

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name S. Hemenway, 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) 38-3656816

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 500 E Trevelers Trail Suite 100 Burnsville, MN 55337 Dakota

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor **S. Hemenway, Inc.**  
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

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 _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____
	Case number, if known _____

Debtor **S. Hemenway, Inc.**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- Debtor has had its domicile, 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.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**15. Estimated Assets**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000      | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000     | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million   | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000                  | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input checked="" type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000           | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million         | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

Debtor **S. Hemenway, Inc.**  
Name

Case number (if known)

**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 true and correct.

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

Executed on **May 2, 2016**  
MM / DD / YYYY

**X /s/ Scott Hemenway**  
Signature of authorized representative of debtor  
  
Title **President**

**Scott Hemenway**  
Printed name

**18. Signature of attorney**

**X /s/ Steven B. Nosek**  
Signature of attorney for debtor

Date **May 2, 2016**  
MM / DD / YYYY

**Steven B. Nosek**  
Printed name

**Steven B. Nosek, P.A.**  
Firm name

**Attorney at Law**  
**2855 Anthony Lane S, #201**  
**St. Anthony, MN 55418**  
Number, Street, City, State & ZIP Code

Contact phone **612-335-9171** Email address **snosek@noseklawfirm.com**

**79960**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name S. Hemenway, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AiTech PO Box 390296 Edina, MN 55439						\$561.05
AmTrust North America Attn: Accounts Receivable 800 Superior Ave E-21st Floor Cleveland, OH 44144						\$4,300.00
Capital One PO Box 6492 Carol Stream, IL 60197						\$2,381.92
Clearstar 5955 Shiloh Road East Suite 104 Alpharetta, GA 30005						\$1,007.40
Dakota Electric Association PO Box 64427 Saint Paul, MN 55164-0427						\$471.13
Delta Dental of Minnesota NW 5772 PO Box 1450 Minneapolis, MN 55485-5772						\$557.06
Frederick & Rosen LTD 5922 Excelsior Blvd Minneapolis, MN 55416						\$7,600.00

Debtor **S. Hemenway, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Freedom Services PO Box 3110 Burnsville, MN 55337						\$880.00
Health Partners NW 3600 PO Box 1450 Minneapolis, MN 55485-3600						\$7,585.96
Home Care Pulse 1216 Stocks AVE Suite 2 Rexburg, ID 83440						\$378.00
Imagine IT, Inc. 2950 Metro Drive, #308 Bloomington, MN 55425						\$4,555.62
Institute for Professional 5109 NE 82nd Avenue Suite 201 Vancouver, WA 98662						\$454.00
Lexus Financial PO Box 5855 Carol Stream, IL 60197						\$1,200.00
Living Assistance Services Inc 937 E Haverford Rd Suite 200 Bryn Mawr, PA 19010						\$40,641.20
M&E Realty Co. 4210 W Old Shakopee Road Burnsville, MN 55437						\$5,840.98
Purchase Power PO Box 856042 Louisville, KY 40285-6042						\$657.96
Schrager Legal PLLC 222 South 9th Street Suite 1600 Minneapolis, MN 55402						\$1,097.50

Debtor **S. Hemenway, Inc.**  
Name

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>The Hanover Insurance Group PO Box 580045 Charlotte, NC 28258</b>						<b>\$1,337.00</b>
<b>Verizon 505 Highway 169 N Plymouth, MN 55441</b>						<b>\$1,880.94</b>
<b>World Pay 600 Morgan Falls Road Suite 260 Atlanta, GA 30350</b>						<b>\$2,500.00</b>

AITECH  
PO BOX 390296  
EDINA MN 55439

AMTRUST NORTH AMERICA  
ATTN: ACCOUNTS RECEIVABLE  
800 SUPERIOR AVE E-21ST FLOOR  
CLEVELAND OH 44144

BUCKINGHAM COMPANIES  
5980 CREDIT RIVER ROAD  
PRIOR LAKE MN 55372

CAPITAL ONE  
PO BOX 6492  
CAROL STREAM IL 60197

CENTER POINT ENERGY  
PO BOX 4671  
HOUSTON TX 77210-4671

CENTURYLINK  
PO BOX 91154  
SEATTLE WA 98111-9254

CLEARSTAR  
5955 SHILOH ROAD EAST  
SUITE 104  
ALPHARETTA GA 30005

COFFEE MILL INC  
9200 WYOMING AVE N  
SUITE 300  
BROOKLYN PARK MN 55445

COVERALL OF THE TWIN CITIES  
8009 - 34TH AVE S  
SUITE 10  
BLOOMINGTON MN 55425



DAKOTA ELECTRIC ASSOCIATION  
PO BOX 64427  
SAINT PAUL MN 55164-0427

DELTA DENTAL OF MINNESOTA  
NW 5772  
PO BOX 1450  
MINNEAPOLIS MN 55485-5772

FREDERICK & ROSEN LTD  
5922 EXCELSIOR BLVD  
MINNEAPOLIS MN 55416

FREEDOM SERVICES  
PO BOX 3110  
BURNSVILLE MN 55337

GREAT AMERICAN FINANCIAL SVCS  
PO BOX 660831  
DALLAS TX 75266

HEALTH PARTNERS  
NW 3600  
PO BOX 1450  
MINNEAPOLIS MN 55485-3600

HOME CARE PULSE  
1216 STOCKS AVE  
SUITE 2  
REXBURG ID 83440

IMAGINE IT, INC.  
2950 METRO DRIVE, #308  
BLOOMINGTON MN 55425

INSTITUTE FOR PROFESSIONAL  
5109 NE 82ND AVENUE  
SUITE 201  
VANCOUVER WA 98662

KANSAS CITY LIFE  
PO BOX 219846  
KANSAS CITY MO 64121-9846

LEXUS FINANCIAL  
PO BOX 5855  
CAROL STREAM IL 60197

LIVING ASSISTANCE SERVICES INC  
937 E HAVERFORD RD  
SUITE 200  
BRYN MAWR PA 19010

M&E REALTY CO.  
4210 W OLD SHAKOPEE ROAD  
BURNSVILLE MN 55437

PITNEY BOWES  
PO BOX 371874  
PITTSBURGH PA 15250-7874

PURCHASE POWER  
PO BOX 856042  
LOUISVILLE KY 40285-6042

PURE HEALTH SOLUTIONS, INC.  
PO BOX 742647  
CINCINNATI OH 45274-2647

SCHRAGER LEGAL PLLC  
222 SOUTH 9TH STREET  
SUITE 1600  
MINNEAPOLIS MN 55402

SHRED-IT USA MINNEAPOLIS  
PO BOX 101007  
PASADENA CA 91189-1007

TAX DEFENSE PARTNERS  
6345 BALBOA BLVD - BLDG 4  
SUITE 285  
ENCINO CA 91316

THE HANOVER INSURANCE GROUP  
PO BOX 580045  
CHARLOTTE NC 28258

TRANS ALARM  
500 EAST TRAVELERS TRAIL, #600  
BURNSVILLE MN 55337-7503

UNITY BANK  
7101 WASHINGTON AVE S  
EDINA MN 55439

US BANK  
PO BOX 790448  
SAINT LOUIS MO 63179-0448

VERIZON  
505 HIGHWAY 169 N  
PLYMOUTH MN 55441

VSP  
PO BOX 742788  
LOS ANGELES CA 90074-2788

WORLD PAY  
600 MORGAN FALLS ROAD  
SUITE 260  
ATLANTA GA 30350

YALE MECHANICAL  
220 WEST 81ST STREET  
BLOOMINGTON MN 55420

**United States Bankruptcy Court  
District of Minnesota**

In re **S. Hemenway, Inc.**

Debtor(s)

Case No.

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **S. Hemenway, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

**May 2, 2016**

Date

**/s/ Steven B. Nosek**

**Steven B. Nosek 79960**

Signature of Attorney or Litigant

Counsel for **S. Hemenway, Inc.**

**Steven B. Nosek, P.A.**

**Attorney at Law**

**2855 Anthony Lane S, #201**

**St. Anthony, MN 55418**

**612-335-9171 Fax:612-789-2109**

**snosek@noseklawfirm.com**