

B 5 (Official Form 5) (12/07)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>INVOLUNTARY PETITION</b>
District of Nevada		
IN RE (Name of Debtor - If Individual: Last, First, Middle) <b>Blixseth, Timothy L.</b>		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) <b>Tim Blixseth</b>
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.): <b>2196</b>		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) <b>1605 73rd Ave., NE                  Medina, WA 98039-2330</b>		MAILING ADDRESS OF DEBTOR (If different from street address) <b>1605 73rd Ave., NE                  Medina, WA 98039-2330</b>
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <b>Las Vegas, Nevada</b>		
ZIP CODE <b>89134</b>		ZIP CODE
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
<b>INFORMATION REGARDING DEBTOR (Check applicable boxes)</b>		
<b>Nature of Debts</b> (Check one box.)  Petitioners believe:  <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<b>Type of Debtor</b> (Form of Organization) <input checked="" type="checkbox"/> Individual (Includes Joint Debtor) <input 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 type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
<b>VENUE</b>	<b>FILING FEE (Check one box)</b>	
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the 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.  <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	<input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the                  petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of                  1994, no fee is required.]</i>	
<b>PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)</b>		
Name of Debtor	Case Number	Date
Relationship	District	Judge
<b>ALLEGATIONS</b> (Check applicable boxes)		<b>COURT USE ONLY</b>
1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3. a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or 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.		RECEIVED AND FILED APR 5 12 45 PM '11 U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

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Name of Debtor Blixseth, Timothy L.

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

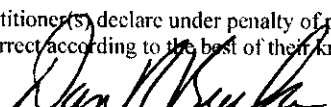
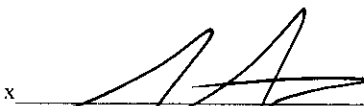
**TRANSFER OF CLAIM**

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x  Signature of Petitioner or Representative (State title) Montana Department Of Revenue <u>3/30/2011</u> Name of Petitioner _____ Date Signed _____	x  Signature of Attorney _____ Date <u>3/31/11</u> Brown McCarroll, L.P. Name of Attorney Firm (If any) _____ 111 Congress Avenue, #1400, Austin, TX 78701 Address _____ (512) 479-9758 Telephone No. _____
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Name & Mailing Address of Individual Signing in Representative Capacity Dan Bucks, Director 125 North Roberts, Helena, Mt 59601	Name of Attorney Firm (If any) 111 Congress Avenue, #1400, Austin, TX 78701 Address _____ (512) 479-9758 Telephone No. _____
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x _____ Signature of Petitioner or Representative (State title) Idaho State Tax Commission Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity Brian Nicholas, Dep. AG P.O. Box 36 Boise, ID 83722-2210	x _____ Signature of Attorney _____ Date _____ Idaho Attorney General's Office Name of Attorney Firm (If any) 700 W. Jefferson St., #210, Boise, ID 83720-0010 Address _____ (208) 334-7542 Telephone No. _____
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x _____ Signature of Petitioner or Representative (State title) California Franchise Tax Board Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity Todd M. Bailey, Counsel PO Box 1720, MS:A-260 Rancho Cordova, CA 97	x _____ Signature of Attorney _____ Date _____ Brown McCarroll, L.P. Name of Attorney Firm (If any) 111 Congress Avenue, #1400, Austin, TX 78701 Address _____ (512) 479-9758 Telephone No. _____
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**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Montana Department Of Revenue	Tax Claim	219,258.00
Idaho State Tax Commission	Tax Claim	1,117,914.00
California Franchise Tax Board	Tax Claim	986,957.95

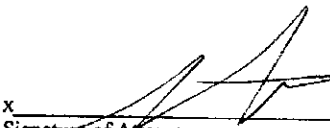
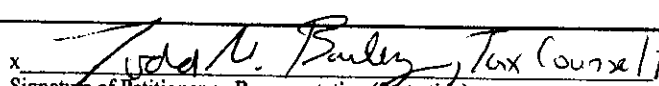
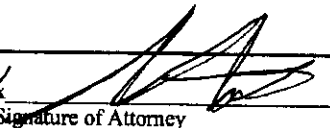
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims	2,324,129.95
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\_\_\_\_\_ continuation sheets attached

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Name of Debtor Blixseth, Timothy L.

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Montana Department Of Revenue</u>	<input checked="" type="checkbox"/> Signature of Attorney  <u>3/31/11</u> Date Brown McCarroll, L.P.	
Name of Petitioner _____ Date Signed _____  Name & Mailing Address of Individual Signing in Representative Capacity <u>Dan Bucks, Director</u> <u>125 North Roberts,</u> <u>Helena, Mt 59601</u>	Name of Attorney Firm (If any) <u>111 Congress Avenue, #1400, Austin, TX 78701</u> Address <u>(512) 479-9758</u> Telephone No. _____	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Idaho State Tax Commission</u>	<input checked="" type="checkbox"/> Signature of Attorney <u>Idaho Attorney General's Office</u> _____ Date _____	
Name of Petitioner _____ Date Signed _____  Name & Mailing Address of Individual Signing in Representative Capacity <u>Brian Nicholas, Dep. AG</u> <u>P.O. Box 36</u> <u>Boise, ID 83722-2210</u>	Name of Attorney Firm (If any) <u>700 W. Jefferson St., #210, Boise, ID 83720-0010</u> Address <u>(208) 334-7542</u> Telephone No. _____	
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title)  Tax Counsel <u>California Franchise Tax Board</u>	<input checked="" type="checkbox"/> Signature of Attorney  <u>3/31/11</u> Date Brown McCarroll, L.P.	
Name of Petitioner _____ Date Signed _____  Name & Mailing Address of Individual Signing in Representative Capacity <u>Todd M. Bailey, Counsel</u> <u>PO Box 1720, MS-A-260</u> <u>Rancho Cordova, CA</u> <u>95741-1720</u>	Name of Attorney Firm (If any) <u>111 Congress Avenue, #1400, Austin, TX 78701</u> Address <u>(512) 479-9758</u> Telephone No. _____	
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Name of Petitioner _____ Date Signed _____	Name of Attorney Firm (If any) <u>111 Congress Avenue, #1400, Austin, TX 78701</u>	Address <u>(512) 479-9758</u>
Name & Mailing Address of Individual Signing in Representative Capacity <u>Dan Bucks, Director</u> <u>125 North Roberts,</u> <u>Helena, Mt 59601</u>	Telephone No. _____	
x _____ <u>4/01/11</u> Signature of Petitioner or Representative (State title) <u>Idaho State Tax Commission</u>	x _____ <u>4/01/11</u> Signature of Attorney <u>Idaho Attorney General's Office</u>	Date <u>4/01/11</u>
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