

United States Bankruptcy Court
WESTERN DISTRICT OF MICHIGAN, SOUTHERN DIVISION

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Reid H Olds DDS PC
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): None
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.No./Complete EIN or other Tax ID No. (if more than one, state all): ; EIN: 38-2781417
Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all):

Street Address of Debtor (No. & Street, City, and State)
2037 W Grand River Ave
Okemos, MI
ZIPCODE 48864
Street Address of Joint Debtor (No. & Street, City, and State)
ZIPCODE

County of Residence or of the Principal Place of Business: Ingham
County of Residence or of the Principal Place of Business:

Mailing Address of Debtor (if different from street address):
PO Box 161
Okemos, MI
ZIPCODE 48864
Mailing Address of Joint Debtor (if different from street address):
ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):
Attorney: Gregory W. Smith, P20657
Debt Relief Legal Clinic of Michigan, P.C.
4710 W. Saginaw, Ste. 7
Lansing MI 48917 ph: 517.321.6804
ZIPCODE

Type of Debtor (Form of Organization) (Check one box)
[ ] Individual (includes Joint Debtors)
[X] Corporation (includes LLC and LLP)
[ ] Partnership
[ ] Other (if debtor is not one of the above entities, check this box and provide the information requested below)
State type of entity:
Nature of Business (Check all applicable boxes)
[X] Health Care Business
[ ] Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)
[ ] Railroad
[ ] Stockbroker
[ ] Commodity Broker
[ ] Clearing Bank
[ ] Nonprofit Organization qualified under 15 U.S.C. § 501(c)(3)
Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
[ ] Chapter 7 [X] Chapter 11 [ ] Chapter 13
[ ] Chapter 9 [ ] Chapter 12 [ ] Chapter 15 Petition for Recognition of a Foreign Proceeding
Nature of Debts (Check one box)
[ ] Consumer/Non-Business [X] Business

Filing Fee (Check one box)
[X] Full Filing Fee attached
[ ] 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 No. 3A.
[ ] Filing Fee waiver requested (Applicable to individuals only). Must attach signed application for the court's consideration. See Official Form 3B.
Chapter 11 Debtors: (Check any applicable box)
[ ] Debtor is a small business as defined in 11 U.S.C. § 101(51D)
[X] Debtor is not a small business as defined in 11 U.S.C. § 101(51D)
[ ] Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million

Statistical/Administrative Information
[ ] Debtor estimates that funds will be available for distribution to unsecured creditors.
[X] 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 [X] 50-99 [ ] 100-199 [ ] 200-999 [ ] 1000-5000 [ ] 5,001-10,000 [ ] 10,001-25,000 [ ] 25,001-50,000 [ ] 50,001-100,000 [ ] OVER 100,000 [ ]
Estimated Assets
\$0 to \$50,000 [X] \$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 [ ] More than \$100 million [ ]
Estimated Debts
\$0 to \$50,000 [ ] \$50,001 to \$100,000 [ ] \$100,001 to \$500,000 [X] \$500,001 to \$1 million [ ] \$1,000,001 to \$10 million [ ] \$10,000,001 to \$50 million [ ] \$50,000,001 to \$100 million [ ] More than \$100 million [ ]

THIS SPACE IS FOR COURT USE ONLY



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

Name of Debtor(s):  
Reid H Olds DDS PC

**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, 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 § 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** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative of a Recognized Foreign Proceedings**

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 main 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** \_\_\_\_\_  
Signature of Attorney for Debtor(s)

**GREGORY W. SMITH P20657**  
Printed Name of Attorney for Debtor(s)

**Debt Relief Legal Clinic of Michigan, P.C.**  
Firm Name

**4710 W. Saginaw, Ste. 7**  
Address

**Lansing MI 48917**  
Address

**517.321.6804**  
Telephone Number

\_\_\_\_\_  
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 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(c).)

\_\_\_\_\_  
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 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

**REID H OLDS**  
Printed Name of Authorized Individual

**President**  
Title of Authorized Individual

**9-7-6**  
Date

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