

B1 (Official Form 1)(1/08)

**United States Bankruptcy Court
Western District of Michigan**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Scavarda, Michael A	Name of Joint Debtor (Spouse) (Last, First, Middle): Scavarda, Laurie L
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	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. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-4651	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-1888
Street Address of Debtor (No. and Street, City, and State): 4999 Deer Run Lane Holt, MI	Street Address of Joint Debtor (No. and Street, City, and State): 4999 Deer Run Lane Holt, MI
ZIP Code 48842	ZIP Code 48842
County of Residence or of the Principal Place of Business: Ingham	County of Residence or of the Principal Place of Business: Ingham
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <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 state type of entity below.)	Nature of Business (Check one box) <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 checked="" type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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Filing Fee (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.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information

Debtor estimates that funds will be available for distribution to unsecured creditors.
 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									
<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"/>	<input type="checkbox"/>
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	OVER 100,000

Estimated Assets									
<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"/>	<input type="checkbox"/>
\$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	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

Estimated Liabilities									
<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"/>
\$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	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Scavarda, Michael A Scavarda, Laurie L	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -		Case Number:	Date Filed:
Location Where Filed:		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:
Exhibit A (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.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (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. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). X _____ Signature of Attorney for Debtor(s) (Date)	
Exhibit C 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? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - 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.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) <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 the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

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

Name of Debtor(s):
Scavarda, Michael A
Scavarda, Laurie L

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 11 U.S.C. §342(b).
 I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Michael A Scavarda
 Signature of Debtor **Michael A Scavarda**

X /s/ Laurie L Scavarda
 Signature of Joint Debtor **Laurie L Scavarda**

Telephone Number (If not represented by attorney)

October 30, 2008

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 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, 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/ Charles R. Cuzydlo
 Signature of Attorney for Debtor(s)

Charles R. Cuzydlo P48503
 Printed Name of Attorney for Debtor(s)

Cuzydlo Law Group, PLLC
 Firm Name

2193 Association Drive, Suite 500
Okemos, MI 48864

Address

Email: **ecf@cuzydlolaw.com**

(517) 853-3962 Fax: (517) 853-6784

Telephone Number

October 30, 2008

Date

*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.

Signature of Non-Attorney Bankruptcy 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(h) 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 19 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 _____

Date

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

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Official Form 1, Exhibit D (10/06)

**United States Bankruptcy Court
Western District of Michigan**

In re Michael A Scavarda
Laurie L Scavarda

Debtor(s)

Case No. _____

Chapter 11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Michael A Scavarda
 Michael A Scavarda

Date: October 30, 2008

Official Form 1, Exhibit D (10/06)

**United States Bankruptcy Court
Western District of Michigan**

In re Michael A Scavarda
Laurie L Scavarda

Debtor(s)

Case No. _____

Chapter 11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]* _____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

Official Form 1, Exh. D (10/06) - Cont.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Laurie L Scavarda
 Laurie L Scavarda

Date: October 30, 2008

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Western District of Michigan

In re Michael A Scavarda
Laurie L Scavarda

Debtor(s)

Case No.

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Auto Owners Insurance P.O. Box 30315 Lansing, MI 48909	Auto Owners Insurance P.O. Box 30315 Lansing, MI 48909	Insurance dues		20,016.66
Avery Oil & Propane 3700 Rives Eaton Road Rives Junction, MI 49277	Avery Oil & Propane 3700 Rives Eaton Road Rives Junction, MI 49277	Business Supplies		47,332.10
Benfcl/Hfc Pob 1547 Chesapeake, VA 23327	Benfcl/Hfc Pob 1547 Chesapeake, VA 23327	CheckCreditOrLine OfCredit		7,134.00
Cach Llc 370 17th Street Denver, CO 80202	Cach Llc 370 17th Street Denver, CO 80202	Collection 08 Household Bank		3,944.00
Chase 800 Brooksedge Blv Westerville, OH 43081	Chase 800 Brooksedge Blv Westerville, OH 43081	CreditCard		6,622.00
Countrywide 450 American St Simi Valley, CA 93065	Countrywide 450 American St Simi Valley, CA 93065	ConventionalRealE stateMortgage		131,652.00 (Unknown secured)
Countrywide 450 American St Simi Valley, CA 93065	Countrywide 450 American St Simi Valley, CA 93065	ConventionalRealE stateMortgage		37,298.00 (Unknown secured)
Dart National Bank 3689 Park St. PO Box 40 Mason, MI 48854-1659	Dart National Bank 3689 Park St. PO Box 40 Mason, MI 48854-1659	Loan		29,134.65 (0.00 secured)
Discover Fin Pob 15316 Wilmington, DE 19850	Discover Fin Pob 15316 Wilmington, DE 19850	CreditCard		7,032.00
Eiseler Oil 15714 S US 27 Lansing, MI 48906	Eiseler Oil 15714 S US 27 Lansing, MI 48906			38,000.00
Harper Road Lake Estates 4135 Vondell Parkway Lansing, MI 48917	Harper Road Lake Estates 4135 Vondell Parkway Lansing, MI 48917	Monthly Rental		3,973.24

B4 (Official Form 4) (12/07) - Cont.

Michael A Scavarda

In re Laurie L Scavarda

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Ingham Regional Medical Center Billing and Patient Accounts 401 W Greenlawn Ave Lansing, MI 48910	Ingham Regional Medical Center Billing and Patient Accounts 401 W Greenlawn Ave Lansing, MI 48910	Medical expense		8,068.10
Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114-0326	Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114-0326	Tax Liens		142,295.00
Macatawa Bank 10753 Macatawa Drive Holland, MI 49424	Macatawa Bank 10753 Macatawa Drive Holland, MI 49424			14,546.44 (0.00 secured)
Michigan Dept of Treasury PO Box 30199 Lansing, MI 48909	Michigan Dept of Treasury PO Box 30199 Lansing, MI 48909	Tax Lien		12,229.00
Roosen, Varchetti & Olivier PO Box 380170 Attn: Richard G. Roosen Clinton Township, MI 48038	Roosen, Varchetti & Olivier PO Box 380170 Attn: Richard G. Roosen Clinton Township, MI 48038	Judgment		4,145.51
Southwest Brake 951 South Dix Street Detroit, MI 48217	Southwest Brake 951 South Dix Street Detroit, MI 48217			6,500.00
Stockbridge State Bank	Stockbridge State Bank			23,000.00 (0.00 secured)
Us Dep Ed 501 Bleeker Street Utica, NY 13502	Us Dep Ed 501 Bleeker Street Utica, NY 13502	Other Student Loan		4,127.00
Windmill Truck Stop, Inc. 7262 Lansing Road Dimondale, MI 48821	Windmill Truck Stop, Inc. 7262 Lansing Road Dimondale, MI 48821			7,178.31

B4 (Official Form 4) (12/07) - Cont.

In re **Michael A Scavarda**
Laurie L Scavarda _____
Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

We, **Michael A Scavarda** and **Laurie L Scavarda**, the debtors in this case, declare under penalty of perjury that we have read the foregoing list and that it is true and correct to the best of our information and belief.

Date **October 30, 2008** _____

Signature **/s/ Michael A Scavarda** _____
Michael A Scavarda
Debtor

Date **October 30, 2008** _____

Signature **/s/ Laurie L Scavarda** _____
Laurie L Scavarda
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Western District of Michigan**

In re Michael A Scavarda
Laurie L Scavarda Debtor(s) Case No. _____
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: October 30, 2008 /s/ Michael A Scavarda
Michael A Scavarda
Signature of Debtor

Date: October 30, 2008 /s/ Laurie L Scavarda
Laurie L Scavarda
Signature of Debtor

INTERNAL REVENUE SERVICE
P.O. BOX 21126
PHILADELPHIA PA 19114-0326

STATE OF MICHIGAN
DEPT.OF LABOR & ECONOMIC
GROWTH, UIA
3030 W. GRAND BLVD.
DETROIT MI 48202

30TH CIRCUIT COURT
PO BOX 40771
LANSING MI 48909

55TH DISTRICT COURT
700 BUHL DRIVE
MASON MI 48854

ARROW UNIFORM
6400 MONROE ROAD
TAYLOR MI 48180

AT&T
PO BOX 8100
AURORA IL 60507-8100

AUTO OWNERS INSURANCE
P.O. BOX 30315
LANSING MI 48909

AVERY OIL & PROPANE
3700 RIVES EATON ROAD
RIVES JUNCTION MI 49277

BENFCL/HFC
POB 1547
CHESAPEAKE VA 23327

CACH LLC
370 17TH STREET
DENVER CO 80202

CADILLAC ACCNTS REC MG
PO BOX 358
CADILLAC MI 49601

CADILLAC TRUCK SERVICE
PO BOX 304
CADILLAC MI 49601

CAP ONE
POB 30281
SALT LAKE CITY UT 84130

CAPITAL INTERNAL MEDICINE ASSO
3955 PATIENT CARE DRIVE
LANSING MI 48911-4271

CBCS
PO BOX 2890
COLUMBUS OH 43216-2890

CHASE
800 BROOKSEGE BLV
WESTERVILLE OH 43081

CLEVELAND CLINIC CUSTOMER SERV
9500 EUCLID AVENUE
CLEVELAND OH 44195

CONSUMERS ENERGY
LANSING MI 48937

COUNTRYWIDE
450 AMERICAN ST
SIMI VALLEY CA 93065

DART NATIONAL BANK
3689 PARK ST.
PO BOX 40
MASON MI 48854-1659

DELHI TOWNSHIP
HARRY R. AMMON, TREASURER
2074 AURELIUS RD.
HOLT MI 48842

DISCOVER FIN
POB 15316
WILMINGTON DE 19850

EISELER OIL
15714 S US 27
LANSING MI 48906

HARPER ROAD LAKE ESTATES
4135 VONDELL PARKWAY
LANSING MI 48917

HFC-TA
2700 SANDERS ROAD
SKOKIE IL 60076

HOUSEHOLD
POB 1547
CHESAPEAKE VA 23327

INGHAM REGIONAL MEDICAL CENTER
BILLING AND PATIENT ACCOUNTS
401 W GREENLAWN AVE
LANSING MI 48910

JON K JENKINS
216 E ASH SUITE 102
MASON MI 48854-0303

KNAGGS, HARTER, BRAKE & SCHNEI
ATTN: JAMIE M MCPARTLIN
7521 WESTSHIRE DRIVE SUITE 100
LANSING MI 48917-8660

LANSING BOARD OF WATER & LIGHT
P.O. BOX 13007
LANSING MI 48901

MACATAWA BANK
10753 MACATAWA DRIVE
HOLLAND MI 49424

MICHIGAN DEPT OF TREASURY
PO BOX 30199
LANSING MI 48909

NEALS TRUCK PARTS
2111 CHICAGO DRIVE S.W.
WYOMING MI 49509

NES
29125 SOLON ROAD
SOLON OH 44139

OVERHEAD DOOR OF LANSING
2045 E-M78
EAST LANSING MI 48823

ROOSEN VARCHETTI & OLIVER
PO BOX 380170
CLINTON TOWNSHIP MI 48038

ROOSEN, VARCHETTI & OLIVIER
PO BOX 380170
ATTN: RICHARD G. ROOSEN
CLINTON TOWNSHIP MI 48038

SOUTHWEST BRAKE
951 SOUTH DIX STREET
DETROIT MI 48217

STOCKBRIDGE STATE BANK

THORACIC CARDIOVASCULAR INST
3500 S. CEDAR ST.
SUITE 116
LANSING MI 48910

US DEP ED
501 BLEEKER STREET
UTICA NY 13502

WASTE MANAGEMENT OF MICHIGAN
48797 ALPHA DR.
STE. 150
WIXOM MI 48393

WINDMILL TRUCK STOP, INC.
7262 LANSING ROAD
DIMONDALE MI 48821