Official Form 1 (1/08)

| United States Bankruptcy Converted Northern District of NEW YO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                    |                                 |                                                                                                                 | , 01411441 3 1                                                                                                                    |                                 |                          |                                            |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|--------------------------------------------|----------------|
| Name of Debtor (if individual, enter Last, First,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                    |                                 |                                                                                                                 | e of Joint D                                                                                                                      | obtor (Saou                     | se)(Last, First, Middle  |                                            | 6/29/2009      |
| Stone Cast, Inc.,<br>a Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | iviidale):                        |                                    |                                 | Ivaiii                                                                                                          | e of John D                                                                                                                       | eotoi (spous                    | se)(Last, First, Middle  | e).                                        |                |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                    |                                 | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):        |                                                                                                                                   |                                 |                          |                                            |                |
| Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 020-48-2499                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                 | Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): |                                                                                                                                   |                                 |                          |                                            |                |
| Street Address of Debtor (No. & Street, C<br>51 Boulevard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ity, and State):                  |                                    |                                 | Street Address of Joint Debtor (No. & Street, City, and State):                                                 |                                                                                                                                   |                                 |                          |                                            |                |
| Queensbury NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | ZIDGODE                            |                                 | - TIPGODS                                                                                                       |                                                                                                                                   |                                 |                          |                                            |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | ZIPCODE<br>12804                   |                                 |                                                                                                                 |                                                                                                                                   |                                 |                          |                                            | ZIPCODE        |
| County of Residence or of the Principal Place of Business: Warren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                    |                                 | County of Residence or of the Principal Place of Business:                                                      |                                                                                                                                   |                                 |                          |                                            |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n street address):                |                                    |                                 | Mailing Address of Joint Debtor (if different from street address):                                             |                                                                                                                                   |                                 |                          |                                            |                |
| PO Box 4621                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                    |                                 |                                                                                                                 |                                                                                                                                   |                                 |                          |                                            |                |
| Queensbury NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | ZIPCODE<br>12804                   |                                 |                                                                                                                 |                                                                                                                                   |                                 |                          |                                            | ZIPCODE        |
| Location of Principal Assets of Business D<br>(if different from street address above): SAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ebtor                             |                                    |                                 |                                                                                                                 |                                                                                                                                   |                                 |                          |                                            | ZIPCODE        |
| Type of Debtor (Form of organization)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | of Busines                         | s                               |                                                                                                                 |                                                                                                                                   | -                               |                          | de Under Which                             | <u> </u>       |
| (Check <b>one</b> box.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Check one                        | ,                                  |                                 |                                                                                                                 |                                                                                                                                   | the Petition                    | is Filed (C              | Check one box)                             |                |
| ☐ Individual (includes Joint Debtors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Health Care Bu                    |                                    | . ,                             |                                                                                                                 | Chapter 7<br>Chapter 9                                                                                                            |                                 |                          | apter 15 Petition for<br>a Foreign Main Pr | -              |
| See Exhibit D on page 2 of this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | in 11 U.S.C. §                    | eal Estate as defi<br>101 (51B)    | ined                            | $\boxtimes$                                                                                                     | Chapter 1                                                                                                                         |                                 | _                        | •                                          | •              |
| Corporation (includes LLC and LLP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Railroad                          |                                    |                                 |                                                                                                                 | Chapter 1                                                                                                                         |                                 |                          | apter 15 Petition fo<br>a Foreign Nonmain  | -              |
| Partnership  Other (if debtor is not one of the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Stockbroker                       |                                    |                                 |                                                                                                                 | Chapter 1                                                                                                                         |                                 |                          |                                            |                |
| entities, check this box and state type of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Commodity Br                      | oker                               |                                 | Nature of Debts (Check one box)  ☐ Debts are primarily consumer debts, defined ☐ Debts are primarily            |                                                                                                                                   |                                 |                          |                                            |                |
| entity below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Clearing Bank                     |                                    |                                 | in 11 U.S.C. § 101(8) as "incurred by an business debts. individual primarily for a personal, family,           |                                                                                                                                   |                                 |                          |                                            |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other                             |                                    |                                 |                                                                                                                 | or househol                                                                                                                       | •                               | personal, family         | у,                                         |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | empt Entit                         |                                 |                                                                                                                 |                                                                                                                                   |                                 | ter 11 Debtors           | <u> </u>                                   |                |
| (Check box, if applicable.)  Debtor is a tax-exempt organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                    |                                 | Check one box:                                                                                                  |                                                                                                                                   |                                 |                          |                                            |                |
| under Title 26 of the United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                    |                                 | Debtor is a small business as defined in 11 U.S.C. § 101(51D).                                                  |                                                                                                                                   |                                 |                          |                                            |                |
| Code (the Internal Revenue Code).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                    |                                 | Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).                                       |                                                                                                                                   |                                 |                          |                                            |                |
| Filing Fee (Che                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ck one box)                       |                                    |                                 | Check if:                                                                                                       |                                                                                                                                   |                                 |                          |                                            |                |
| Full Filing Fee attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                    |                                 | Debtor's aggregate noncontingent liquidated debts (excluding debts owed                                         |                                                                                                                                   |                                 |                          |                                            |                |
| Filing Fee to be paid in installments (applicable standard leading for the standard leading for | -                                 |                                    |                                 | to i                                                                                                            | insiders or a                                                                                                                     | ffiliates) are le               | ess than \$2,190,        | 000.                                       |                |
| signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                    |                                 | Check all applicable boxes:                                                                                     |                                                                                                                                   |                                 |                          |                                            |                |
| Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                    |                                 | A plan is being filed with this petition                                                                        |                                                                                                                                   |                                 |                          |                                            |                |
| signed application for the court's consideration. See Official Form 3B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                    |                                 |                                                                                                                 | Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |                                 |                          |                                            |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                    |                                 | cl                                                                                                              | asses of cred                                                                                                                     | litors, in acco                 | rdance with 11 t         |                                            | COURT USE ONLY |
| Statistical/Administrative Information  Debtor estimates that funds will be available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | for distribution to uno           | numa d'ama ditama                  |                                 |                                                                                                                 |                                                                                                                                   |                                 |                          | THIS SPACE IS FOR                          | COURT USE ONLY |
| Debtor estimates that, after any exempt prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                    | nses paid.                      | . there v                                                                                                       | vill be no fund                                                                                                                   | ls available for                |                          |                                            |                |
| distribution to unsecured creditors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                    |                                 | ,                                                                                                               |                                                                                                                                   |                                 |                          |                                            |                |
| Estimated Number of Creditors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                    | П                               |                                                                                                                 | П                                                                                                                                 |                                 | П                        |                                            |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0-999 1,000-<br>5,000             | 5,001-<br>10,000                   | 10,001-<br>25,000               |                                                                                                                 | 25,001-<br>50,000                                                                                                                 | 50,001-<br>100,000              | Over<br>100,000          |                                            |                |
| Estimated Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | П                                 |                                    | П                               |                                                                                                                 | П                                                                                                                                 |                                 |                          |                                            |                |
| \$0 to \$50,001 to \$100,001 to \$5<br>\$50,000 \$100,000 \$500,000 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 00,001 \$1,000,001<br>\$1 to \$10 | \$10,000,001<br>to \$50            | \$50,000<br>to \$100            |                                                                                                                 | \$100,000,001<br>to \$500                                                                                                         | \$500,000,001<br>to \$1 billion | More than<br>\$1 billion |                                            |                |
| mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | lion million                      | million                            | million                         |                                                                                                                 | million                                                                                                                           | to 41 onnon                     | yı omioli                |                                            |                |
| Estimated Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                    |                                 |                                                                                                                 |                                                                                                                                   |                                 | <u>.</u>                 |                                            |                |
| \$0 to \$50,001 to \$100,001 to \$5<br>\$50,000 \$100,000 \$500,000 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 00,001 \$1,000,001<br>\$1 to \$10 | \$10,000,001<br>to \$50<br>million | \$50,000<br>to \$100<br>million |                                                                                                                 | \$100,000,001<br>to \$500<br>million                                                                                              | \$500,000,001<br>to \$1 billion | More than<br>\$1 billion |                                            |                |

Official Form 1 (1/08) FORM B1, Page Name of Debtor(s): **Voluntary Petition** Stone Cast, Inc., (This page must be completed and filed in every case) a Corporation All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Where Filed: Case Number: Date Filed: NONE Location Where Filed: Date Filed: Case Number: Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Date Filed: NONE District: Relationship: Judge: Exhibit A Exhibit B (To be completed if debtor is required to file periodic reports (To be completed if debtor is an individual (e.g., forms 10K and 10Q) with the Securities and Exchange whose debts are primarily consumer debts) Commission pursuant to Section 13 or 15(d) of the Securities I, the attorney for the petitioner named in the foregoing petition, declare that I Exchange Act of 1934 and is requesting relief under Chapter 11) have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). X Exhibit A is attached and made a part of this petition 06/29/2009 Signature of Attorney for Debtor(s) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and exhibit C is attached and made a part of this petition.  $\times$ No Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. 

| ere is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.                                                                                                                                             |                                                                        |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|--|--|--|
| Debtor is a debtor in a foreign proceeding and has its principal place of business principal place of business or assets in the United States but is a defendant in an the interests of the parties will be served in regard to the relief sought in this Dis | n action proceeding [in a federal or state court] in this District, or |  |  |  |  |
| Certification by a Debtor Who Resid<br>(Check all applicat                                                                                                                                                                                                    | les as a Tenant of Residential Property<br>ble boxes.)                 |  |  |  |  |
| Landlord has a judgment against the debtor for possession of debtor's residual.                                                                                                                                                                               | dence. (If box checked, complete the following.)                       |  |  |  |  |
|                                                                                                                                                                                                                                                               | (Name of landlord that obtained judgment)                              |  |  |  |  |
|                                                                                                                                                                                                                                                               | (Address of landlord)                                                  |  |  |  |  |
| Debtor claims that under applicable nonbankruptcy law, there are circumsentire monetary default that gave rise to the judgment for possession, after                                                                                                          | •                                                                      |  |  |  |  |
| Debtor has included with this petition the deposit with the court of any reperiod after the filing of the petition.                                                                                                                                           | nt that would become due during the 30-day                             |  |  |  |  |
| Debtor certifies that he/she has served the Landlord with this certification.                                                                                                                                                                                 | . (11 U.S.C. § 362(1)).                                                |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                        |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                        |  |  |  |  |

Official Form 1 (1/08) FORM B1, Page 3 Name of Debtor(s): **Voluntary Petition** Stone Cast, Inc., (This page must be completed and filed in every case) a Corporation **Signatures** Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts petition is true and correct, that I am the foreign representative of a debtor and has chosen to file under chapter 7] I am aware that I may proceed in a foreign proceeding, and that I am authorized to file this petition. under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to (Check only one box.) proceed under chapter 7. I request relief in accordance with chapter 15 of title 11, United States [If no attorney represents me and no bankruptcy petition preparer Code. Certified copies of the documents required by 11 U.S.C. § 1515 are signs the petition] I have obtained and read the notice required by attached. 11 U.S.C. §342(b) Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. Signature of Debtor Signature of Joint Debtor Telephone Number (if not represented by attorney) Signature of Attorney\*

# chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. (Signature of Foreign Representative) (Printed name of Foreign Representative) 06/29/2009 (Date)

# X/s/ Michael J. Toomey

Signature of Attorney for Debtor(s)

#### Michael J. Toomey 103932

Printed Name of Attorney for Debtor(s)

#### Toomey Gallagher, LLC.

#### One South Western Plaza

P.O. Box 2144

Glens Falls NY 12801

518-743-9000

Telephone Number

#### *06/29/2009*

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

### X /s/ Terry Karanikas

Signature of Authorized Individua

#### Terry Karanikas

Printed Name of Authorized Individual

## President

Title of Authorized Individual

### 06/29/2009

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. \$\$ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. \$ 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.