

Fill in this information to identify the case:

United States Bankruptcy Court for the:

_____ District of New Jersey
(State)

Case number (if known): _____ Chapter 11

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

☐ Chapter 7

☒ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name Atrium Consulting and Management Services, LLC

3. Other names you know the debtor has used in the last 8 years Atrium Consulting and Management Services

Include any assumed names, trade names, or *doing business as* names.

4. Debtor's federal Employer Identification Number (EIN)

☒ Unknown

EIN _____

5. Debtor's address

Principal place of business

1120 Alps Road

Number Street

Wayne NJ 07470
City State ZIP Code

Passaic

County

Mailing address, if different

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

Debtor Atrium Consulting and Management Services, LLC
Name

Case number (if known) _____

6. Debtor's website (URL) _____

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business

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(53A))
☐ 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 types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Atrium Consulting and Managment Services, LLC
Name

Case number (if known) _____

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	McKesson Medical-Surgical Minnesota Supply Inc.	Claim for goods sold	\$3,812,298.71
	_____	_____	\$ _____
	_____	_____	\$ _____
	Total of petitioners' claims		\$ 3,812,298.71

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

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.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

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

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

McKesson Medical-Surgical Minnesota Supply Inc.
Name
4345 Southpoint Blvd.
Number Street
Jacksonville FL 32216
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Name
Number Street
City State ZIP Code

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

Executed on _____
MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title

Attorneys

Bruce A. Schoenberg, Esq.

Printed name
Moritt Hock & Hamroff
Firm name, if any
1407 Broadway, 39th Floor
Number Street
New York NY 10018
City State ZIP Code

Contact phone 212-239-2000 Email bschoenberg@moritthock.com

Bar number 027821988

State NJ

X /s/ Bruce A. Schoenberg

Signature of attorney

Date signed 10/26/18
MM / DD / YYYY

Debtor Atrium Consulting and Management Services, LLC
Name

Case number (if known) _____

Name and mailing address of petitioner

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Name and mailing address of petitioner's representative, if any

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

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

Executed on _____
MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title _____

Printed name _____

Firm name, if any _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____ Email _____

Bar number _____

State _____

X

Signature of attorney _____

Date signed _____
MM / DD / YYYY

Name and mailing address of petitioner

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Name and mailing address of petitioner's representative, if any

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

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

Executed on _____
MM / DD / YYYY

X

Signature of petitioner or representative, including representative's title _____

Printed name _____

Firm name, if any _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____ Email _____

Bar number _____

State _____

X

Signature of attorney _____

Date signed _____
MM / DD / YYYY

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re

ATRIUM CONSULTING AND
MANAGEMENT SERVICES LLC

Alleged Debtor.

CORPORATE OWNERSHIP STATEMENT

Petitioning Creditor MCKESSON MEDICAL-SURGICAL MINNESOTA SUPPLY INC. ("McKesson Medical Surgical"), by and through its undersigned attorneys, pursuant to Fed. Rules Bankr. Proc. Rule 7007.1(a), files this Corporate Ownership Statement and states that McKesson Medical-Surgical is a Minnesota corporation and an indirect, wholly-owned subsidiary of McKesson Corporation ("McKesson"), a Delaware corporation and publicly-traded company under the designation MCK. McKesson has no individual shareholder or shareholders who own, directly or indirectly, more than ten percent (10%) of any class of McKesson's equity interests.

Dated: October 26, 2018

By: /s/ Bruce A. Schoenberg
Bruce A. Schoenberg
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New York, New York 10018
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E-Mail: bschoenberg@moritthock.com

and

BUCHALTER, a Professional Corporation
Jeffrey K. Garfinkle
(Cal. Bar No. 153496; admitted *pro hac vice*)
18400 Von Karman Avenue, Suite 800
Irvine, CA 92612
Telephone: (949) 760-1121
E-Mail: jgarfinkle@buchalter.com

Counsel for McKesson Medical-Surgical
Minnesota Supply, Inc.

CERTIFICATE OF SERVICE

I CERTIFY that on October __, 2018, a true and correct copy of the foregoing was electronically filed with the Clerk of the Court using CM/ECF. I also certify that the foregoing document is being served this day on all counsel or parties of record, either

(a) **Via Electronic Filing generated by CM/ECF to:**

and

(b) **Via U.S. mail to:**

/s/ Bruce A. Schoenberg
Bruce A. Schoenberg