

B1 (Official Form 1)(04/13)

**United States Bankruptcy Court
Eastern District of North Carolina**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Sheepless Nights, LLC	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 20-3660565	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 3236 C Benson Road Garner, NC ZIP Code 27529	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: Wake	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): ZIP Code	Mailing Address of Joint Debtor (if different from street address): ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information

Debtor estimates that funds will be available for distribution to unsecured creditors.
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

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

Estimated Assets

<input 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"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

Estimated Liabilities

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

THIS SPACE IS FOR COURT USE ONLY

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Sheepless Nights, LLC
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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:

<p style="text-align: center;">Exhibit A</p> <p>(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.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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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?

Yes, and Exhibit C is attached and made a part of this petition.

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.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

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)

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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

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)

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

Debtor has included with 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.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition
 (This page must be completed and filed in every case)

Name of Debtor(s):
Sheepless Nights, LLC

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

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

X _____
 Signature of Debtor

X _____
 Signature of Joint Debtor

 Telephone Number (If not represented by attorney)

 Date

Signatures

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

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

X _____
 Signature of Foreign Representative

 Printed Name of Foreign Representative

 Date

Signature of Attorney*

X /s/ Jason L. Hendren / Rebecca F. Redwine
 Signature of Attorney for Debtor(s)

Jason L. Hendren / Rebecca F. Redwine 26869 / 37012
 Printed Name of Attorney for Debtor(s)

Hendren & Malone, PLLC
 Firm Name

4600 Marriott Drive
Suite 150
Raleigh, NC 27612
 Address

Email: jhendren@hendrenmalone.com

(919) 573-1422 Fax: (919) 420-0475
 Telephone Number

January 9, 2014
 Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

 Printed Name and title, if any, of Bankruptcy Petition Preparer

 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

 Address

X _____
 Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

X /s/ Sheila Herring
 Signature of Authorized Individual

Sheila Herring
 Printed Name of Authorized Individual

Vice President
 Title of Authorized Individual

January 9, 2014
 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:

 Date

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.

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
Eastern District of North Carolina**

In re Sheepless Nights, LLC

Debtor(s)

Case No.

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Wells Fargo Bank, N.A. Attn: Managing Agent P.O. Box 7777 San Francisco, CA 94120	Wells Fargo Bank, N.A. Attn: Managing Agent P.O. Box 7777 San Francisco, CA 94120	business debt		266,199.56
ResMed Corp Attn: Managing Agent 9001 Spectrum Center Blvd San Diego, CA 92123	ResMed Corp Attn: Managing Agent 9001 Spectrum Center Blvd San Diego, CA 92123	business debt		138,000.00
Philips Medical Capital, LLC Attn: Managing Agent 1111 Old Eagle School Road Wayne, PA 19087	Philips Medical Capital, LLC Attn: Managing Agent 1111 Old Eagle School Road Wayne, PA 19087	business debt		104,720.94
OnDeck Capital Attn: Managing Agent 901 North Stuart Street Arlington, VA 22203	OnDeck Capital Attn: Managing Agent 901 North Stuart Street Arlington, VA 22203	business debt		70,653.93
VGM Financial Services Attn: Managing Agent 1111 W. San Marnan Drive, Suite A2 Waterloo, IA 50701	VGM Financial Services Attn: Managing Agent 1111 W. San Marnan Drive, Suite A2 Waterloo, IA 50701	business debt		17,292.00
Respiroics, Inc. Attn: Managing Agent 1010 Murry Ridge Lane Murrysville, PA 15668	Respiroics, Inc. Attn: Managing Agent 1010 Murry Ridge Lane Murrysville, PA 15668	business debt		10,000.00
Fisher & Paykel Healthcare, Inc. Attn: Managing Agent 15265 Barranca Parkway Irvine, CA 92618	Fisher & Paykel Healthcare, Inc. Attn: Managing Agent 15265 Barranca Parkway Irvine, CA 92618	business debt		10,000.00
SunTrust Bank Attn: Managing Agent or Officer P.O. Box 791144 Baltimore, MD 21279-1144	SunTrust Bank Attn: Managing Agent or Officer P.O. Box 791144 Baltimore, MD 21279-1144	2012 Ford Focus VIN: Mileage: 37,000		20,000.00 (15,000.00 secured)

B4 (Official Form 4) (12/07) - Cont.
 In re **Sheepless Nights, LLC**

Case No. _____

Debtor(s) _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(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>
Wells Fargo Bank, N.A. Attn: Managing Agent P.O. Box 348750 Sacramento, CA 95834	Wells Fargo Bank, N.A. Attn: Managing Agent P.O. Box 348750 Sacramento, CA 95834	credit card debt		2,609.70
American Express Attn: Managing Agent P.O. Box 650448 Dallas, TX 75265-0448	American Express Attn: Managing Agent P.O. Box 650448 Dallas, TX 75265-0448	credit card debt		888.91
Time Warner Cable Attn: Managing Agent P.O. Box 77169 Charlotte, NC 28271	Time Warner Cable Attn: Managing Agent P.O. Box 77169 Charlotte, NC 28271	utilities		376.85
Employment Security Commission P.O. Box 26504 Raleigh, NC 27611-6504	Employment Security Commission P.O. Box 26504 Raleigh, NC 27611-6504	FOR NOTICE PURPOSES ONLY		Unknown
Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346	FOR NOTICE PURPOSES ONLY		Unknown
Mobley Law Office, P.A. c/o Georgia Meadows 105 E. Johnson Street Smithfield, NC 27577	Mobley Law Office, P.A. c/o Georgia Meadows 105 E. Johnson Street Smithfield, NC 27577			Unknown
NC Department of Revenue Office Services Div Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168	NC Department of Revenue Office Services Div Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168	FOR NOTICE PURPOSES ONLY		Unknown
Wake County Department of Revenue P. O. Box 2331 Raleigh, NC 27602	Wake County Department of Revenue P. O. Box 2331 Raleigh, NC 27602	FOR NOTICE PURPOSES ONLY		Unknown

B4 (Official Form 4) (12/07) - Cont.
In re **Sheepless Nights, LLC**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

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

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

Date **January 9, 2014** _____

Signature **/s/ Sheila Herring** _____
Sheila Herring
Vice President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

American Express
Attn: Managing Agent
P.O. Box 650448
Dallas, TX 75265-0448

ResMed Corp
Attn: Managing Agent
9001 Spectrum Center Blvd
San Diego, CA 92123

Employment Security Commission
P.O. Box 26504
Raleigh, NC 27611-6504

Respironics, Inc.
Attn: Managing Agent
1010 Murry Ridge Lane
Murrysville, PA 15668

Fisher & Paykel Healthcare, Inc.
Attn: Managing Agent
15265 Barranca Parkway
Irvine, CA 92618

Sheila Herring
226 Sun Tree Lane
Garner, NC 27529

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

SunTrust Bank
Attn: Managing Agent or Officer
P.O. Box 791144
Baltimore, MD 21279-1144

Mobley Law Office, P.A.
c/o Georgia Meadows
105 E. Johnson Street
Smithfield, NC 27577

Time Warner Cable
Attn: Managing Agent
P.O. Box 77169
Charlotte, NC 28271

NC Department of Revenue
Office Services Div Bankruptcy Unit
P.O. Box 1168
Raleigh, NC 27602-1168

VGM Financial Services
Attn: Managing Agent
1111 W. San Marnan Drive, Suite A2
Waterloo, IA 50701

Norvell Glynn Herring
226 Sun Tree Lane
Garner, NC 27529

Wake County Department of Revenue
P. O. Box 2331
Raleigh, NC 27602

OnDeck Capital
Attn: Managing Agent
901 North Stuart Street
Arlington, VA 22203

Wells Fargo Bank, N.A.
Attn: Managing Agent
P.O. Box 7777
San Francisco, CA 94120

Philips Medical Capital, LLC
Attn: Managing Agent
1111 Old Eagle School Road
Wayne, PA 19087

Wells Fargo Bank, N.A.
Attn: Managing Agent
P.O. Box 348750
Sacramento, CA 95834