

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): St. Mary's Home Care Services, Inc.	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) 56-2263207	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): 3041 Zebulon Road Rocky Mount, NC ZIP Code 27804	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: Nash	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): PO Box 16104 Greensboro, NC ZIP Code 27416	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 type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" 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 <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <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.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): St. Mary's Home Care Services, Inc.
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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):
St. Mary's Home Care Services, Inc.

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.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

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 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 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 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.

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

June 3, 2014
Date

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 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/ Elton Joseph
Signature of Authorized Individual

Elton Joseph
Printed Name of Authorized Individual

President
Title of Authorized Individual

June 3, 2014
Date

Date

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Eastern District of North Carolina

In re St. Mary's Home Care Services, Inc.

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>
Internal Revenue Service 4905 Koger Blvd, Ste 102, MS 34 Greensboro, NC 27407-2703	Internal Revenue Service 4905 Koger Blvd, Ste 102, MS 34 Greensboro, NC 27407-2703	941 payroll taxes	Disputed	1,357,847.90
Wells Fargo Attn: Managing Agent 301 S. Tryon Street Charlotte, NC 28288	Wells Fargo Attn: Managing Agent 301 S. Tryon Street Charlotte, NC 28288	Foreclosure Deficiency		700,000.00
NC Department of Commerce Division of Employment Security P.O. Box 26504 Raleigh, NC 27611-6504	NC Department of Commerce Division of Employment Security P.O. Box 26504 Raleigh, NC 27611-6504		Disputed	567,374.36
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		Disputed	425,000.00
American Express P. O. Box 297812 Fort Lauderdale, FL 33329	American Express P. O. Box 297812 Fort Lauderdale, FL 33329	Credit card purchases		100,000.00
IPFS Corporation Attn: Managing Agent 1122 Lady Street, Suite 940 Columbia, SC 29201	IPFS Corporation Attn: Managing Agent 1122 Lady Street, Suite 940 Columbia, SC 29201	business debt		3,950.00
T Mobile Attn: Managing Agent P.O. Box 742596 Cincinnati, OH 45274	T Mobile Attn: Managing Agent P.O. Box 742596 Cincinnati, OH 45274	business debt		2,000.48
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		1,366.02

B4 (Official Form 4) (12/07) - Cont.

In re **St. Mary's Home Care Services, Inc.**

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>
AT&T Attn: Managing Agent P.O. Box 6463 Carol Stream, IL 60197	AT&T Attn: Managing Agent P.O. Box 6463 Carol Stream, IL 60197	utilities		859.00
CenturyLink Attn: Managing Agent P.O. Box 4300 Carol Stream, IL 60197	CenturyLink Attn: Managing Agent P.O. Box 4300 Carol Stream, IL 60197	utilities		779.77
Duke Energy Attn: Managing Agent P.O. Box 70516 Charlotte, NC 28272	Duke Energy Attn: Managing Agent P.O. Box 70516 Charlotte, NC 28272	utilities		725.00
Quill.com Attn: Managing Agent P.O. Box 37600 Philadelphia, PA 19101	Quill.com Attn: Managing Agent P.O. Box 37600 Philadelphia, PA 19101	business debt		410.00
Answering Service Care Attn: Managing Agent 777 South State Road 7 Pompano Beach, FL 33068	Answering Service Care Attn: Managing Agent 777 South State Road 7 Pompano Beach, FL 33068	business debt		370.22
CST Data Attn: Managing Agent 10725 John Price Road, Suite A Charlotte, NC 28273	CST Data Attn: Managing Agent 10725 John Price Road, Suite A Charlotte, NC 28273	business debt		295.00
City of Rocky Mount Attn: Managing Agent P.O. Box 1180 Rocky Mount, NC 27802	City of Rocky Mount Attn: Managing Agent P.O. Box 1180 Rocky Mount, NC 27802	utilities		177.64
PSNC Energy Attn: Managing Agent P.O. Box 100256 Columbia, SC 29202	PSNC Energy Attn: Managing Agent P.O. Box 100256 Columbia, SC 29202	utilities		162.69
City of Shelby Attn: Managing Agent P.O. Box 207 Shelby, NC 28151	City of Shelby Attn: Managing Agent P.O. Box 207 Shelby, NC 28151	utilities		130.28
Crystal Sping Waters Attn: Managing Agent P.O. Box 660579 Dallas, TX 75266	Crystal Sping Waters Attn: Managing Agent P.O. Box 660579 Dallas, TX 75266	business debt		101.20
AT&T Attn: Managing Agent P.O. Box 105262 Atlanta, GA 30348	AT&T Attn: Managing Agent P.O. Box 105262 Atlanta, GA 30348	utilities		60.00

B4 (Official Form 4) (12/07) - Cont.

In re St. Mary's Home Care Services, Inc.
Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(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>
Mecklenburg Tax Office Attn: Managing Agent 700 North Tryon Street Charlotte, NC 28202	Mecklenburg Tax Office Attn: Managing Agent 700 North Tryon Street Charlotte, NC 28202	For Notice Purposes Only		Unknown

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

I, the 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 June 3, 2014

Signature /s/ Elton Joseph
Elton Joseph
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
P. O .Box 297812
Fort Lauderdale, FL 33329

CST Data
Attn: Managing Agent
10725 John Price Road, Suite A
Charlotte, NC 28273

New Hanover County Tax Accesso
Attn: Roger L. Kelley
230 Government Center Dr, Ste 19
Wilmington, NC 28403

Answering Service Care
Attn: Managing Agent
777 South State Road 7
Pompano Beach, FL 33068

Duke Energy
Attn: Managing Agent
P.O. Box 70516
Charlotte, NC 28272

PSNC Energy
Attn: Managing Agent
P.O. Box 100256
Columbia, SC 29202

AT&T
Attn: Managing Agent
P.O. Box 105262
Atlanta, GA 30348

Internal Revenue Service
4905 Koger Blvd, Ste 102, MS 34
Greensboro, NC 27407-2703

Quality Office Equipment
Attn: Managing Agent
2750 N. Wesleyan Blvd.
Rocky Mount, NC 27804

AT&T
Attn: Managing Agent
P.O. Box 6463
Carol Stream, IL 60197

IPFS Corporation
Attn: Managing Agent
1122 Lady Street, Suite 940
Columbia, SC 29201

Quill.com
Attn: Managing Agent
P.O. Box 37600
Philadelphia, PA 19101

Bankruptcy Administrator
434 Fayetteville Street Mall
Suite 620
Raleigh, NC 27601

Mecklenburg Tax Office
Attn: Managing Agent
700 North Tryon Street
Charlotte, NC 28202

Secretary of Treasury
Attn: Managing Agent
1500 Pennsylvania Ave. NW
Washington, DC 20220

CenturyLink
Attn: Managing Agent
P.O. Box 4300
Carol Stream, IL 60197

Nash County Tax Collector
Attn: Managing Agent
120 West Washington Street, Suite 2
Nashville, NC 27856

Securities & Exchange Commission
Branch of Reorganization
950 East Paces Ferry Road, Ste 9
Atlanta, GA 30326-1382

City of Rocky Mount
Attn: Managing Agent
P.O. Box 1180
Rocky Mount, NC 27802

NC Department of Commerce
Division of Employment Security
P.O. Box 26504
Raleigh, NC 27611-6504

T Mobile
Attn: Managing Agent
P.O. Box 742596
Cincinnati, OH 45274

City of Shelby
Attn: Managing Agent
P.O. Box 207
Shelby, NC 28151

NC Department of Commerce
Division of Employment Security
P.O. Box 25903
Raleigh, NC 27611-5903

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

Crystal Sping Waters
Attn: Managing Agent
P.O. Box 660579
Dallas, TX 75266

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

United States Attorney
Federal Bulding
310 New Bern Avenue, Suite 800
Raleigh, NC 27601-1461

Vance County Tax Office
Attn: Managing Agent
122 Young Street, Suite E
Henderson, NC 27536

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

Wells Fargo
Attn: Managing Agent
301 S. Tryon Street
Charlotte, NC 28288

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:
St. Mary's Home Care Services, Inc.
Debtor(s)

CASE NO.:

**CERTIFICATION OF MAILING MATRIX
REQUIRED BY E.D.N.C. LBR 1007-2**

I hereby certify under penalty of perjury that the attached list of creditors which has been prepared in the format required by the clerk is true and accurate to the best of my knowledge and includes all creditors scheduled in the petition.

Dated: June 3, 2014

/s/ Jason L. Hendren / Rebecca F. Redwine
Jason L. Hendren / Rebecca F. Redwine 26869 / 37012
Attorney for Debtor