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| BI (Official Fori   |  |   | United<br>Wester                     |  | Bankı<br>rict of N                      |   |   |   |   |   | Volunt                                   | tary Petition  |
|---|--|---|--------------------------------------|--|---|---|---|---|---|---|--|--|
| Name of Debtor ParXlent, Ir   | *  | vidual, ento  | er Last, First,                      | Middle):   |   |   | Name  | of Joint De   | ebtor (Spouse   | e) (Last, First,                                    | Middle):                                 |  |
|   | All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): |   |                                      |  |   |   |   |   | used by the J<br>maiden, and  |   | in the last 8 year<br>):                 | s  |
| Last four digits of (if more than one, state 20-2514755   | e all)   | Sec. or Indi  | vidual-Taxpa                         | yer I.D. (   | ITIN) No./0                             | Complete E                                      |   | our digits o  |   | r Individual-7                                      | Taxpayer I.D. (IT                        | TIN) No./Complete EIN  |
| 20-2514/55  Street Address of Debtor (No. and Street, City, and State):  485 Brookside Camp Road  Hendersonville, NC  ZIP Code  |  |   |                                      |  |   |   | Address of  | Joint Debtor  | (No. and Str  | reet, City, and St                                  | ate):  ZIP Code                          |  |
|   |  |   |                                      |  |   | 28792   |   |   |   |   |  |  |
| County of Resid<br>Henderson  |  | of the Princ  | cipal Place o                        | f Business   | s:                                      |   | Count   | y of Reside   | ence or of the  | Principal Pla                                       | ace of Business:                         |  |
| Mailing Address   | s of Debt  | or (if diffe  | rent from str                        | eet addres   | ss):                                    |   | Mailir  | ng Address  | of Joint Debt   | or (if differen                                     | nt from street add                       | dress):  |
|   |  |   |                                      |  | Г                                       | ZIP Code  | :   |   |   |   |  | ZIP Code   |
| Location of Prin<br>(if different from  |  |   |                                      |  |   |   |   |   |   |   |  |  |
|   | Type of  |   |                                      |  |   | of Business                                     | 3   |   |   |   | tcy Code Unde                            |  |
| <ul> <li>(Form of Organization) (Check one box)</li> <li>☐ Individual (includes Joint Debtors)</li> <li>See Exhibit D on page 2 of this form.</li> <li>☐ Corporation (includes LLC and LLP)</li> <li>☐ Partnership</li> <li>☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)</li> </ul> |  |   | LLP) bove entities,                  | (Check one box)  ☐ Health Care Business ☐ Single Asset Real Estate as def in 11 U.S.C. § 101 (51B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank |   |   | s defined   | the Petition is Filed (Check one box)  Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 12 Chapter 13 Chapter 13 Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  |   |   |  | n for Recognition Proceeding n for Recognition                             |
| Ch  | apter 1  | 5 Debtors   |                                      | Other  |   |   |   |   |   |   | e of Debts<br>c one box)                 |  |
| Country of debtor  Each country in w by, regarding, or a  | which a for  | reign procee  | eding                                | Tax-Exempt Entity (Check box, if applicable)  ☐ Debtor is a tax-exempt organizatior under Title 26 of the United States Code (the Internal Revenue Code).      |   |   | e)<br>zation<br>tates   | defined<br>"incurr  | are primarily contains 11 U.S.C. § ted by an individual, family, or | onsumer debts,<br>§ 101(8) as<br>idual primarily    | for                                      | Debts are primarily business debts.  |
|   | Fili   | ing Fee (C  | heck one box                         | ()   |   | Check   | one box:  |   | Chap  | ter 11 Debte  | ors                                      |  |
| Full Filing Fee  Filing Fee to b attach signed a debtor is unabl Form 3A.  Filing Fee wai attach signed a   | pe paid in<br>application<br>le to pay i   | installments<br>n for the cou<br>fee except in<br>sted (applica | art's considerat<br>in installments. | ion certifyi<br>Rule 1006(<br>7 individu   | ng that the (b). See Officals only). Mu | Check Check Check Check Check Check Check Check | Debtor is not<br>if:<br>Debtor's agg-<br>are less than<br>all applicable<br>A plan is bein<br>Acceptances | a small busing regate nonco \$2,343,300 (each boxes: and filed with of the plan were assured to t | ntingent liquidanount subject                                       | defined in 11 U<br>ated debts (exc<br>to adjustment | U.S.C. § 101(51D).<br>rluding debts owed | to insiders or affiliates)  ery three years thereafter).  es of creditors, |
| Statistical/Adm Debtor estim Debtor estim there will be   | nates that<br>nates that   | funds will<br>, after any                                       | be available exempt prop             | erty is ex   | cluded and                              | administrat                                     |   | es paid,  |   | THIS  | SPACE IS FOR C                           | OURT USE ONLY  |
| Estimated Numb  | ]<br>0-  | editors  100- 199   | 200-                                 | 1,000-<br>5,000  | 5,001-<br>10,000                        | 10,001-<br>25,000                               | 25,001-<br>50,000   | 50,001-<br>100,000  | OVER 100,000  |   |  |  |
| \$50,000 \$1  | 50,001 to<br>100,000   | \$100,001 to<br>\$500,000                                       | to \$1                               | \$1,000,001<br>to \$10<br>million  | \$10,000,001<br>to \$50<br>million      | \$50,000,001<br>to \$100<br>million             | \$100,000,001<br>to \$500<br>million  | \$500,000,001<br>to \$1 billion   |   |   |  |  |
|   | _  | \$100,001 to<br>\$500,000                                       | \$500,001<br>to \$1                  | \$1,000,001<br>to \$10<br>million  | \$10,000,001<br>to \$50<br>million      | \$50,000,001<br>to \$100<br>million             | \$100,000,001<br>to \$500<br>million  | \$500,000,001 to \$1 billion  |   |   |  |  |

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| B1 (Official For                              | m 1)(12/11)   | Page 2 01 13  | Page 2   |
|---|---|---|--|
| Voluntar                                      | y Petition  | Name of Debtor(s): ParXlent, Inc.   |  |
| (This page mu                                 | st be completed and filed in every case)  | arxient, mo.  |  |
|   | All Prior Bankruptcy Cases Filed Within Last  | t 8 Years (If more than two, attach a   | additional sheet)  |
| Location<br>Where Filed:                      | - None -  | Case Number:  | Date Filed:  |
| Location<br>Where Filed:                      |   | Case Number:  | Date Filed:  |
| Pe  | nding Bankruptcy Case Filed by any Spouse, Partner, or  | Affiliate of this Debtor (If more than  | an one, attach additional sheet)   |
| Name of Debt - None -                         | or:   | Case Number:  | Date Filed:  |
| District:                                     |   | Relationship:   | Judge:   |
|   | Exhibit A   |   | <b>Exhibit B</b> al whose debts are primarily consumer debts.)   |
| forms 10K a<br>pursuant to S<br>and is reques | oleted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 sting relief under chapter 11.)  A is attached and made a part of this petition. | I, the attorney for the petitioner name<br>have informed the petitioner that [he<br>12, or 13 of title 11, United States Co | ed in the foregoing petition, declare that I or she] may proceed under chapter 7, 11, ode, and have explained the relief available rtify that I delivered to the debtor the notice |
|   | T. 1  | l<br>nibit C  |  |
|   | or own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.   |   | ole harm to public health or safety?   |
|   |   | nibit D   |  |
| _   | leted by every individual debtor. If a joint petition is filed, ea<br>D completed and signed by the debtor is attached and made   | •   | a separate Exhibit D.)   |
| If this is a joi                              |   | a part of this petition.  |  |
| ☐ Exhibit                                     | D also completed and signed by the joint debtor is attached a   | and made a part of this petition.   |  |
|   | Information Regardin  | _   |  |
| _   | (Check any ap<br>Debtor has been domiciled or has had a residence, princip  |   | ets in this District for 180   |
| _   | days immediately preceding the date of this petition or for   |   |  |
|   | There is a bankruptcy case concerning debtor's affiliate, go  |   | -  |
|   | Debtor is a debtor in a foreign proceeding and has its princ<br>this District, or has no principal place of business or assets<br>proceeding [in a federal or state court] in this District, or the<br>sought in this District.                               | s in the United States but is a defend  | ant in an action or  |
|   | Certification by a Debtor Who Reside<br>(Check all app  |   | erty   |
|   | Landlord has a judgment against the debtor for possession   |   | d, complete the following.)  |
|   | (Name of landlord that obtained judgment)   |   |  |
|   | (   |   |  |
|   |   |   |  |
|   |   |   |  |
|   | (Address of landlord)   |   |  |
|   | Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment   |   |  |
|   | Debtor has included in this petition the deposit with the coafter the filing of the petition.   |   | •  |
|   | Debtor certifies that he/she has served the Landlord with the   | his certification. (11 U.S.C. § 362(1))   | ).   |

B1 (Official Form 1)(12/11) Document Page 3 of 13

## **Voluntary Petition**

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

#### 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.

 $\mathbf{X}$ 

Signature of Debtor

 $\mathbf{X}$ 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

#### Signature of Attorney\*

#### X /s/ H. Trade Elkins

Signature of Attorney for Debtor(s)

#### H. Trade Elkins 29197

Printed Name of Attorney for Debtor(s)

#### The Elkins Law Firm, PA

Firm Name

228 6th Avenue East Suite 1B Hendersonville, NC 28792

Address

#### Email: htelkins@prodigy.net

828-692-2205 Fax: 828-692-8469

Telephone Number

### November 28, 2011

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/ Carole Clark

Signature of Authorized Individual

#### Carole Clark

Printed Name of Authorized Individual

#### President

Title of Authorized Individual

#### November 28, 2011

Date

Name of Debtor(s):

ParXlent, Inc.

#### 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 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 bankrutpcy 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.)

Date

Address

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.

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B6 Summary (Official Form 6 - Summary) (12/07)

# **United States Bankruptcy Court** Western District of North Carolina

| In re | ParXlent, Inc. |        | Case No. |    |
|-------|----------------|--------|----------|----|
| _     |                | Debtor |          |    |
|       |                |        | Chapter  | 11 |
|       |                |        | •        |    |

## **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|-------|
| A - Real Property  | Yes                  | 1                | 695,000.00        |             |       |
| B - Personal Property  | Yes                  | 3                | 0.00              |             |       |
| C - Property Claimed as Exempt   | No                   | 0                |                   |             |       |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |                   | 569,357.57  |       |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 2                |                   | 0.00        |       |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 2                |                   | 69,380.37   |       |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |       |
| H - Codebtors  | Yes                  | 1                |                   |             |       |
| I - Current Income of Individual<br>Debtor(s)                                      | No                   | 0                |                   |             | N/A   |
| J - Current Expenditures of Individual<br>Debtor(s)                                | No                   | 0                |                   |             | N/A   |
| Total Number of Sheets of ALL Schedu   | ıles                 | 11               |                   |             |       |
|  | Te                   | otal Assets      | 695,000.00        |             |       |
|  |                      |                  | Total Liabilities | 638,737.94  |       |

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Form 6 - Statistical Summary (12/07)

# **United States Bankruptcy Court** Western District of North Carolina

| ParXlent, Inc.  |                                      | Case No.                   |                         |
|---|--------------------------------------|----------------------------|-------------------------|
| ]   | Debtor ,                             | Chapter                    | 11                      |
| STATISTICAL SUMMARY OF CERTAIN LI   | ABILITIES AN                         | ND RELATED DA              | TA (28 U.S.C. § 1       |
| If you are an individual debtor whose debts are primarily consumer da case under chapter 7, 11 or 13, you must report all information requ  | ebts, as defined in § 1 ested below. | 01(8) of the Bankruptcy (  | Code (11 U.S.C.§ 101(8) |
| ☐ Check this box if you are an individual debtor whose debts are report any information here.   | NOT primarily cons                   | umer debts. You are not re | equired to              |
| This information is for statistical purposes only under 28 U.S.C. §<br>Summarize the following types of liabilities, as reported in the Sci |                                      | em.                        |                         |
| Type of Liability   | Amount                               |                            |                         |
| Domestic Support Obligations (from Schedule E)  |                                      |                            |                         |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  |                                      |                            |                         |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)                         |                                      |                            |                         |
| Student Loan Obligations (from Schedule F)  |                                      |                            |                         |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E  |                                      |                            |                         |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)   |                                      |                            |                         |
| TOTAL   |                                      |                            |                         |
| State the following:  |                                      |                            |                         |
| Average Income (from Schedule I, Line 16)   |                                      |                            |                         |
| Average Expenses (from Schedule J, Line 18)   |                                      |                            |                         |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)  |                                      |                            |                         |
| State the following:  |                                      |                            |                         |
| Total from Schedule D, "UNSECURED PORTION, IF ANY" column   |                                      |                            |                         |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column  |                                      |                            |                         |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column  |                                      |                            |                         |
| 4. Total from Schedule F  |                                      |                            |                         |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)  |                                      |                            |                         |

101(8)), filing

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B6D (Official Form 6D) (12/07)

| In re | ParXlent, Inc. | Case No. | _ |
|-------|----------------|----------|---|
| -     |                | Debtor , |   |

## 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.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, 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 and 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 "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 "Unliquidated". (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" 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" 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.

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 ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H S → C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | CONTINGEN | UNLLQULDAT   | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No.  |          |         | First Mortgage   | <b>⊺</b>  | T<br>E<br>D  | Ī        |  |                                 |
| TD Bank<br>PO Box 5600<br>Lewiston, ME 04243   | х        | 1       | 485 Brookside Camp Road,<br>Hendersonville, NC 28792   |           | D            |          |  |                                 |
|  |          |         | Value \$ 695,000.00  | 1         |              |          | 554,135.26   | 0.00                            |
| Account No.  |          |         | Second Mortgage  |           |              |          |  |                                 |
| TD Bank<br>PO Box 5600<br>Lewiston, ME 04243   | x        |         | 485 Brookside Camp Road,<br>Hendersonville, NC 28792   |           |              |          |  |                                 |
|  |          |         | Value \$ 695,000.00  | 1         |              |          | 15,222.31  | 0.00                            |
| Account No.  |          |         | Value \$   | -         |              |          |  |                                 |
| Account No.  |          |         |  |           |              |          |  |                                 |
|  |          |         | Value \$   | -         |              |          |  |                                 |
| _0 continuation sheets attached  |          |         | (Total of t  | Subto     |              |          | 569,357.57   | 0.00                            |
|  |          |         | (Report on Summary of So   |           | otal<br>ules |          | 569,357.57   | 0.00                            |

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B6E (Official Form 6E) (4/10)

| •     |                |          |
|-------|----------------|----------|
| In re | ParXlent, Inc. | Case No. |
| _     |                | Debtor , |

## 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, 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, guardi Do not disclose the child's name. See, 11 U.S.C. §112 and 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 approp 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 "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E 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 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 en |
|--|
| ☐ 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 \$11,725* 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 busines whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
| ☐ Certain farmers and fishermen  |
| Claims of certain farmers and fishermen, up to \$5,775* 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 \$2,600* 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).   |
|  |

continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/10) - Cont.

| In re | ParXlent, Inc. | Case No |
|-------|----------------|---------|
| _     | •              | Debtor  |

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR NLIQUIDATED SPUTED AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** W INCLUDING ZIP CODE, INGENT AND CONSIDERATION FOR CLAIM OF CLAIM C AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER (See instructions.) For informational purposes only Account No. **Henderson County Tax Collector** 0.00 Attn:Sherri Staton, Deputy Tax Collector 200 N. Grove St., Suite 66 Hendersonville, NC 28792 0.00 0.00 For informational purposes only Account No. Internal Revenue Service 0.00 PO Box 7346 Philadelphia, PA 19101-7346 0.00 0.00 For informational purposes only Account No. **North Carolina Department of** 0.00 Revenue **Bankruptcy Department** P.O. Box 1168 Raleigh, NC 27602-1168 0.00 0.00 Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 0.00 0.00 0.00 (Report on Summary of Schedules) 0.00 0.00 Case 11-11155 Doc 1 Filed 11/28/11 Entered 11/28/11 15:34:52 Desc Main Document Page 9 of 13

B6F (Official Form 6F) (12/07)

| In re | ParXlent, Inc. | Case No  |
|-------|----------------|----------|
| -     |                | Debtor , |

## 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, 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 and 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 "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 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, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

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

|   |            |             | · · · · · · · · · · · · · · · · · · ·                         |           |             |      |                 |
|---|------------|-------------|---|-----------|-------------|------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS  | CODE       | н           | I DATE CLAUVEW AS INCURRED AIND                               | C O N T   | UNL         | DISP |                 |
| INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)          | DE B T O R | C<br>J<br>M | CONSIDERATION FOR CLAIM. IF CLAIM                             | -<br>NGEN | Q           | IF   | AMOUNT OF CLAIM |
| Account No.   |            |             | Credit card purchases   | Ĭ         | T<br>E<br>D |      |                 |
| American Express<br>P.O. Box 981537<br>El Paso, TX 79998                  | ×          | -           |   |           |             |      |                 |
|   |            |             |   | _         | L           |      | 3,080.37        |
| Account No.   | -          |             | Services Rendered   |           |             |      |                 |
| Baggish, Brostowicz & Co.<br>PO Box 2616<br>Hendersonville, NC 28793      | x          | -           |   |           |             |      |                 |
|   |            |             |   |           |             |      | 650.00          |
| Account No.   |            |             | Shareholder Loan to Company; Insider and President of Company |           |             |      |                 |
| Carole Clark c/o Pine Orchard Yacht & Country Club                        |            | -           | President of Company  |           |             |      |                 |
| 2 Club Parkway<br>Branford, CT 06405                                      |            |             |   |           |             |      | 30,000.00       |
| Account No.   |            |             | Services Rendered   | T         |             |      |                 |
| Four Seasons Accounting and Tax<br>PO Box 486<br>Hendersonville, NC 28793 | x          | -           |   |           |             |      |                 |
|   |            |             |   |           |             |      | 650.00          |
| continuation sheets attached  |            |             | (Total of   | Subt      |             |      | 34,380.37       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | ParXlent, Inc. | Case No. |  |
|-------|----------------|----------|--|
| •     |                | Debtor   |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   | _        | _           |   |            |                            |          |                 |
|---|----------|-------------|---|------------|----------------------------|----------|-----------------|
| CREDITOR'S NAME,  | C        | Hu          | sband, Wife, Joint, or Community  |            | U                          | P        |                 |
| MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER  | CODEBTOR | H<br>W<br>J | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | LLQUL                      | DISPUTER | AMOUNT OF CLAIM |
| (See instructions above.)                                     | R        | С           | is sebsect to seroit, so strike.  | E          | Ď                          | Þ        |                 |
| Account No.   |          |             | Shareholder Loan to Company; Insider and Vice-President of Company                                  | Ť          | I<br>D<br>A<br>T<br>E<br>D |          |                 |
| William G. Yarborough III                                     |          |             |   |            | T                          | Т        | 1               |
| 10 Sweetgum Road  |          | -           |   |            |                            |          |                 |
| Greenville, SC 29617-7050                                     |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          | 35,000.00       |
| Account No.   |          |             |   | $\top$     | T                          | T        |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   | 上          |                            |          |                 |
| Account No.   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
| Account No.   |          | _           |   | ╀          | ┢                          | ┢        |                 |
| Account No.   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
| Account No.   |          |             |   | Т          |                            |          |                 |
|   |          |             |   |            |                            | 1        |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            |          |                 |
|   |          |             |   |            |                            | 1        |                 |
|   |          |             |   | 上          |                            |          |                 |
| Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of |          |             |   | Sub        |                            |          | 35,000.00       |
| Creditors Holding Unsecured Nonpriority Claims                |          |             | (Total of t   | his        | pag                        | ge)      |                 |
|   |          |             |   |            | ota                        |          |                 |
|   |          |             | (Report on Summary of So  | hec        | lule                       | es)      | 69,380.37       |

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Document

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B6 Declaration (Official Form 6 - Declaration). (12/07)

## **United States Bankruptcy Court Western District of North Carolina**

| In re  | ParXlent, Inc.   |   | Case No. |    |  |  |  |  |
|--|--|---|----------|----|--|--|--|--|
|  |  | Debtor(s)                                 | Chapter  | 11 |  |  |  |  |
|  | DECLARATION CONCE  | RNING DEBTOR'S SO                         | CHEDUL   | ES |  |  |  |  |
|  | DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHII |   |          |    |  |  |  |  |
| I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I ha read the foregoing summary and schedules, consisting of13 sheets, and that they are true and correct to the b of my knowledge, information, and belief. |  |   |          |    |  |  |  |  |
| Date   | November 28, 2011 Signatur   | e /s/ Carole Clark Carole Clark 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 981537 El Paso, TX 79998

Baggish, Brostowicz & Co. PO Box 2616 Hendersonville, NC 28793

Carole Clark c/o Pine Orchard Yacht & Country Club 2 Club Parkway Branford, CT 06405

Four Seasons Accounting and Tax PO Box 486 Hendersonville, NC 28793

Henderson County Tax Collector Attn:Sherri Staton, Deputy Tax Collector 200 N. Grove St., Suite 66 Hendersonville, NC 28792

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

McGuire, Wood & Bissette, P.A. PO Box 3180 Asheville, NC 28802

Mr. William G. Yarborough III 10 Sweetgum Road Greenville, SC 29617

Ms. Carole Clark c/o The Pine Orchard Yacht&Country Club 2 Club Parkway Branford, CT 06405

North Carolina Department of Revenue Bankruptcy Department P.O. Box 1168 Raleigh, NC 27602-1168

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TD Bank PO Box 5600 Lewiston, ME 04243

William G. Yarborough III 10 Sweetgum Road Greenville, SC 29617-7050