

B1 (Official Form 1)(04/13)

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

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Longview Assisted Living, LLC</b>	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) <b>56-2101159</b>	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): <b>2001 Bristol Creek Ave. Morganton, NC</b> ZIP Code: <b>28655</b>	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code:
County of Residence or of the Principal Place of Business: <b>Burke</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <b>P.O. Box 548 Morganton, NC</b> ZIP Code: <b>28680</b>	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):	

<b>Type of Debtor</b> (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.)	<b>Nature of Business</b> (Check one box) <input checked="" 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 type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (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
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (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).	<b>Nature of Debts</b> (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.

<b>Filing Fee</b> (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.	<b>Chapter 11 Debtors</b> 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**

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 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

**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

<p><b>Voluntary Petition</b></p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): <b>Longview Assisted Living, LLC</b></p>
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**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: <b>- None -</b>	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: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;"><b>Exhibit A</b></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;"><b>Exhibit B</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><b>X</b> _____ 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):  
**Longview Assisted Living, LLC**

**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 Attorney\***

**X** /s/ Glenn C. Thompson  
Signature of Attorney for Debtor(s)

Glenn C. Thompson N.C. Bar # 37221  
Printed Name of Attorney for Debtor(s)

Hamilton Stephens Steele & Martin, PLLC  
Firm Name

201 South College Street, Suite 2020  
Charlotte, NC 28244

\_\_\_\_\_  
Address

704-344-1117 Fax: 704-344-1483  
Telephone Number

November 4, 2013  
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 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 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/ Donnie V. Puett  
Signature of Authorized Individual

Donnie V. Puett  
Printed Name of Authorized Individual

Member/Manager  
Title of Authorized Individual

November 4, 2013  
Date

B4 (Official Form 4) (12/07)

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

In re Longview Assisted Living, 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>
Antonio Lowrance 3824 Piney Rd. Morganton, NC 28655	Antonio Lowrance 3824 Piney Rd. Morganton, NC 28655			<b>Unknown</b>
Ashley Church 1060 Sleepy Hollow Lenoir, NC 28645	Ashley Church 1060 Sleepy Hollow Lenoir, NC 28645			<b>Unknown</b>
AT&T P.O. Box 105262 Atlanta, GA 30348-5262	AT&T P.O. Box 105262 Atlanta, GA 30348-5262			<b>Unknown</b>
Bowers, Claude E P.O. Box 2026 Drexel, NC 28619	Bowers, Claude E P.O. Box 2026 Drexel, NC 28619			<b>Unknown</b>
Burke County Tax 110 N. Green St. Morganton, NC 28655	Burke County Tax 110 N. Green St. Morganton, NC 28655			<b>Unknown</b>
City of Morganton 305 E. Union St. Morganton, NC 28655	City of Morganton 305 E. Union St. Morganton, NC 28655			<b>Unknown</b>
DCR Mortgage P.O. Box 299 Saint Petersburg, FL 33731-0299	DCR Mortgage P.O. Box 299 Saint Petersburg, FL 33731-0299			<b>475,000.00 (0.00 secured)</b>
DirectTV P.O. Box 6550 Englewood, CO 80155	DirectTV P.O. Box 6550 Englewood, CO 80155			<b>Unknown</b>
Donna Hughes 4915 Ponderosa Rd. Morganton, NC 28655	Donna Hughes 4915 Ponderosa Rd. Morganton, NC 28655			<b>Unknown</b>
Donnie V. Puett 1941 US Hwy 70 Morganton, NC 28655	Donnie V. Puett 1941 US Hwy 70 Morganton, NC 28655			<b>Unknown</b>
Elmer Pearson 3587 Smith Rd. Morganton, NC 28655	Elmer Pearson 3587 Smith Rd. Morganton, NC 28655			<b>Unknown</b>
Emmanuelique Cole 3824 Piney Rd. Morganton, NC 28655	Emmanuelique Cole 3824 Piney Rd. Morganton, NC 28655			<b>Unknown</b>

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

In re Longview Assisted Living, 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>
<b>Genevieve Howell 2607 Tablerock Rd. Lenoir, NC 28645</b>	<b>Genevieve Howell 2607 Tablerock Rd. Lenoir, NC 28645</b>			<b>Unknown</b>
<b>Harriette Puett 1941 US Hwy 70 Morganton, NC 28655</b>	<b>Harriette Puett 1941 US Hwy 70 Morganton, NC 28655</b>			<b>Unknown</b>
<b>Health Options 112 Legion Rd. Hudson, NC 28638</b>	<b>Health Options 112 Legion Rd. Hudson, NC 28638</b>			<b>Unknown</b>
<b>Hugh Franklin P.O. Box 593 Marion, NC 28752-0593</b>	<b>Hugh Franklin P.O. Box 593 Marion, NC 28752-0593</b>			<b>510,000.00 (0.00 secured)</b>
<b>JoAnn Chapman 4344 Mt. Olive Church Rd. Morganton, NC 28655</b>	<b>JoAnn Chapman 4344 Mt. Olive Church Rd. Morganton, NC 28655</b>			<b>37,000.00</b>
<b>Joshua Danner 110 New Street Morganton, NC 28655</b>	<b>Joshua Danner 110 New Street Morganton, NC 28655</b>			<b>Unknown</b>
<b>Kathy O'Neil 2463 NC Hwy 126 Morganton, NC 28655</b>	<b>Kathy O'Neil 2463 NC Hwy 126 Morganton, NC 28655</b>			<b>Unknown</b>
<b>Thelma Isenhour 407 Alexandra Ave Morganton, NC 28655</b>	<b>Thelma Isenhour 407 Alexandra Ave Morganton, NC 28655</b>			<b>100,000.00 (0.00 secured)</b>

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

I, the Member/Manager 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 November 4, 2013

Signature /s/ Donnie V. Puett  
**Donnie V. Puett**  
**Member/Manager**

*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.

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

In re Longview Assisted Living, LLC,  
Debtor

Case No. \_\_\_\_\_

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Alan B. Chapman</b> 5909 Old Highway 70 West Morganton, NC 28655		<b>25%</b>	
<b>Donnie V. Puett</b> 1941 Highway 70 East Morganton, NC 28655		<b>37.5%</b>	
<b>Laura B. Puett</b> 2097 Bristol Creek Ave. Morganton, NC 28655		<b>37.5%</b>	

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

I, the Member/Manager of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date November 4, 2013

Signature /s/ Donnie V. Puett  
**Donnie V. Puett**  
**Member/Manager**

*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.

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

In re Longview Assisted Living, LLC

Debtor(s)

Case No.  
Chapter

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**VERIFICATION OF CREDITOR MATRIX**

I, the Member/Manager of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: November 4, 2013

/s/ Donnie V. Puett

**Donnie V. Puett/Member/Manager**

Signer/Title

Antonio Lowrance  
3824 Piney Rd.  
Morganton, NC 28655

Ashley Church  
1060 Sleepy Hollow  
Lenoir, NC 28645

AT&T  
P.O. Box 105262  
Atlanta, GA 30348-5262

Bowers, Claude E  
P.O. Box 2026  
Drexel, NC 28619

Burke County Tax  
110 N. Green St.  
Morganton, NC 28655

City of Morganton  
305 E. Union St.  
Morganton, NC 28655

DCR Mortgage  
P.O. Box 299  
Saint Petersburg, FL 33731-0299

DirectTV  
P.O. Box 6550  
Englewood, CO 80155

Donna Hughes  
4915 Ponderosa Rd.  
Morganton, NC 28655

Donnie V. Puett  
1941 US Hwy 70  
Morganton, NC 28655

Elmer Pearson  
3587 Smith Rd.  
Morganton, NC 28655



Emmanuelique Cole  
3824 Piney Rd.  
Morganton, NC 28655

Genevieve Howell  
2607 Tablerock Rd.  
Lenoir, NC 28645

Harriette Puett  
1941 US Hwy 70  
Morganton, NC 28655

Health Options  
112 Legion Rd.  
Hudson, NC 28638

Hugh Franklin  
P.O. Box 593  
Marion, NC 28752-0593

JoAnn Chapman  
4344 Mt. Olive Church Rd.  
Morganton, NC 28655

Joshua Danner  
110 New Street  
Morganton, NC 28655

Kathy O'Neil  
2463 NC Hwy 126  
Morganton, NC 28655

Mobile Service  
1006 East Union St.  
Morganton, NC 28655

Myra Mathies  
1657 Austin Ave.  
Morganton, NC 28655

REMC  
614 Carbon City Rd.  
Morganton, NC 28655

Roy L. Dula  
3536 Smith Rd.  
Morganton, NC 28655

Sawyer Security  
P.O. Box 3606  
Morganton, NC 28655

Shimika Bowers  
P.O. Box 123  
Glen Alpine, NC 28628

Tabatha Johnson  
3678 Piney Rd.  
Morganton, NC 28655

Terry Perkins  
4263 Piney Rd.  
Morganton, NC 28655

Thelma Isenhour  
407 Alexandra Ave  
Morganton, NC 28655

Tonya Dula  
1821 Hillock Dr.  
Morganton, NC 28655

Verizon Wireless  
P.O. Box 920041  
Dallas, TX 75392-0041

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

In re Longview Assisted Living, LLC

Debtor(s)

Case No.  
Chapter

11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Longview Assisted Living, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

**November 4, 2013**

Date

**/s/ Glenn C. Thompson**

**Glenn C. Thompson**

Signature of Attorney or Litigant

Counsel for Longview Assisted Living, LLC

**Hamilton Stephens Steele & Martin, PLLC**

**201 South College Street, Suite 2020**

**Charlotte, NC 28244**

**704-344-1117 Fax:704-344-1483**