| | | | | _ |
|-----------|--|---|---|---|
| Fill | in this information to ident | ify your case: | | |
| Uni | ted States Bankruptcy Court | for the: | | |
| EA: | STERN DISTRICT OF MICHI | GAN | _ | |
| Cas | se number (if known) | | Chapter 11 | |
| | | | | Check if this an amended filing |
| V If m | ore space is needed, attach | on for Non-Individue a separate sheet to this form. On the to the document, Instructions for Bankrupt | op of any additional pages, write the | debtor's name and case number (if known). |
| 1. | Debtor's name | Genesis Total Healthcare, Inc. | | |
| 2. | All other names debtor used in the last 8 years | | | |
| | Include any assumed names, trade names and doing business as names | | | |
| 3. | Debtor's federal Employer Identification Number (EIN) | 37-1457423 | | |
| 4. | Debtor's address | Principal place of business | Mailing addre | ss, if different from principal place of |
| | | 3089 Tripark | | |
| | | Grand Blanc, MI 48439 Number, Street, City, State & ZIP Code | P.O. Box, Num | ber, Street, City, State & ZIP Code |
| | | Genesee County | Location of properties of busing | incipal assets, if different from principal less |
| | | | Number, Stree | t, City, State & ZIP Code |
| 5. | Debtor's website (URL) | jekong@universalems.net | | |
| 6. | Type of debtor | Corporation (including Limited Liabil | ity Company (LLC) and Limited Liability | / Partnership (LLP)) |
| | | ☐ Partnership (excluding LLP) | , z zpa, (===) and Emmod Edomit | , |

☐ Other. Specify:

| Deb | or Genesis Total Health | care, Inc. | | Case number (if known) | |
|-----|--|--|--|--|--|
| | Name | | | | |
| 7. | Describe debtor's business | ■ Health Care Busines □ Single Asset Real E □ Railroad (as defined □ Stockbroker (as defined □ Commodity Broker (□ Clearing Bank (as d □ None of the above B. Check all that apply | ss (as defined in 11 U.S.C. § 10 state (as defined in 11 U.S.C. § 1 in 11 U.S.C. § 101(44)) med in 11 U.S.C. § 101(53A)) as defined in 11 U.S.C. § 101(6) efined in 11 U.S.C. § 781(3)) | 101(51B)) | |
| | | | | d investment vehicle (as defined in 15 U | .S.C. §80a-3) |
| | | ☐ Investment advisor (| (as defined in 15 U.S.C. §80b-2(| a)(11)) | |
| | | | can Industry Classification Syste urts.gov/four-digit-national-asso | m) 4-digit code that best describes debto ciation-naics-codes. | or. |
| 8. | Under which chapter of the Bankruptcy Code is the debtor filing? | Check one: Chapter 7 Chapter 9 Chapter 11. Check a | Debtor's aggregate nonconting are less than \$2,566,050 (and The debtor is a small business business debtor, attach the mostatement, and federal income procedure in 11 U.S.C. § 1116 A plan is being filed with this p Acceptances of the plan were accordance with 11 U.S.C. § 1 The debtor is required to file p Exchange Commission accordantachment to Voluntary Petitic (Official Form 201A) with this file. | etition. solicited prepetition from one or more cla 126(b). eriodic reports (for example, 10K and 10 ling to § 13 or 15(d) of the Securities Exc on for Non-Individuals Filing for Bankrupi | d every 3 years after that). D). If the debtor is a small perations, cash-flow on not exist, follow the asses of creditors, in Q) with the Securities and change Act of 1934. File the cy under Chapter 11 |
| 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 | |
| | oopulato iioti | District | When | Case number | |
| 10. | Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? List all cases. If more than 1, | ■ No □ Yes. | | | |
| | attach a separate list | Debtor | | Relationship | |
| | | District | When | Case number, if I | known |
| | | | | | |

Case number (if known)

Debtor

| Debt | Control Total Hou | lthca | re, In | C. | | Case number (| if known) | |
|------|--|-----------------------|--|-------------------------------------|---|---|--|--------|
| | Name | | | | | | | |
| 11. | Why is the case filed in | Check all that apply: | | | | | | |
| | this district? | | | | | cipal place of business, or principal a or for a longer part of such 180 day | assets in this district for 180 days immediately s than in any other district. | |
| | | | A b | ankruptc | y case concerning de | ebtor's affiliate, general partner, or pa | artnership is pending in this district. | |
| 12. | Does the debtor own or | | No | | | | | |
| | have possession of any real property or personal | Λ | | Answer I | nswer below for each property that needs immediate attention. Attach additional sheets if needed. | | | |
| | property that needs immediate attention? | | | Why do | es the property nee | d immediate attention? (Check all | that apply.) | |
| | | | | ☐ It pos | ses or is alleged to po | se a threat of imminent and identifia | ble hazard to public health or safety. | |
| | | | | What | is the hazard? | | | |
| | | | | ☐ It nee | eds to be physically s | ecured or protected from the weathe | r. | |
| | | | | | | ds or assets that could quickly deteri meat, dairy, produce, or securities-r | orate or lose value without attention (for exampelated assets or other options). | ple, |
| | | | | ☐ Other | r | | | |
| | | | | Where is | s the property? | | | |
| | | | | | | Number, Street, City, State & ZIP | Code | |
| | | | | Is the pr | roperty insured? | | | |
| | | | | ☐ No | | | | ample, |
| | | | | ☐ Yes. | Insurance agency | | | |
| | | | | | Contact name | | | |
| | | | | | Phone | | | |
| | | | | | | | | |
| | Statistical and admin | istrat | ive in | formatio | n | | | |
| 13. | Debtor's estimation of | | Cł | heck one | <i>:</i> | | | |
| | available funds | | | Funds v | vill be available for di | stribution to unsecured creditors. | | |
| | | | ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors. | | | | | |
| | | | | | | | | |
| 14. | Estimated number of creditors | | 1-49 | | | ☐ 1,000-5,000 ☐ 5004 40 000 | 25,001-50,000 | |
| | | | 50-99 100-19 | 20 | | □ 5001-10,000 □ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than100,000 | |
| | | | 200-19 200-99 | | | — 10,001 20,000 | = More than ree, ese | |
| | | | | | | | | |
| 15. | Estimated Assets | | | 50,000 | | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | |
| | | | |)1 - \$100, | | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | |
| | | | | 001 - \$500 | | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millio | | |
| | □ \$500,001 - \$1 m | | nillion | — \$100,000,001 \$000 Hillio | | | | |
| 16. | Estimated liabilities | bilities | | | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | | | \$50,00 | 01 - \$100 | | ☐ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | |
| | | | | 001 - \$500 | • | □ \$50,000,001 - \$100 million | | |
| | | • 9 | \$500,0 | 001 - \$1 n | nillion | □ \$100,000,001 - \$500 millio | n More than \$50 billion | |
| | | | - | | | | | |

| Debtor Genesis Total | Healthcare, Inc. | Case number (if known) |
|----------------------|------------------|------------------------|
|----------------------|------------------|------------------------|

Name

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 trued and correct.

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

Executed on September 8, 2017

MM / DD / YYYY

| X | /s/ Judith Ekong | Judith Ekong | |
|---|--|--------------|--|
| | Signature of authorized representative of debtor | Printed name | |
| | Title president | | |

18. Signature of attorney

| / /s/ George E. Jacobs | | Date September 8, 2017 |
|--|---------------|------------------------|
| Signature of attorney for debtor | | MM / DD / YYYY |
| George E. Jacobs | | |
| Printed name | | |
| Bankruptcy Law Offices | | |
| Firm name | | |
| 2425 S. Linden Rd. | | |
| Ste. C | | |
| Flint, MI 48532 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (810) 720-4333 | Email address | george@bklawoffice.com |

P36888

Bar number and State

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Comcast 01-6 41112 Concept Dr. Plymouth, MI 48170

Comcast Cadem 41112 Concept Dr. Plymouth, MI 48170

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Douglass Philpott 503 S. Saginaw Ste.1415 Flint, MI 48502

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Guy Howd 7411 Heatherwood Dr. 1B Grand Blanc, MI 48439

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Philadelphia, PA 19255

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