

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

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Gamel, Randolph Alfred	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): Randy Gamel; Cherokee Homestead Village; Missouri Arkansas Louisiana Indian Agency	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./Complete EIN or other Tax I.D. No. (if more than one, state all): 7179	Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): 873 E. 420th Rd. Bolivar, MO	Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE 65613	ZIP CODE
County of Residence or of the Principal Place of Business: Polk	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):
873 E. 420th Rd., Bolivar, MO

ZIP CODE **65613**

<p align="center">Type of Debtor (Form of Organization) (Check one box.)</p> <p><input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i></p> <p><input type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)</p>	<p align="center">Nature of Business (Check one box)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input checked="" type="checkbox"/> Other</p> <hr/> <p align="center">Tax-Exempt Entity (Check box, if applicable)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)</p>	<p align="center">Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)</p> <p><input type="checkbox"/> Chapter 7</p> <p><input type="checkbox"/> Chapter 9</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding</p> <p><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding</p> <hr/> <p align="center">Nature of Debts (Check one box)</p> <p><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."</p> <p><input checked="" type="checkbox"/> Debts are primarily business debts.</p>
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<p align="center">Filing Fee (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><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.</p> <p><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.</p>	<p align="center">Chapter 11 Debtors</p> <p>Check one box:</p> <p><input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p>Check if:</p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.</p> <p>-----</p> <p>Check all applicable boxes</p> <p><input type="checkbox"/> A plan is being filed with this petition</p> <p><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).</p>
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<p>Statistical/Administrative Information</p> <p><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>	<p>THIS SPACE IS FOR COURT USE ONLY</p>																				
<p>Estimated Number of Creditors</p> <table style="width:100%; text-align: center;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	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	<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"/>	
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<p>Estimated Assets</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$10,000</td> <td><input type="checkbox"/> \$10,000 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,000 to \$1 million</td> <td><input type="checkbox"/> \$1 million to \$100 million</td> <td><input type="checkbox"/> More than \$100 million</td> </tr> </table>	<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																
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<p>Estimated Liabilities</p> <table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input checked="" type="checkbox"/> \$50,000 to \$100,000</td> <td><input type="checkbox"/> \$100,000 to \$1 million</td> <td><input type="checkbox"/> \$1 million to \$100 million</td> <td><input type="checkbox"/> More than \$100 million</td> </tr> </table>	<input type="checkbox"/> \$0 to \$50,000	<input checked="" type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Randolph Alfred Gamel			
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 have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;"> <input checked="" type="checkbox"/> Not Applicable Signature of Attorney for Debtor(s) Fred C. Moon </td> <td style="width:30%; border: none; text-align: right;"> 10/9/2007 Date 23242 </td> </tr> </table>		<input checked="" type="checkbox"/> Not Applicable Signature of Attorney for Debtor(s) Fred C. Moon	10/9/2007 Date 23242
<input checked="" type="checkbox"/> Not Applicable Signature of Attorney for Debtor(s) Fred C. Moon	10/9/2007 Date 23242				
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 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.					
Statement 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.					

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Randolph Alfred Gamel
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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.

/s/ Randolph Alfred Gamel
 Signature of Debtor **Randolph Alfred Gamel**

Not Applicable
 Signature of Joint Debtor

 Telephone Number (If not represented by attorney)

10/9/2007
 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 § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

 (Signature of Foreign Representative)

 (Printed Name of Foreign Representative)

 Date

Signature of Attorney

/s/Fred C. Moon
 Signature of Attorney for Debtor(s)

Fred C. Moon, 23242
 Printed Name of Attorney for Debtor(s) / Bar No.

Moon, Plaster & Sweere, L.L.P.
 Firm Name

3275 E. Ridgeview Suite C
 Address

Springfield, MO 65804 65804

417-862-3704 **417-862-1936**
 Telephone Number

10/9/2007 **FCMoon@MPSAttorneys.com**
 Date

Signature of Non-Attorney 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 preparer, 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 19B is attached.

Not Applicable
 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

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 the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Not Applicable
 Signature of Authorized Individual

 Printed Name of Authorized Individual

 Title of Authorized Individual

 Date

Not Applicable

 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.

United States Bankruptcy Court
Western District of Missouri

In re Randolph Alfred Gamel, Case No. _____
Debtor 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, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
Gene H. & Deborah A. Edstrom c/o Lisa C. Henderson P. O. Box 1141 Buffalo, MO 65622			DISPUTED	\$6,942.86
Citizens Memorial Clinics P. O. Box 939 Bolivar, MO 65613			UNLIQUIDATED	\$1,192.00
Citizens Memorial Healthcare 1500 N. Oakland Ave. Bolivar, MO 65613-3011			UNLIQUIDATED	\$19,606.24
Tri-Lakes Pathology, Inc. 1000 E. Primrose, #300 Springfield, MO 65807			UNLIQUIDATED	\$120.00
Polk County Radiology, LLC P. O. Box 802758 Kansas City, MO 64180-2758			UNLIQUIDATED	\$61.00

In re Randolph Alfred Gamel, Case No. _____
Debtor Chapter 11

List Of Creditors Holding 20 Largest Unsecured Claims

(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>
NCO Financial Systems, Inc. 1930 W. Bennett, #100 Springfield, MO 65807			UNLIQUIDATED	\$1,192.00
Gamache & Meyers, PC David R. Gamache 1000 Camera Ave., #A Crestwood, MO 63126			DISPUTED	\$2,362.35
US Bank P. O. Box 524 St. Louis, MO 63166-0524			UNLIQUIDATED	\$1,153.47
Parkview Anesthesia P. O. Box 1547 Sedalia, MO 65302-1547			UNLIQUIDATED	\$845.00
Ameren UE 2333 Grissom Dr. St. Louis, MO 63146-3322			UNLIQUIDATED	\$452.00
St. Johns Regional Health Center 1235 E Cherokee Springfield MO 65804			UNLIQUIDATED	\$6,275.00

In re Randolph Alfred Gamel, Case No. _____
Debtor Chapter 11

List Of Creditors Holding 20 Largest Unsecured Claims

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <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>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	(5) <i>Amount of claim [if secured also state value of security]</i>
Applied Card Bank 4700 Exchange Court Boca Raton, FL 33431-4454			UNLIQUIDATED	\$482.00
Capital One Bank P. O. Box 85520 Internal Zip 12030-016 Richmond, VA 23285-5520			UNLIQUIDATED	\$1,489.00
Auto Owners Ins. c/o The Paul Long Agency P. O. Box 699 Bolivar, Mo 65613-0699			UNLIQUIDATED	\$214.67
US Bank P. O. Box 790408 St. Louis, MO 63179-0408			UNLIQUIDATED	\$16,111.72
Robert Redfearn 839 Hwy. T Bolivar, MO 65613			UNLIQUIDATED	\$15,111.18

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.

In re Randolph Alfred Gamel,
 Debtor

Case No. _____
 (If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Code debtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Code debtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions, Above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 01004 Lone Oak Road Rentals P. O. Box 74 Lowes, KY 42061	X		10/01/2006 Security Agreement 15x50 Maintenance Shed VALUE \$4,500.00		X		3,706.32	0.00

0 continuation sheets attached

Subtotal >
(Total of this page)

Total >
(Use only on last page)

\$ 3,706.32	\$ 0.00
\$ 3,706.32	\$ 0.00

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re Randolph Alfred Gamel
 Debtor

Case No. _____
 (If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Official Form 6E (04/07) - Cont.

In re Randolph Alfred Gamel
Debtor

Case No. _____
(If known)

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Randolph Alfred Gamel
Debtor

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Priority Claims

Subtotals >
(Totals of this page)

Total >

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total >

(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)

\$	0.00	\$	0.00	\$	0.00
\$	0.00				
		\$	0.00	\$	0.00

In re Randolph Alfred Gamel
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Code debtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Code debtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2859373 Ameren UE 2333 Grissom Dr. St. Louis, MO 63146-3322		4/2003 Utility Company		X		452.00
ACCOUNT NO. xxxxxxxxxxx7904 Applied Card Bank 4700 Exchange Court Boca Raton, FL 33431-4454		1/2002 Credit Card Account		X		482.00

4 Continuation sheets attached

Subtotal >	\$	934.00
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Randolph Alfred Gamel
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 009134849 Auto Owners Ins. c/o The Paul Long Agency P. O. Box 699 Bolivar, Mo 65613-0699		7/2007 Cancelled insurance policy		X		214.67
ACCOUNT NO. xxxxxxxxxxxx3171 Capital One Bank P. O. Box 85520 Internal Zip 12030-016 Richmond, VA 23285-5520		11/2001 Credit Card Account		X		1,489.00
ACCOUNT NO. CA0000066877 Citizens Memorial Clinics P. O. Box 939 Bolivar, MO 65613		4/2007 Medical Bills		X		1,192.00
ACCOUNT NO. H00000325459 Citizens Memorial Healthcare 1500 N. Oakland Ave. Bolivar, MO 65613-3011		4/2007 Medical Bills		X		19,606.24
ACCOUNT NO. Department of Natural Resources P. O. Box 176 Jefferson City, MO 65102-0176		NOTICE PURPOSES ONLY				0.00

Sheet no. 1 of 4 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$	22,501.91
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Randolph Alfred Gamel
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			NOTICE PURPOSES ONLY				0.00
Department of Natural Resources Div. Admin. Support P. O. Box 477 Jefferson City, MO 65102							
ACCOUNT NO. 06PO-AC00468			2005 Former Prairie Financial, LLC account			X	2,362.35
Gamache & Meyers, PC David R. Gamache 1000 Camera Ave., #A Crestwood, MO 63126							
ACCOUNT NO.			7/2007 - 8/2007 Past Due Lease Payments			X	6,942.86
Gene H. & Deborah A. Edstrom c/o Lisa C. Henderson P. O. Box 1141 Buffalo, MO 65622							
Gene Edstrom, Agent for Entrust Adm 18723 County Rd. 501 Bayfield, CO 81122							
Properties Etc., Inc. 18723 County Rd. 501 Bayfield, CO 81122							
ACCOUNT NO. CA0000066877			4/2007 Medical Bills for Parkview General Surgery Clinic		X		1,192.00
NCO Financial Systems, Inc. 1930 W. Bennett, #100 Springfield, MO 65807							

Sheet no. 2 of 4 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal >	\$	10,497.21
Total >	\$	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

In re Randolph Alfred Gamel
 Debtor

Case No. _____
 (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. PVA8778 Parkview Anesthesia P. O. Box 1547 Sedalia, MO 65302-1547			4/2007 Medical Bills		X		845.00
ACCOUNT NO. 50296 Polk County Radiology, LLC P. O. Box 802758 Kansas City, MO 64180-2758			10/2006 Medical Bills		X		61.00
ACCOUNT NO. _____ Robert Redfearn 839 Hwy. T Bolivar, MO 65613	X		2/2007 14x80 Sundance Mobile Home		X		15,111.18
ACCOUNT NO. 3366281 St. Johns Regional Health Center 1235 E Cherokee Springfield MO 65804			8/2002 Medical Bills		X		6,275.00
ACCOUNT NO. 36927 Tri-Lakes Pathology, Inc. 1000 E. Primrose, #300 Springfield, MO 65807			4/2007 Medical Bills		X		120.00

Sheet no. 3 of 4 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal >	\$ 22,412.18
Total >	\$

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

In re Randolph Alfred Gamel
 Debtor

Case No. _____
 (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. xxxxxxxxxxxx0588 US Bank P. O. Box 790408 St. Louis, MO 63179-0408	X		4/2007 Credit Card		X		16,111.72
ACCOUNT NO. 152300019311 US Bank P. O. Box 524 St. Louis, MO 63166-0524			7/2007 Overdraft Fees		X		1,153.47

Sheet no. 4 of 4 continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal >	\$	17,265.19
Total >	\$	73,610.49

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

In re **Randolph Alfred Gamel**

Case No. _____

Debtor

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: Single	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	Self-employed	
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly.)	\$ <u>0.00</u>	\$ _____
2. Estimate monthly overtime	\$ <u>0.00</u>	\$ _____
3. SUBTOTAL	\$ <u>0.00</u>	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <u>0.00</u>	\$ _____
b. Insurance	\$ <u>0.00</u>	\$ _____
c. Union dues	\$ <u>0.00</u>	\$ _____
d. Other (Specify) _____	\$ <u>0.00</u>	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>0.00</u>	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>0.00</u>	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ <u>5,850.00</u>	\$ _____
8. Income from real property	\$ <u>0.00</u>	\$ _____
9. Interest and dividends	\$ <u>0.00</u>	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ <u>0.00</u>	\$ _____
11. Social security or other government assistance (Specify) _____	\$ <u>0.00</u>	\$ _____
12. Pension or retirement income	\$ <u>0.00</u>	\$ _____
13. Other monthly income (Specify) Support from roommate	\$ <u>850.00</u>	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <u>6,700.00</u>	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <u>6,700.00</u>	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 6,700.00	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

RV park occupancy declines during winter months Dec. - March

In re Randolph Alfred Gamel

Case No. _____

Debtor

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>0.00</u>
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No _____		
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No _____		
2. Utilities: a. Electricity and heating fuel	\$	<u>90.00</u>
b. Water and sewer	\$	<u>0.00</u>
c. Telephone	\$	<u>20.00</u>
d. Other _____	\$	<u>0.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>100.00</u>
4. Food	\$	<u>100.00</u>
5. Clothing	\$	<u>20.00</u>
6. Laundry and dry cleaning	\$	<u>0.00</u>
7. Medical and dental expenses	\$	<u>0.00</u>
8. Transportation (not including car payments)	\$	<u>100.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>0.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>60.00</u>
b. Life	\$	<u>60.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>0.00</u>
e. Other _____	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>0.00</u>
b. Other _____	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>4,819.22</u>
17. Other _____	\$	<u>0.00</u>

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$	<u>5,369.22</u>
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19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<u>6,700.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>5,369.22</u>
c. Monthly net income (a. minus b.)	\$	<u>1,330.78</u>

In re Randolph Alfred Gamel
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **14** sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: 10/9/2007

Signature: /s/ Randolph Alfred Gamel
Randolph Alfred Gamel
Debtor

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

UNITED STATES BANKRUPTCY COURT
Western District of Missouri

In re: Randolph Alfred Gamel
Debtor

Case No. _____
Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>10,000.00</u>
Prior to the filing of this statement I have received	\$	<u>10,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

See attached agreement

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

See attached fee agreement

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 10/9/2007

/s/Fred C. Moon

Fred C. Moon, Bar No. 23242

Moon, Plaster & Sweere, L.L.P.
Attorney for Debtor(s)

***Moon, Plaster &
Sweere,
Attorneys at Law, L.L.P.***
*3275 E. Ridgeview Street, Suite C
Springfield, Missouri 65804
MPSAttorneys.com*

Fred C. Moon

FCMoon@MPSAttorneys.com

Raymond I. Plaster

RIPlaster@MPSAttorneys.com

**Phone: (417) 862-
3704**

October 9, 2007

Randolph Alfred Gamel
873 E. 420th Rd.
Bolivar, MO 65613

Re: Chapter 11 Bankruptcy

Dear Mr. Gamel:

This letter is sent as a result of our meeting whereby you expressed interest in retaining our firm to represent you in a potential case to be initiated under Chapter 11 of the Bankruptcy Code. If retained, our firm will prepare and file your petition, statement of affairs, schedules, plan and disclosure statement and an attorney will attend all hearings in connection to the bankruptcy case.

In consideration of the legal services to be rendered by the firm you agree to pay \$10,000.00 plus \$1039.00 filing fee. This will need to be paid before the date a petition is filed on your behalf which initiates a case under the Bankruptcy Code. We will not accept postdated checks. This retainer is a deposit to bill against for the Chapter 11 services and any unearned fees will be returned or applied as instructed by the court. The amount of this retainer should not be considered an estimate of the extent of attorneys fees that may be incurred as each case is unique and the circumstances of some cases necessitate more attention and, as a result, more attorneys fees and expenses are incurred.

In addition, you will be responsible for all expenses, including but not limited to the following: excessive postage, copies, long distance telephone calls, court costs, the addition of any creditors after the filing of said bankruptcy, motion to avoid liens, motions concerning your exemptions, redemption of property or reaffirmation of debt, including any hearings on the foregoing.

It is understood and agreed that the firm has not been retained or employed to represent you in any litigation or contested matter which may be presently pending, or which may be commenced after the date of this agreement either in state, federal or bankruptcy court. Should you request representation in any litigation, it is understood that any such legal services will be in addition to those described above and will be billed to you at the rate of \$200.00 per hour and will require the deposit of an additional retainer or other satisfactory means for the payment of additional services.

It is understood that the retention of this law firm and the fee charges herein are only for work

to be done to the limit of this proceeding. Upon the obtaining of a Discharge from the Court the case shall be deemed to be completed and this file will be closed.

Attorneys fees incurred shall be paid within 30 days of receipt of an invoice or Court order approving the same. Unpaid balances shall bear interest at the rate of 1.5% per month (18% per annum). In the event suit is brought to collect any unpaid attorney's fees, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee. It is further agreed that venue for any suit brought for the collection of attorney's fees shall be proper if brought in Greene County, Missouri.

Client File Retention

- A. It is understood and agreed that the client file is property of the client and that the file will be returned to the client upon completion of the case or matter herein, provided that client shall be required to execute a receipt for same.
- B. In the event that client does not elect to have the client's file returned upon completion of the representation in the case or matter, it is agreed that the law firm/attorneys shall have no obligation to preserve and retain same for more than five years after the date of completion of the representation in the case or matter and which date shall be the last date for which said law firm billed for services in said case or matter.
- C. In the event that client does not elect to have client's file returned upon completion of the representation client shall pay a one time service charge of \$25.00 to have said file stored by the law firm and which shall also cover any costs incurred for said law firm to access said file for any purpose during the five year period referred to in paragraph #2 hereof.
- D. It is further agreed and understood that after said five year period in paragraph 2 hereof has expired, the law firm shall have the right to destroy the client's file and its contents subject to the following:
 - a. That no legal malpractice claim is pending related to the representation;
 - b. That no criminal or other governmental investigation is pending related to the representation;
 - c. That no complaint is pending under Rule 5 related to the representation;
 - d. That no other litigation is pending related to the representation;
 - e. That no items in the file with intrinsic value shall be destroyed.

f. That the method of destruction shall be done in a manner that preserves

Mr. Randolph Gamel
Page Three
October 9, 2007

client confidentiality.

If you agree to the terms of this letter please execute and return this document to my office.
If you have any questions or comments, please feel free to contact me.

Very truly yours,

/s/Fred Charles Moon

Fred Charles Moon

mec

I have read and understand the foregoing retaining letter which is the only Agreement between Attorney and Client and I hereby agree to its terms and acknowledge receipt of a copy of same.

Executed this 9th day of October, 2007.

/s/Randolph A. Gamel
Randolph A. Gamel

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI

IN RE:

Randolph Alfred Gamel

Debtor(s)

)
)
)
)
) Case No.
)
)
)

VERIFICATION OF MAILING MATRIX

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: 10/9/2007

/s/ Randolph Alfred Gamel
Randolph Alfred Gamel
Signature of Debtor