| Case 17-40660 Doc 1 Filed 03/09/1 Document | | Desc Main |
|--|---|---------------------------------------|
| Fill in this information to identify the case: | 5 | |
| United States Bankruptcy Court for the: | | |
| District of Minnesota | | |
| Case number (If known): Chapter | | Check if this is ar amended filing |
| | | 5 |

Official Form 201 Voluntary Petition for Non-Individuals Filing for Bankruptcy 04/16

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 the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals,* is available.

| 1. | Debtor's name | Harkey Operating Trust, a Minnesota Business Trust, organized pursuant to | | |
|----|--|---|---|--|
| _(| Chapter 318 of the Minnesota | a Statutes | | |
| 2. | All other names debtor used in the last 8 years Include any assumed names, trade names, and <i>doing business</i> | None | | |
| | as names Debtor's federal Employer | | | |
| э. | Identification Number (EIN) | 8_1 - 6_5_7_6_8_0_1 | | |
| 4. | Debtor's address | Principal place of business | Mailing address, if different from principal place of business | |
| | | 310 Fourth Ave. S., Suite 5010 Number Street | Number Street | |
| | | Minneapolis, Minnesota 55415 | P.O. Box | |
| | | City State ZIP Code | City State ZIP Code | |
| | | | Location of principal assets, if different from principal place of business | |
| | | Hennepin | See attached | |
| | | County | Number Street | |
| | | | City State ZIP Code | |
| 5. | Debtor's website (URL) | _N/A | | |
| 6. | Type of debtor | Corporation (including Limited Liability Company Partnership (excluding LLP) Other. Specify: <u>Business Trust (Chapte</u>) | | |

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| De | btor Harkey Operating | [rust | Case number (if known) | |
|---|--|---|---|--|
| ☐ Single ☐ Railro ☐ Stock ☐ Comr | | | | |
| | | Investment of § 80a-3) Investment a C. NAICS (North | entity (as described in 26 U.S.C. § 501) company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. advisor (as defined in 15 U.S.C. § 80b-2(a)(11)) th American Industry Classification System) 4-digit code that best describes debtor. See 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 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 <i>Exchange Act</i> of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form. The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2. | |
| 9. | Were prior bankruptcy cases filed by or against the debtor within the last 8 years? | X No Ves. District | t When Case number | |
| 10. | If more than 2 cases, attach a separate list. | District | t When Case number MM / DD / YYYY | |
| | pending or being filed by a business partner or an affiliate of the debtor? List all cases. If more than 1, | Yes. Debtor | r Relationship t When MM / DD / YYYY | |
| | attach a separate list. | Case r | number, if known | |

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| Debtor <u>Harkey Operating</u> | Trust | Case number (if known | n) | |
|--|---|--|--|--|
| 11. Why is the case filed in <i>this district</i> ? | Check all that apply: | | and access in this district for 100 days | |
| | 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 concerr | ning debtor's affiliate, general partner, o | or partnership is pending in this district. | |
| 12. Does the debtor own or have possession of any real property or personal property | NoYes. Answer below for each | ch property that needs immediate attent | tion. Attach additional sheets if needed. | |
| that needs immediate attention? | 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? | | | |
| | | vsically secured or protected from the w | | |
| | It includes perisha | able goods or assets that could quickly nple, livestock, seasonal goods, meat, | deteriorate or lose value without | |
| | | | | |
| | | | | |
| | Where is the property? | | | |
| | | Number Street | | |
| | | O it. | 7/0 0-1- | |
| | | City | State ZIP Code | |
| | Is the property insu | red? | | |
| | | ncy | | |
| | Contact name | | | |
| | | | | |
| | Phone | | - | |
| Statistical and adminis | trative information | | | |
| | Charlesman | | | |
| 13. Debtor's estimation of available funds | | distribution to unsecured creditors. penses are paid, no funds will be avail | able for distribution to unsecured creditors. | |
| | 1 -49 | 1,000-5,000 | 25,001-50,000 | |
| 14. Estimated number of creditors | 50-99 100-199 200-999 | □ 5,001-10,000 □ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than 100,000 | |
| 15. Estimated assets | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |

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| Debtor Harkey Operating | Trust | rust Case number (<i>if known</i>) | | |
|--|--|--|--|--|
| 16. Estimated liabilities | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | № \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |
| Request for Relief, De | claration, and Signatures | ; | | |
| WARNING Bankruptcy fraud is a s \$500,000 or imprisonm | | atement in connection with a bankru 18 U.S.C. §§ 152, 1341, 1519, and | | |
| 17. Declaration and signature of authorized representative of debtor | The debtor requests rel petition. | ief in accordance with the chapter of | f title 11, United States Code, specified in this | |
| | I have been authorized | to file this petition on behalf of the d | ebtor. | |
| | I have examined the inf correct. | ormation in this petition and have a | reasonable belief that the information is true and | |
| | I declare under penalty of p | erjury that the foregoing is true and o | correct. | |
| | Executed on | <u></u> | | |
| | * Micho | | chael E Harkey | |
| | Signature of authorized reputered Title <u>Co Trustee</u> | resentative of debtor Print | led name | |
| 18. Signature of attorney | ✗ s Wendy Aliso | Date | | |
| | Signature of attorney for de | btor | MM / DD / YYYY | |
| | Wendy Alison No Printed name | ra | | |
| | Printed name ACCESS LEGAI | | | |
| | Firm name Fourth Ave | | | |
| | Number Street Minneapolis | | Minnosoto | |
| | City | | Minnesota State ZIP Code | |
| | Contact phone | | accesslegalservices@gmail com Email address | |
| | Bar number | | <u>Minneso</u> ta _{State} | |
| | | · | | |

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Office of the Minnesota Secretary of State **Business Trust | Original Filing**



Minnesota Statutes, Chapter 318

- **NOTE:** Business Trusts are now filed as Official Documents of the State. There is no fee for filing these documents. Please review Minnesota Statute Chapter 318 prior to filing any documents. See Page 2 for Minnesota Statutes 318.01-318.06, or, https://www.revisor.mn.gov/statutes/?id=318
 - 1. Name of Trust: (Required) Harkey Operating Trust
 - 2. Home Jurisdiction: (Required) Minnesota
 - 3. Complete Registered Office Address & Agent in Minnesota (Required):
 - Sara Hanlon a. Agent Name:
 - 310 Fourth Ave. S., Suite 5010 b. Address:
 - c. City, State, Zip Minneapolis, Minnesota 55415
 - 4. Trustees (Minimum 2 Required for Minnesota Trusts):
 - a. Trustee: Wendy Alison Nora
 - b. Trustee: Michael E. Harkey
 - i. Attach additional sheets if necessary.

5. Declaration of Trust Information (Required) -

- a. Attach a Copy of the Trust
- b. Attach a Declaration by a Trust Official that the copy submitted is a true copy
- 6. Documentation for Non-Minnesota Trusts.
 - a. In addition to the above, attach a Certificate of Existence or Status from the Home State authenticating the prior filing of the trustees.
- 7. This Trust is: Perpetual
- 8. This Trust has been approved by the Commissioner of Commerce to transact the business of insurance Yes, and a copy of the Approval of the Commissioner of Commerce is attached. X No

I certify that the documents filed constitute a true and correct copy of the "declaration of trust" in accordance with Minnesota Statutes 318.02.

Signature

List a name, e-mail address, and daytime telephone number of a person who can be contacted about this form:

Wendy Alison Nora Name

accesslegalservices@gmail.com e-mail address

(612) 333-4144 **Telephone Number**

May 2, 2016 Date

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling 651-296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-3529 and ask them to place a call to 651-296-2803. The Secretary of State's Office does not



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