

**United States Bankruptcy Court
District of Minnesota**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Afton Care St. Croix, LLC	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):	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) 35-2224562	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 15890 31st Street South Afton, MN	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 55001	ZIP Code
County of Residence or of the Principal Place of Business: Washington	County of Residence or of the Principal Place of Business:
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 type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" 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 <hr/> 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.

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 checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input 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 \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). 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 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

Estimated Liabilities

<input type="checkbox"/>	<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"/>
\$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): Afton Care St. Croix, LLC	
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		Exhibit B	
(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.)		(To be completed if debtor is an individual whose debts are primarily consumer debts.)	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		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 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 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):
Afton Care St. Croix, LLC

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 _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

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 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 Attorney*

X /s/ Steven B. Nosek _____
Signature of Attorney for Debtor(s)

Steven B. Nosek 79960 _____
Printed Name of Attorney for Debtor(s)

Steven B. Nosek, P.A. _____
Firm Name

Attorney at Law
2855 Anthony Lane S, #201
St. Anthony, MN 55418

Address

Email: snosek@visi.com

612-335-9171 Fax: 612-789-2109 _____
Telephone Number

July 6, 2011 _____
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 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 /s/ Ellen M. Triemert _____
Signature of Authorized Individual

Ellen M. Triemert _____
Printed Name of Authorized Individual

President _____
Title of Authorized Individual

July 6, 2011 _____
Date

**United States Bankruptcy Court
District of Minnesota**

In re **Afton Care St. Croix, LLC**

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>
Anchor Bank 14665 Galaxie Ave Suite B Apple Valley, MN 55124-4508	Anchor Bank 14665 Galaxie Ave Suite B Apple Valley, MN 55124-4508	Residential Care Property - Residential Care Facility (Assisted Living) Afton Senior Care Center Location: 15890 31st Street South, Afton MN 55001 P		1,052,891.01 (817,900.00 secured)
Barry Genson New Level of Clean PO Box 84 Hudson, WI 54016	Barry Genson New Level of Clean PO Box 84 Hudson, WI 54016			525.00
Citicards Processing Center Des Moines, IA 50363	Citicards Processing Center Des Moines, IA 50363			7,315.59
Eagle Valley Bank Attn: Kevin Thielfeldt 14800 Galaxie Avenue Apple Valley, MN 55124	Eagle Valley Bank Attn: Kevin Thielfeldt 14800 Galaxie Avenue Apple Valley, MN 55124			428,774.17 (0.00 secured)
Greig R. Tennis Tennis and Collins, P.A. 20 North Lake Street Forest Lake, MN 55025	Greig R. Tennis Tennis and Collins, P.A. 20 North Lake Street Forest Lake, MN 55025			Unknown
Gwizdala & Associates, Inc. 4519 Allendale Drive White Bear Township, MN 55127	Gwizdala & Associates, Inc. 4519 Allendale Drive White Bear Township, MN 55127			19,267.00
Internal Revenue Service 30 E 7th St, #1222 Mail Stop 5700-Att Eileen Barr Saint Paul, MN 55101	Internal Revenue Service 30 E 7th St, #1222 Mail Stop 5700-Att Eileen Barr Saint Paul, MN 55101	Withholding Taxes		571.47
Maria Luisa Guion 15612 36th Street South Afton, MN 55001	Maria Luisa Guion 15612 36th Street South Afton, MN 55001			2,100.00

B4 (Official Form 4) (12/07) - Cont.
 In re **Afton Care St. Croix, LLC**

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>
Minnesota Dept of Labor & Ind Financial Services/Code 443 Lafayette Rd Saint Paul, MN 55155-4304	Minnesota Dept of Labor & Ind Financial Services/Code 443 Lafayette Rd Saint Paul, MN 55155-4304			5,766.65
Minnesota Revenue PO Box 64649 Saint Paul, MN 55164-0649	Minnesota Revenue PO Box 64649 Saint Paul, MN 55164-0649	Withholding Taxes		2,302.29
Minnesota UI Fund PO Box 64621 Saint Paul, MN 55164-0621	Minnesota UI Fund PO Box 64621 Saint Paul, MN 55164-0621	Withholding Taxes		873.00
Premium Financing Specialists a Division of IPFS Corporation 8245 Nieman Rod. #100 Lenexa, KS 66214	Premium Financing Specialists a Division of IPFS Corporation 8245 Nieman Rod. #100 Lenexa, KS 66214	Work Comp Ins.		7,586.70
Premium Financing Specialists a Division of IPFS Corporation 8245 Nieman Rod. #100 Lenexa, KS 66214	Premium Financing Specialists a Division of IPFS Corporation 8245 Nieman Rod. #100 Lenexa, KS 66214	Insurance		6,555.84
Tom Johnson 15311 South Putnam Blvd. Afton, MN 55001	Tom Johnson 15311 South Putnam Blvd. Afton, MN 55001	Residential Care Property - Residential Care Facility (Assisted Living) Afton Senior Care Center Location: 15890 31st Street South, Afton MN 55001 P		60,000.00 (817,900.00 secured) (1,052,891.01 senior lien)

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

In re **Afton Care St. Croix, LLC**

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

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

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **July 6, 2011**Signature **/s/ Ellen M. Triemert****Ellen M. Triemert****President**

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.

ANCHOR BANK
14665 GALAXIE AVE SUITE B
APPLE VALLEY MN 55124-4508

BARRY GENSON
NEW LEVEL OF CLEAN
PO BOX 84
HUDSON WI 54016

CITICARDS
PROCESSING CENTER
DES MOINES IA 50363

EAGLE VALLEY BANK
ATTN: KEVIN THIELFELDT
14800 GALAXIE AVENUE
APPLE VALLEY MN 55124

ELLEN M. TRIEMERT
13115 50TH STREET SOUTH
AFTON MN 55001-9305

GREIG R. TENNIS
TENNIS AND COLLINS, P.A.
20 NORTH LAKE STREET
FOREST LAKE MN 55025

GWIZDALA & ASSOCIATES, INC.
4519 ALLENDALE DRIVE
WHITE BEAR TOWNSHIP MN 55127

INTERNAL REVENUE SERVICE
30 E 7TH ST, #1222
MAIL STOP 5700-ATT EILEEN BARR
SAINT PAUL MN 55101

JAMES F. CHRISTOFFEL
CHRISTOFFEL & ELLIOTT, P.A.
444 CEDAR STREET, #1111
SAINT PAUL MN 55101-2129

JOSEPH M. PAIEMENT
PAIEMENT LAW OFFICE LLC
221 EAST MYRTLE STREET
STILLWATER MN 55082

MARIA LUISA GUION
15612 36TH STREET SOUTH
AFTON MN 55001

MINNESOTA DEPT OF LABOR & IND
FINANCIAL SERVICES/CODE
443 LAFAYETTE RD
SAINT PAUL MN 55155-4304

MINNESOTA REVENUE
PO BOX 64649
SAINT PAUL MN 55164-0649

MINNESOTA UI FUND
PO BOX 64621
SAINT PAUL MN 55164-0621

PREMIUM FINANCING SPECIALISTS
A DIVISION OF IPFS CORPORATION
8245 NIEMAN ROD. #100
LENEXA KS 66214

TOM JOHNSON
15311 SOUTH PUTNAM BLVD.
AFTON MN 55001