Fill	in this information to identif	y your case:		
Uni	ited States Bankruptcy Court fo	or the:		
DIS	STRICT OF MINNESOTA,			
Cas	se number (if known)	- Chap	ter 11	
				Check if this an amended filing
_	ficial Form 201	on for Non-Individuals	Filing for Bank	ruptcv 4/16
		separate sheet to this form. On the top of any		
		cument, Instructions for Bankruptcy Forms for		bioi s hame and case number (it known). For
1.	Debtor's name	Michael & Harriet Arend Family TST LL	.c	
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)	11-1111111		
4.	Debtor's address	Principal place of business	Mailing address business	s, if different from principal place of
		217 Arundel St		
		Number, Street, City, State & ZIP Code	P.O. Box, Numb	per, Street, City, State & ZIP Code
		Ramsey	Location of pringles	ncipal assets, if different from principal
		County	·	
			Number, Street,	City, State & ZIP Code
5.	Debtor's website (URL)			
6.	Type of debtor	■ Corporation (including Limited Liability Com	pany (LLC) and Limited Liability	Partnership (LLP))
		☐ Partnership (excluding LLP)		
		Other. Specify:		, and the second

	Name		
7.	Describe debtor's business	□ Single Asset Real □ Railroad (as define □ Stockbroker (as define □ Commodity Broker □ Clearing Bank (as ■ None of the above □ Check all that apply □ Tax-exempt entity (a □ Investment compant □ Investment advisor □ C. NAICS (North Ame See http://www.usc	
8.	Under which chapter of the Bankruptcy Code is the debtor filing?		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).
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years? If more than 2 cases, attach a separate list. Are any bankruptcy cases	■ No. □ Yes. District District	When Case number When Case number
	pending or being filed by a business partner or an affiliate of the debtor? List all cases. If more than 1, attach a separate list	Debtor District	Relationship When Case number, if known

Case number (if known)

Debtor

Michael & Harriet Arend Family TST LLC

	Michael & Harriet A	alena i a	anny 101 LLO				
	hy is the case filed in	Check a	ll that apply:				
ti	this district?			cipal place of business, or principal assets in or for a longer part of such 180 days than in			
		□ A	bankruptcy case concerning del	btor's affiliate, general partner, or partnership	is pending in this district.		
	oes the debtor own or	■ No					
re	have possession of any real property or personal property that needs immediate attention?	☐ Yes.	Answer below for each proper	ty that needs immediate attention. Attach add	ditional sheets if needed.		
			Why does the property nee	d immediate attention? (Check all that app	ly.)		
			☐ 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 se	ecured or protected from the weather.			
				ls or assets that could quickly deteriorate or lo meat, dairy, produce, or securities-related as:			
			☐ Other				
			Where is the property?				
				Number, Street, City, State & ZIP Code			
			Is the property insured?				
			□ No				
			☐ Yes. Insurance agency				
			Contact name				
			Phone				
	Statistical and admini	strative in	nformation				
3. D	ebtor's estimation of	. (Check one:				
	ebtor's estimation of vailable funds		_	stribution to unsecured creditors.			
		ı	Funds will be available for dis	stribution to unsecured creditors. nses are paid, no funds will be available to ur	nsecured creditors.		
a	vailable funds	ı	Funds will be available for dis	nses are paid, no funds will be available to ur			
a. 1. E	vailable funds	■ 1-49	■ Funds will be available for dis	nses are paid, no funds will be available to ur	25,001-50,000		
a. 1. E	vailable funds	■ 1-49	Funds will be available for dis	nses are paid, no funds will be available to ur 1,000-5,000 5001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000		
J. E	vailable funds	■ 1-49	Funds will be available for dis After any administrative expe	nses are paid, no funds will be available to ur	25,001-50,000		
a. I. E	vailable funds	■ 1-49 □ 50-99 □ 100-	Funds will be available for dis	nses are paid, no funds will be available to ur 1,000-5,000 5001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000		
1. E	vailable funds stimated number of reditors	1-49 50-99 100-4 200-9	Funds will be available for dis	nses are paid, no funds will be available to ur ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion		
4. E	vailable funds stimated number of reditors	1-49 50-99 100-9 200-9 \$0 - 9 \$50,0	Funds will be available for dis After any administrative expe	□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000 □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$50 billion		
4. E	vailable funds stimated number of reditors	1-49 50-99 100-9 200-9 \$0 - 9 \$50,0	Funds will be available for dis After any administrative expe	nses are paid, no funds will be available to ur ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion		
a4. E c	vailable funds stimated number of reditors	1-49 50-99 100-9 200-9 \$0 - 9 \$50,0	Funds will be available for dis After any administrative expe	□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000 □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$50 billion		
a4. E c	stimated number of reditors	1-49 50-99 100-9 1	Funds will be available for dis After any administrative expe	1,000-5,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$50 billion ☐ More than \$50 billion ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$1 billion		
4. E c	stimated number of reditors	1-49 50-99 100-7 200-9 \$50,0 \$100 \$50,0 \$50,0 \$50,0 \$100	Funds will be available for dis After any administrative experiments 9 199 999 \$50,000 001 - \$100,000 0,001 - \$500,000 0,001 - \$1 million \$50,000	1,000-5,000 5001-10,000 10,001-25,000 \$1,000,001 - \$10 million \$10,000,001 - \$50 million \$100,000,001 - \$500 million \$100,000,001 - \$100 million	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 ☐ \$500,000,001 - \$1 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion ☐ \$500,000,001 - \$1 billion		

De	htor	

Michael & Harriet Arend Family TST LLC	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

18. Signature of attorney

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

X /s/ Mark Arend

158264

Bar number and State

October 12, 2017 MM / DD / YYYY

Signature of authorized representative of de	btor	Printed name	
Title Chief Manager			
X /s/ Joseph Dicker		Date October 12, 2017	
Signature of attorney for debtor		MM / DD / YYYY	
Joseph Dicker			
Printed name			
Joseph W. Dicker, P.A.			
Firm name			
1406 W Lake St Ste 209 Minneapolis, MN 55408-2653			
Number, Street, City, State & ZIP Code			
Contact phone	Email address	joe@joedickerlaw.com	

Mark Arend

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United States Bankruptcy Court District of Minnesota, Fergus Falls Division

IN RE:		Case No.
Michael & Harriet Arend Family TST LLC		Chapter 11
	NOTICE TO CONSUMER D OF THE BANKRUPTCY C	* *
Certificate of [Non-A	ttorney] Bankruptcy Petition	Preparer
I, the [non-attorney] bankruptcy petition preparer signing notice, as required by § 342(b) of the Bankruptcy Code.	the debtor's petition, hereby certif	y that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Pro Address:		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.)
X	cipal, responsible person, or	(Required by 11 O.S.C. § 110.)
Cer I (We), the debtor(s), affirm that I (we) have received and	rtificate of the Debtor d read the attached notice, as requir	red by § 342(b) of the Bankruptcy Code.
Michael & Harriet Arend Family TST LLC	X /s/ Mark Arend	10/12/2017
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known)	X	
	Signature of Joint D	ebtor (if any) Date

 $\textbf{Instructions:} \ Attach\ a\ copy\ of\ Form\ B\ 201A,\ Notice\ to\ Consumer\ Debtor(s)\ Under\ \S\ 342(b)\ of\ the\ Bankruptcy\ Code.$

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify the case:						
Debtor name Michael & Harriet Arend Family TST LLC						
United States Bankruptcy Court for the DISTRICT OF MINNESOTA,	☐ Check if this is an					
Case number (if known):	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

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	Indicate if claim is contingent, unliquidated, or disputed	If the claim is fully unsecured, fill in only unsecured claim am- claim is partially secured, fill in total claim amount and deduct value of collateral or setoff to calculate unsecured claim.		t and deduction for
		contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Otter Tail County Treasurer 570 First Ave W Fergus Falls, MN 56537						\$1,836.00
World Business Lenders LLC 120 W 45th St New York, NY 10036-4195		Bank loan		\$526,000.00	\$375,000.00	\$151,000.00