) □ Chapter 12 □ Chapter 13 of a Foreign Nonmain Proceeding □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) □ Tax-Exempt Entity (Check box, if applicable) □ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). □ Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as □ Debts are primarily or a personal, family, or household purpose." □ Debtor is a small business debtor as defined in 11 U.S.C. § 101(5) □ Full Filing Fee (Check one box) □ Check one box: Chapter 11 Debtors	ion g narily D).
 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. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. 	ts owed
Statistical/Administrative Information THIS SPACE IS FOR COURT USE ON ■ Debtor estimates that funds will be available for distribution to unsecured creditors. THIS SPACE IS FOR COURT USE ON ■ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. THIS SPACE IS FOR COURT USE ON	LY
Estimated Number of Creditors 1 - 50 - 100 - 200 - 1,000 - 5,001 - 10,000 - 25,001 - 50,001 - 000 - 00000 - 0000 - 00000 - 00000 - 00000 -	
Estimated Assets Stoppon Stoppon Stop	
Estimated Liabilities Image: Constraint of the state	

B1 (Official For	rm 1)(1/08)		Page 2		
Voluntary Petition		Name of Debtor(s): Toma Metamora BP, Inc.			
(This page must be completed and filed in every case)					
(All Prior Bankruptcy Cases Filed Within Last	t 8 Years (If more than tw	vo, attach additional sheet)		
Location Where Filed:	- None -	Case Number:	Date Filed:		
Location Where Filed:		Case Number:	Date Filed:		
Pe	nding Bankruptcy Case Filed by any Spouse, Partner, or	Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debt see cover s		Case Number:	Date Filed:		
District:		Relationship:	Judge:		
	Exhibit A		Exhibit B		
forms 10K a pursuant to S	bleted 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 sting relief under chapter 11.)	I, the attorney for the pet have informed the petition 12, or 13 of title 11, Unit	is an individual whose debts are primarily consumer debts.) itioner named in the foregoing petition, declare that I oner that [he or she] may proceed under chapter 7, 11, ed States Code, and have explained the relief available I further certify that I delivered to the debtor the notice 42(b).		
🗖 Exhibit	A is attached and made a part of this petition.	X			
		A Signature of Attorney	for Debtor(s) (Date)		
	Exh	ibit C			
	or own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.	pose a threat of imminent ar	nd identifiable harm to public health or safety?		
	Exh	ibit D			
☐ Exhibit If this is a join	-	a part of this petition.			
L Exhibit	D also completed and signed by the joint debtor is attached a		lition.		
	Information Regardin	0			
	(Check any applicable box) 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.				
	Certification by a Debtor Who Reside (Check all app		ntial Property		
	Landlord has a judgment against the debtor for possession	· · · · · · · · · · · · · · · · · · ·	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 for possession, after the judgment for possession was entered, and 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 the petition. Debtor certifies that he/she has served the Landlord with the	his certification. (11 U.S.C	C. § 362(1)).		
	Debtor certifies that he/she has served the Landlord with the 10-35528-dof Doc 1 Filed 10/14/10	Entered 10/14/10	06:51:23 Page 2 of 3		

10-35528-dof Doc 1 Filed 10/14/10 Entered 10/14/10 06:51:23 Page 2 of 3

luntary Petition	Name of Debtor(s):
·	Toma Metamora BP, Inc.
is page must be completed and filed in every case)	
3بع Signature(s) of Debtor(s) (Individual/Joint)	gnatures Signature of a Foreign Representative
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 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 Concertified copies of the documents required by 11 U.S.C. §1515 are attached
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.	recognition of the foreign main proceeding is attached.
	X
Signature of Debtor	Signature of Foreign Representative
-	Printed Name of Foreign Representative
Signature of Joint Debtor	Printed Name of Foreign Representative
	Date
Telephone Number (If not represented by attorney)	
	Signature of Non-Attorney Bankruptcy Petition Preparer
Date	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
Signature of Attorney*	compensation and have provided the debtor with a copy of this document
Signature of Actor ney	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
/s/ Robert N. Bassel Signature of Attorney for Debtor(s)	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
Signature of Attorney for Debtor(s)	of the maximum amount before preparing any document for filing for a
Robert N. Bassel	debtor or accepting any fee from the debtor, as required in that section.
Robert N. Bassel Printed Name of Attorney for Debtor(s)	Official Form 19 is attached.
	Printed Name and title, if any, of Bankruptcy Petition Preparer
Firm Name P.O. Box T	Timed Tume and dae, if any, of Daminaptey Teadon Treparer
Clinton, MI 49236	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
Address	preparer.)(Required by 11 U.S.C. § 110.)
Email: bbassel@gmail.com	
248.677.1234 Fax: 248.369.4749	
Telephone Number	
	Address
Date	Address
*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.	X
	Date
Signature of Debtor (Corporation/Partnership)	
	Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.
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.	Names and Social-Security numbers of all other individuals who prepared
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	assisted in preparing this document unless the bankruptcy petition prepare not an individual:
/s/ Rafah Toma	
Signature of Authorized Individual	
Rafah Toma	If more than one person prepared this document, attach additional sheets
Printed Name of Authorized Individual	conforming to the appropriate official form for each person.
President	A bankruptcy petition preparer's failure to comply with the provisions of
Title of Authorized Individual	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.