

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Four Square Mattress Partners, LLC

2. All other names debtor used in the last 8 years DBA Mattress Man Superstores

3. Debtor's federal Employer Identification Number (EIN) 27-2392488

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

5. Debtor's website (URL) www.mattressmanstores.com

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership Other. Specify:

Debtor **Four Square Mattress Partners, LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53AB))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- 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 after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship to you _____
District _____	When _____ Case number, if known _____

Debtor **Four Square Mattress Partners, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, 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.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

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

16. Estimated liabilities

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

Debtor **Four Square Mattress Partners, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signature

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 11, 2016**
MM / DD / YYYY

X /s/ Charles Emrick
Signature of authorized representative of debtor

Title **Managing Member**

Charles Emrick
Printed name

18. Signature of attorney

X /s/ D. Rodney Kight, Jr.
Signature of attorney for debtor

Date **March 11, 2016**
MM / DD / YYYY

D. Rodney Kight, Jr.
Printed name

Kight Law Office
Firm name

**56 College Street
Suite 302
Asheville, NC 28801**
Number, Street, City, State & ZIP Code

Contact phone **(828) 255-9881**

Email address **info@kightlaw.com**

26453
Bar number and State

Fill in this information to identify the case:

Debtor name Four Square Mattress Partners, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 11, 2016

X /s/ Charles Emrick

Signature of individual signing on behalf of debtor

Charles Emrick

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Four Square Mattress Partners, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**

Case number (if known): _____

Check if this is an amended filing

Official Form 204
Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Arch Capital Funding, LLC 160 Pearl Street, Suite 5 New York, NY 10005	vs@mcarecovery.com	Blanket/ general lien on all assets.		\$43,770.00	\$83,006.00	\$43,770.00
Cach LLC 4340 S Monaco St Fl 2 Denver, CO 80237	Blaise.Klenda@freshviewsolutions.com	None. The financing statement does not contain a list of collateral.		\$47,515.01	\$0.00	\$47,515.01
Fairway Outdoor Funding ATTN: Adam Stafford 44 Buck Shoals Rd. Suite A-8 Atlanta, GA 30328		Business debt: advertising.				\$32,652.00
Greenville News PO Box 677564 Dallas, TX 75267		Business debt: advertising.				\$18,450.00
NC Department of Revenue P.O. Box 1168 Raleigh, NC 27602	heather.rice@dorn.com	All of debtor's assets		\$26,535.29	\$83,006.00	\$26,535.29
NC Department of Revenue P.O. Box 1168 Raleigh, NC 27602	heather.rice@dorn.com	All of debtor's assets.		\$14,940.07	\$83,006.00	\$14,940.07
NC Department of Revenue P.O. Box 1168 Raleigh, NC 27602	heather.rice@dorn.com	All of debtor's assets.		\$107,680.81	\$83,006.00	\$35,674.81

Debtor **Four Square Mattress Partners, LLC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Serta Simmons Bedding Attn: Jeff Keim One Concourse Parkway NE Suite 800 Atlanta, GA 30328		Business debt: bedding vendor.				\$400,000.00
Southerland, Inc. C/o The Sigmon Law Firm PO Box 17249 Raleigh, NC 27619		Judgment				\$14,259.00
Yellowstone Capital, LLC 160 Pearl Street New York, NY 10005	vs@mcarecovery.com	Blanket/ general lien on all assets.		\$11,000.00	\$83,006.00	\$11,000.00

Fill in this information to identify the case:

Debtor name Four Square Mattress Partners, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>7,000.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>76,006.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>83,006.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>251,441.18</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>465,361.00</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>716,802.18</u>

Fill in this information to identify the case:

Debtor name Four Square Mattress Partners, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes Fill in the information below.

General description

Date of the last physical inventory

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

19. Raw materials

Debtor Four Square Mattress Partners, LLC Case number (if known) _____
Name

20.	Work in progress		
21.	Finished goods, including goods held for resale		
	Two (2) Q Beautysleep Caitlyn Firm mattresses.	\$0.00	\$410.00
	Two (2) Q Beautysleep Caitlyn Plush ET mattresses.	\$0.00	\$410.00
	Three (3) Q Beautysleep Erica Lux/Firm mattresses.	\$0.00	\$680.00
	Two (2) Q Beautysleep Erica Lux/Firm PT mattresses.	\$0.00	\$520.00
	Two (2) Q Beautyrest Memory Foam Brilliant Dreams mattresses	\$0.00	\$1,600.00
	Two (2) Q Beautyrest Memory Foam Treasured Nights mattresses.	\$0.00	\$1,850.00
	Two (2) Q Beautyrest Memory Foam Enlightened Comfort mattresses.	\$0.00	\$1,950.00
	Two (2) Q Beautyrest Memory Foam Extravagence mattresses.	\$0.00	\$2,100.00
	Two (2) Q Beautyrest Ultra's Briana XF mattresses.	\$0.00	\$580.00
	Two (2) Q Beautyrest Ultra's Briana L/F mattresses.	\$0.00	\$580.00
	Two (2) Q Beautyrest Ultra's Briana L/F PT mattresses.	\$0.00	\$740.00
	Two (2) Q World Class Jaelyn L/F mattresses.	\$0.00	\$1,450.00

Debtor Four Square Mattress Partners, LLC Case number (if known) _____
Name

Two (2) Q World Class Jaelyn Plush mattresses.	\$0.00	\$1,620.00
Two (2) Q World Class Jaelyn L/F PT mattresses.	\$0.00	\$1,790.00
Two (2) Q World Class Joselyn Ultimate Firm mattresses.	\$0.00	\$1,790.00
Two (2) Q World Class Jessica L/F PT mattresses.	\$0.00	\$1,900.00
Two (2) Q Hybrids Raegan Lux/Firm mattresses.	\$0.00	\$2,000.00
Two (2) Q Raegan Plush mattresses.	\$0.00	\$2,150.00
Two (2) Q BR Black Alexia XF mattresses.	\$0.00	\$1,900.00
Two (2) Q BR Black Ava Lux/Firm mattresses.	\$0.00	\$2,100.00
Two (2) Q BR Black Ava Plsuh/Firm mattresses/	\$0.00	\$2,200.00
Two (2) Q BR Black Evie L/F PT mattresses.	\$0.00	\$2,300.00
Two (2) Q BR Black Hope Lux/Firm mattresses.	\$0.00	\$2,450.00
Two (2) Q BR Black Hope Plush mattresses.	\$0.00	\$2,450.00
Two (2) Q BR Black Hope Plush PT mattresses.	\$0.00	\$2,620.00
Two (2) Q Serta IComfort Genius mattresses.	\$0.00	\$1,650.00

Debtor Name	Case number (If known)
Four Square Mattress Partners, LLC	
Two (2) Q Serta IComfort Savant Firm mattresses.	\$0.00 \$1,820.00
Two (2) Q Serta IComfort Savant Plush mattresses.	\$0.00 \$1,820.00
Two (2) Q and one (1) Twin XL Serta IComfort Insight mattresses.	\$0.00 \$1,420.00
Two (2) Q Perfect Sleep Foam Landham mattresses.	\$0.00 \$900.00
Two (2) Q Perfect Sleep Foam Kalwick mattresses.	\$0.00 \$1,200.00
Two (2) Q Perfect Sleep Foam Hollinbank mattresses.	\$0.00 \$1,300.00
Two (2) Q Dream Haven Private Grayhawk ET mattresses.	\$0.00 \$950.00
One (1) T Dream Haven Private Baytowne ET mattress.	\$0.00 \$1,400.00
Three (3) Q and four (4) Full Dream Haven Private Windtree mattresses.	\$0.00 \$900.00
Three (3) Q Dream Haven Private Windtree mattresses.	\$0.00 Unknown
Five (5) Dream Haven Private Elk River mattresses.	\$0.00 \$300.00
One (1) Twin and two (2) full Dream Haven Private Sand Hills foam mattresses.	\$0.00 \$500.00

Debtor Four Square Mattress Partners, LLC Case number (If known) _____
 Name

Three (3) Twin and one (1) full Dream Haven Private High Vista foam mattresses.	\$0.00	\$500.00
Four (4) Q and two (2) K Beautysleep boxsprings.	\$0.00	\$600.00
Two (2) twin Worldclass boxsprings.	\$0.00	\$500.00
Two (2) twin, three (3) Q, and one (1) K Ultra Box boxsprings.	\$0.00	\$500.00
Two (2) Full, three (3) Q, and two (2) K Serta/IComfort Box boxsprings.	\$0.00	\$600.00
Seven (7) twin, three (3) F, two (2) Q, and six (6) K Perfect Sleeper boxsprings.	\$0.00	\$700.00
Four (4) K Beautysleep Low Profile boxsprings.	\$0.00	\$400.00
One (1) Q Ultra Low Profile boxsprings.	\$0.00	\$100.00
One (1) twin, one (1) full, three (3) Q, and two (2) K Serta/IComfort Low Profile boxsprings.	\$0.00	\$600.00
Four (4) twin xl bunkie boards.	\$0.00	\$200.00
Two (2) Split Queen Box bunkie boards.	\$0.00	\$200.00
Six (6) Twin XL, eight (8) twin, six (6) full, fifteen (15) Q, and () K mattress protectors.	\$0.00	\$500.00
Nineteen (19) 79G frames.	\$0.00	\$900.00

Debtor	Name	Case number (If known)
	Four Square Mattress Partners, LLC	
	Eleven (11) 45R frames.	\$0.00 \$400.00
	Twelve (12) K45R frames.	\$0.00 \$300.00
	Three (3) King Instamatic frames.	\$0.00 Unknown
	Five (5) 76 hook on rails.	\$0.00 \$200.00
	Six (6) 76 bolt on rails.	\$0.00 \$200.00
	Nine (9) 82 hook on rails.	\$0.00 \$300.00
	Twelve (12) 82 bolt on rails.	\$0.00 \$300.00
	Ten (10) converter rails bolt on.	\$0.00 \$500.00
	Five (5) converter rails hook on.	\$0.00 \$250.00
	Thirteen (13) modi plates.	\$0.00 \$240.00
	Sixteen (16) 82 hook on with center.	\$0.00 \$280.00
	Three (3) Q Lo Pro frames.	\$0.00 \$200.00
	One (1) power lift.	\$0.00 \$56.00
	Six (6) instalifts.	\$0.00 \$180.00
	Eight (8) hook adapters.	\$0.00 \$200.00
22.	Other inventory or supplies Computers	\$0.00 \$5,300.00
	Fax machines	\$0.00 \$1,900.00
	Signs	\$0.00 \$4,600.00

Debtor Four Square Mattress Partners, LLC Case number (If known) _____
 Name

23. **Total of Part 5.** **\$76,006.00**
 Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**
 No
 Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**
 No
 Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
 No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**
 No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**
 No. Go to Part 8.
 Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**
 No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**
 No. Go to Part 10.
 Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Bank account with Wells Fargo		\$0.00	N/A	\$7,000.00

56. **Total of Part 9.** **\$7,000.00**
 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

Debtor Four Square Mattress Partners, LLC Case number (if known) _____
Name

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
- Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Debtor Four Square Mattress Partners, LLC Case number (if known) _____
 Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$76,006.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$7,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$76,006.00</u>	+ 91b. <u>\$7,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$83,006.00</u>

Fill in this information to identify the case:

Debtor name Four Square Mattress Partners, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.		Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p>2.1 Arch Capital Funding, LLC Creditor's Name</p> <p>160 Pearl Street, Suite 5 New York, NY 10005 Creditor's mailing address</p> <p>vs@mcarecovery.com Creditor's email address, if known</p> <p>Date debt was incurred January 12, 2016 Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien Blanket/ general lien on all assets.</p> <hr/> <p>Describe the lien UCC-1: 20160002962K</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$43,770.00	\$83,006.00

<p>2.2 Cach LLC Creditor's Name</p> <p>4340 S Monaco St Fl 2 Denver, CO 80237 Creditor's mailing address</p> <p>Blaise.Klenda@freshviewsolutions.com Creditor's email address, if known</p> <p>Date debt was incurred May 29, 2014 Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p>	<p>Describe debtor's property that is subject to a lien None. The financing statement does not contain a list of collateral.</p> <hr/> <p>Describe the lien UCC-1: 20140050910C</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	\$47,515.01	\$0.00
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Debtor Four Square Mattress Partners, LLC Case number (if know) _____
Name

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
 Unliquidated
 Disputed

<p>2.3 NC Department of Revenue <small>Creditor's Name</small></p> <p>P.O. Box 1168 Raleigh, NC 27602 <small>Creditor's mailing address</small></p> <p>heather.rice@dorn.com <small>Creditor's email address, if known</small></p> <p>Date debt was incurred December 4, 2015 Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All of debtor's assets.</p> <hr/> <p>Describe the lien Tax lien: 15 M 974</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$107,680.81</p>	<p>\$83,006.00</p>
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<p>2.4 NC Department of Revenue <small>Creditor's Name</small></p> <p>P.O. Box 1168 Raleigh, NC 27602 <small>Creditor's mailing address</small></p> <p>heather.rice@dorn.com <small>Creditor's email address, if known</small></p> <p>Date debt was incurred February 19, 2016 Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All of debtor's assets</p> <hr/> <p>Describe the lien Tax lien: 16 M 95</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$26,535.29</p>	<p>\$83,006.00</p>
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<p>2.5 NC Department of Revenue <small>Creditor's Name</small></p> <p>P.O. Box 1168 Raleigh, NC 27602 <small>Creditor's mailing address</small></p> <p>heather.rice@dorn.com <small>Creditor's email address, if known</small></p>	<p>Describe debtor's property that is subject to a lien All of debtor's assets.</p> <hr/> <p>Describe the lien Tax lien: 16 M 96</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$14,940.07</p>	<p>\$83,006.00</p>
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Debtor Four Square Mattress Partners, LLC Case number (if know) _____
Name

Date debt was incurred
February 19, 2016
 Last 4 digits of account number

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.6 Pearl Beta Funding, LLC
Creditor's Name

40 Exchange Place
New York, NY 10005

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
July 21, 2015
 Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien \$0.00 \$0.00
None. This debt has been satisfied and the financing statement should be cancelled.

Describe the lien
UCC: 20150069792B
 Is the creditor an insider or related party?

No
 Yes
 Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

2.7 Yellowstone Capital, LLC
Creditor's Name

160 Pearl Street
New York, NY 10005

Creditor's mailing address

vs@mcarecovery.com

Creditor's email address, if known

Date debt was incurred
October 30, 2015
 Last 4 digits of account number

Do multiple creditors have an interest in the same property?
 No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien \$11,000.00 \$83,006.00
Blanket/ general lien on all assets.

Describe the lien
UCC: 20150103190C
 Is the creditor an insider or related party?

No
 Yes
 Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply
 Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$251,441.18**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

Debtor **Four Square Mattress Partners, LLC** Case number (if know) _____
Name

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fresh View Solutions
10865 Grandview Drive, Suite 200
Overland Park, KS 66210

Line 2.2

Fill in this information to identify the case:

Debtor name Four Square Mattress Partners, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Buncombe County Tax Collector Buncombe County Courthouse 60 Court Plaza, Third Floor Asheville, NC 28801	\$0.00	\$0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: Notice Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.2	Priority creditor's name and mailing address IRS P.O. Box 7346 Philadelphia, PA 19101-7346	\$0.00	\$0.00
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: Notice Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor Four Square Mattress Partners, LLC Case number (if known) _____

Name

3.1 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$32,652.00

Fairway Outdoor Funding
ATTN: Adam Stafford
44 Buck Shoals Rd.
Suite A-8
Atlanta, GA 30328

- Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _____
 Last 4 digits of account number 4300

Basis for the claim: Business debt: advertising.
 Is the claim subject to offset? No Yes

3.2 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$18,450.00

Greenville News
PO Box 677564
Dallas, TX 75267

- Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _____
 Last 4 digits of account number 5676

Basis for the claim: Business debt: advertising.
 Is the claim subject to offset? No Yes

3.3 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$0.00

Leggett & Platt
3040 Junior Order Home Rd.
Lexington, NC 27292

- Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _____
 Last 4 digits of account number 6327

Basis for the claim: The debtor does not believe that it owes this entity a debt but is listing it for notice purposes.
 Is the claim subject to offset? No Yes

3.4 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$0.00

Overlook Village 1685, LP
By Kimco North Carolina TRS, Inc.
3333 New Hyde Park Road, Suite 100
PO Box 5020
New Hyde Park, NY 11042-0020

- Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _____
 Last 4 digits of account number _____

Basis for the claim: Debtor's former landlord.
 Is the claim subject to offset? No Yes

3.5 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$0.00

Peterson Amusement Company LLC
Attention: Mr. Christopher J Peterson
PO Box 8841
Asheville, NC 28814

- Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _____
 Last 4 digits of account number _____

Basis for the claim: Prior lease. Debtor does not believe that it owes any money but is listing this entity for notice purposes.
 Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$400,000.00

Serta Simmons Bedding
Attn: Jeff Keim
One Concourse Parkway NE
Suite 800
Atlanta, GA 30328

- Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _____
 Last 4 digits of account number 5687

Basis for the claim: Business debt: bedding vendor.
 Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: Check all that apply. \$14,259.00

Southerland, Inc.
C/o The Sigmon Law Firm
PO Box 17249
Raleigh, NC 27619

- Contingent
 Unliquidated
 Disputed

Date(s) debt was incurred _____
 Last 4 digits of account number _____

Basis for the claim: Judgment
 Is the claim subject to offset? No Yes

Debtor Four Square Mattress Partners, LLC Case number (if known) _____
Name

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Caine & Weiner 21210 Erwin Street Woodland Hills, CA 91367	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Gannett CCC Caine & Weiner 338 Harris Hill Rd. Suite 206 Buffalo, NY 14221	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	<u>6214</u>
4.3	IRS 2303 W. Meadowview Road, Ste 200 Greensboro, NC 27407-3703	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Law Office of John T. Benjamin, Jr., PA 1115 Hillsborough Street Raleigh, NC 27603	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	US Attorney 100 Otis Street Room 233 Asheville, NC 28801	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ <u>0.00</u>
5b. Total claims from Part 2	\$ <u>465,361.00</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ <u>465,361.00</u>

Fill in this information to identify the case:

Debtor name **Four Square Mattress Partners, LLC**
United States Bankruptcy Court for the: **WESTERN DISTRICT OF NORTH CAROLINA**
Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest
Sub-lease of premises located at 85 Tunnel Road, Unit #10, Asheville, NC, 28805. Debtor will assume this executory contract.
State the term remaining **23 months**
List the contract number of any government contract _____

**Brenco Estrate Management Company, Inc.
1919 North Bridge Street
Elkin, NC 28621**

2.2. State what the contract or lease is for and the nature of the debtor's interest
Lease of premises located at 1900 Four Season Blvd, Hendersonville, NC, . Debtor will assume this executory contract.
State the term remaining **Month to month**
List the contract number of any government contract _____

**Juanita Hyder
c/o Mel Hyder
16102 Cramur Drive
Huntersville, NC 28078**

2.3. State what the contract or lease is for and the nature of the debtor's interest
Sub-lease of premises located at 303 Airport Rd, Arden, NC 28704. Debtor will assume this executory contract.
State the term remaining **36 months**
List the contract number of any government contract _____

**Mars Hill College
100 Athletic St.
Mars Hill, NC 28754**

Fill in this information to identify the case:

Debtor name Four Square Mattress Partners, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	<i>Check all schedules that apply:</i>
2.1	Charles Emrick	26 Ridgeland Lane Asheville, NC 28805	Yellowstone Capital, LLC	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Charles Emrick	26 Ridgeland Lane Asheville, NC 28805	Arch Capital Funding, LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Four Square Mattress Partners, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2016 to Filing Date

Operating a business
 Other _____

\$277,000.00

For prior year:
From 1/01/2015 to 12/31/2015

Operating a business
 Other _____

\$1,999,992.00

For year before that:
From 1/01/2014 to 12/31/2014

Operating a business
 Other _____

\$1,979,232.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Four Square Mattress Partners, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Serta Simmons Bedding (Simmons) Attn: Jeff Keim One Concourse Parkway NE Suite 800 Atlanta, GA 30328	12/05/2015 - 2/11/2016	\$136,350.93	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.2. Leggett & Platt Post Office Box 757 1 Leggett Road Carthage, MO 64836	12/14/2015 - 1/11/2016	\$7,479.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Susan Waters Emrick 26 Ridgeland Lane Asheville, NC 28805 Spouse of principal	2/29/2016 12/31/2015 10/13/2015 9/17/2015 11/16/2015 8/26/2015	\$21,088.44	Secured business loan repayments.
4.2. Scott Felski 5310 Counsellor Lane Knoxville, TN 37914 Former member	4/7/15 5/2/15	\$4,000.00	Payment on buyout of interest in the debtor.
4.3. Brian Marks 5204 Custis Lane Knoxville, TN 37920 Former member	4/7/15, 5/18/15, 6/17/15, 7/8/15, 9/3/15, 10/6/15, 11/2/15, 12/2/15, 1/4/16	\$36,000.00	Payment on buyout of interest in the debtor.
4.4. Charles Emrick 26 Ridgeland Lane Asheville, NC 28805 Member	Multiple payments during the 365 prior to filing.	\$206,485.52	Services rendered.

Debtor **Four Square Mattress Partners, LLC**

Case number (if known) _____

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.5. HomeTrust Bank PO Box 10 Asheville, NC 28802 No relation	Monthly payments for past 12 months	\$6,000.00	This debt is owed by Susan Waters Emrick. It is secured by a deed of trust encumbering her real estate. She took out the HomeTrust loan and then loaned the proceeds to the Debtor. The Debtor has been making the monthly loan payments directly to HomeTrust Bank.

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
Overlook Village 1685 LP C/o John T. Benjamin, Jr. Esquire 1115 Hillsboro St. Raleigh, NC 27603	Debtor's former business location at 80 South Tunnel Road, Asheville, NC, 28805. Summary ejection of tenancy.	February 2016.	\$0.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Southerland C/o The Sigmon Law Firm PO Box 17249 Raleigh, NC 27619	Judgment creditor offset funds in debtor's former SunTrust bank account. Last 4 digits of account number: _____	January 2016	\$3,800.00
NC Department of Revenue P.O. Box 1168 Raleigh, NC 27602	Tax creditor offset funds in debtor's former SunTrust bank account and debtor's former Synchrony financing account. Last 4 digits of account number: _____	February 2016 (\$3200); March 2016 (\$2000)	\$5,200.00

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Southerland Inc. vs Four Square Mattress Partners LLC d/b/a Mattress Man Superstores 15CVD13291	Civil	Wake County District Court 316 Fayetteville St. Raleigh, NC 27601	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **Four Square Mattress Partners, LLC**

Case number (if known) _____

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2. Overlook Village v. FOur Square Mattress Partners, LLC	Summary ejection	Buncombe County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None.

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Debtor **Four Square Mattress Partners, LLC**

Case number (if known) _____

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Kight Law Office, PC 56 College Street Suite 302 Asheville, NC 28801		11-12-15 (\$592.50), 12-1-15 (\$1402.50), 1-5-16 (\$1975), 2-11-16 (\$1030), 3-11-16 (\$6170)	\$11,170.00
Email or website address <u>www.kightlaw.com</u>			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
14.1. 80 South Tunnel Road Asheville, NC 28805	April 2010-February 2016

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
- Yes. Fill in the information below.

Debtor **Four Square Mattress Partners, LLC**

Case number (if known) _____

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
- Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Suntrust Bank Bankruptcy Division P.O. Box 85092 Richmond, VA 23285-5052	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	Debtor's account has a negative balance and is either closed or not usable.	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Nova Warehouse 305 Airport Road Arden, NC 28704	Charles Emrick, Managing Member and employees.	Bedding inventory.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor **Four Square Mattress Partners, LLC**

Case number (if known) _____

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
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Debtor **Four Square Mattress Partners, LLC**

Case number (if known) _____

Name and address		Date of service From-To
26a.1.	Robert Emrick 60 N. Merrimon Ave. Asheville, NC 28804	Bookkeeping 8/2014 - 12/2015
26a.2.	Felisha Garren 600 Vista Lake Dr. Apt 103 Candler, NC 28715	Bookkeeping 1/2016 - Present
26a.3.	Ash LeBlanc LeBlanc Financial, LLC PO Box 9331 Asheville, NC 28815	Accountant 6/2015-1/2016

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1 Charles Emrick	Weekly	
Name and address of the person who has possession of inventory records		
Debtor		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Charles Emrick	45 Valley View Rd. Asheville, NC 28803	Managing Member	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

Debtor **Four Square Mattress Partners, LLC**

Case number (if known) _____

- No
- Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Christopher Hanson	8495 Leie Lane Ooltewah, TN 37363	24.5%	5/2010 - 4/2013
Brian Marks	5204 Custis Lane Knoxville, TN 37920	24.5%	5/2010 - 6/2014
Scott Felski	5310 Counsellor Lane Knoxville, TN 37914	25.5%	5/2010 - 2014
Mark Tanner	2259 Bowen Rd. Rutledge, TN 37861	25.5%	10/2010 - 8/2013

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Charles Emrick 26 Ridgeland Lane Asheville, NC 28805	206,485.52	Prior 12 months	Services rendered to debtor. [Note: This is the same information that is provided in SFA #4, above.]
Relationship to debtor Managing Member			

31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- No
- Yes. Identify below.

Debtor **Four Square Mattress Partners, LLC**

Case number (if known) _____

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 11, 2016**

/s/ Charles Emrick

Signature of individual signing on behalf of the debtor

Charles Emrick

Printed name

Position or relationship to debtor **Managing Member**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No

Yes

United States Bankruptcy Court Western District of North Carolina

In re Four Square Mattress Partners, LLC

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

Table with 3 rows: For legal services, I have agreed to accept \$ 11,170.00; Prior to the filing of this statement I have received \$ 11,170.00; Balance Due \$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

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

Debtor Other (specify):

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

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

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

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

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

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

March 11, 2016

Date

/s/ D. Rodney Kight, Jr.

D. Rodney Kight, Jr. 26453

Signature of Attorney

Kight Law Office

56 College Street

Suite 302

Asheville, NC 28801

(828) 255-9881 Fax: (828) 255-9886

info@kightlaw.com

Name of law firm

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

In re **Four Square Mattress Partners, LLC**

Debtor(s)

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
Charles Emrick 26 Ridgeland Lane Asheville, NC 28805	Membership interest	100%	Equity

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Managing Member** 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 **March 11, 2016**

Signature **/s/ Charles Emrick
Charles Emrick**

*Penalty for making a false statement of 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 **Four Square Mattress Partners, LLC**

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Managing Member 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: **March 11, 2016**

/s/ Charles Emrick

Charles Emrick/Managing Member
Signer/Title

Arch Capital Funding, LLC
160 Pearl Street, Suite 5
New York, NY 10005

Brenco Estrate Management Company, Inc.
1919 North Bridge Street
Elkin, NC 28621

Buncombe County Tax Collector
Buncombe County Courthouse
60 Court Plaza, Third Floor
Asheville, NC 28801

Cach LLC
4340 S Monaco St Fl 2
Denver, CO 80237

Caine & Weiner
21210 Erwin Street
Woodland Hills, CA 91367

Charles Emrick
26 Ridgeland Lane
Asheville, NC 28805

Fairway Outdoor Funding
ATTN: Adam Stafford
44 Buck Shoals Rd.
Suite A-8
Atlanta, GA 30328

Fresh View Solutions
10865 Grandview Drive, Suite 200
Overland Park, KS 66210

Gannett CCC
Caine & Weiner
338 Harris Hill Rd. Suite 206
Buffalo, NY 14221

Greenville News
PO Box 677564
Dallas, TX 75267

IRS
P.O. Box 7346
Philadelphia, PA 19101-7346

IRS
2303 W. Meadowview Road, Ste 200
Greensboro, NC 27407-3703

Juanita Hyder
c/o Mel Hyder
16102 Cramur Drive
Huntersville, NC 28078

Law Office of John T. Benjamin, Jr., PA
1115 Hillsborough Street
Raleigh, NC 27603

Leggett & Platt
3040 Junior Order Home Rd.
Lexington, NC 27292

Mars Hill College
100 Athletic St.
Mars Hill, NC 28754

NC Department of Revenue
P.O. Box 1168
Raleigh, NC 27602

Overlook Village 1685, LP
By Kimco North Carolina TRS, Inc.
3333 New Hyde Park Road, Suite 100
PO Box 5020
New Hyde Park, NY 11042-0020

Pearl Beta Funding, LLC
40 Exchange Place
New York, NY 10005

Peterson Amusement Company LLC
Attention: Mr. Christopher J Peterson
PO Box 8841
Asheville, NC 28814

Serta Simmons Bedding
Attn: Jeff Keim
One Concourse Parkway NE
Suite 800
Atlanta, GA 30328

Southerland, Inc.
C/o The Sigmon Law Firm
PO Box 17249
Raleigh, NC 27619

US Attorney
100 Otis Street
Room 233
Asheville, NC 28801

Yellowstone Capital, LLC
160 Pearl Street
New York, NY 10005

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

In re **Four Square Mattress Partners, 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 **Four Square Mattress Partners, 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*]

March 11, 2016

Date

/s/ D. Rodney Kight, Jr.

D. Rodney Kight, Jr. 26453

Signature of Attorney or Litigant

Counsel for **Four Square Mattress Partners, LLC**

Kight Law Office

56 College Street

Suite 302

Asheville, NC 28801

(828) 255-9881 Fax:(828) 255-9886

info@kightlaw.com