Fill in this information to identify	the case:	
United States Bankruptcy Court for NORTHERN DISTRICT OF OHIO	the:	
Case number (If known):	Chanter 11	☐ Check if this is a
Case number (ir known):	Chapter 11	amended filing
Official Form 201		
	on for Non-Individuals	Filing for Bankruptcy 4/16
If more space is needed, attach a s	separate sheet to this form. On the top of any	additional pages, write the debtor's name and the case r Bankruptcy Forms for Non-Individuals, is available.
1. Debtor's name	PREMIUM TRANSPORTATION STAFFING	G, INC.
All other names debtor used in the last 8 years	ľ	
Include any assumed names, trade names, and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	3 4 - 1 8 2 8 8 1 9	
4. Debtor's address	Principal place of business 190 HIGHLAND DRIVE MEDINA, OH 44256	Mailing address, if different from principal place of business
		Location of principal assets, if different from principal place of business
ů.	MEDINA COUNTY County	
5. Debtor's website (URL)	WWW.PREMIUMDRIVERS.COM	
s. Type of debtor	☑ Corporation (including Limited Liability C☐ Partnership (excluding LLP)	company (LLC) and Limited Liability Partnership (LLP))

Debto	PREMIUM TRANSPORT	ATION STAFFING, INC.	Case number (if known)	
7. D	Describe debtor's business Inder which chapter of the tankruptcy Code is the	A. Check one: Health Care Business (as defined in Single Asset Real Estate (as defined in Railroad (as defined in 11 U.S.C. § Stockbroker (as defined in 11 U.S.C. § Commodity Broker (as defined in 11 U.S.C. None of the above B. Check all that apply: Tax-exempt entity (as described in Investment company, including hear § 80a-3) Investment advisor (as defined in 1	n 11 U.S.C. § 101(27A)) rd in 11 U.S.C. § 101(51B)) 101(44)) C. § 101(53A)) 1 U.S.C. § 101(6)) S.C. § 781(3)) 26 U.S.C. § 501) Ige fund or pooled investment vehicle (as 5 U.S.C. § 80b-2(a)(11))	
ŭ	ebtor filing?	insiders or affiliate 4/01/19 and every The debtor is a sm debtor is a small b of operations, cash documents do not A plan is being file Acceptances of the creditors, in accord The debtor is requ Securities and Exc Exchange Act of 1 for Bankruptcy und	e noncontingent liquidated debts (excludes) are less than \$2,566,050 (amount su 3 years after that). The light of the lig	bject to adjustment on S.C. § 101(51D). If the balance sheet, statement is return or if all of these § 1116(1)(B). The or more classes of the securities is return for Non-Individuals Filing in this form.
fi w If	Vere prior bankruptcy cases led by or against the debtor within the last 8 years? more than 2 cases, attach a eparate list.		When Case numl MM / DD / YYYY When Case numl	per
p b at Li	re any bankruptcy cases ending or being filed by a usiness partner or an ffiliate of the debtor? st all cases. If more than 1, ttach a separate list.	District	Relationsh When	ip MM / DD /YYYY

Debtor	PREMIUM TRANSPORT	ATION STAFFING, INC.	Case number (if kno	own)	
11. Why dist	is the case filed in <i>this</i> ct?	Check all that apply: Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.			
		☐ A bankruptcy case cond	erning debtor's affiliate, general partner	, or partnership is pending in this district.	
pos: prop that	s the debtor own or have session of any real perty or personal property needs immediate		each property that needs immediate atte	ntion. Attach additional sheets if needed.	
attenti	ion?	•	lleged to pose a threat of imminent and zard?	identifiable hazard to public health or safety.	
			physically secured or protected from the		
		 It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other			
		Is the property in: No Yes. Insurance	sured?		
		Contact na	me		
		Phone		_	
	Statistical and adminis	trative information			
	tor's estimation of lable funds	Check one: Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.			
	mated number of litors	■ 1-49 □ 50-99 □ 100-199 □ 200-999	☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000	
15. Esti	mated assets	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

Debtor PREMIUM TRANSPOR	PREMIUM TRANSPORTATION STAFFING, INC. Case number (if known)				
16. Estimated liabilities	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
Request for Relief, De	eclaration, and Signatures	}			
WARNING Bankruptcy fraud is a s \$500,000 or imprisonm		atement in connection with a bankrupt 18 U.S.C. §§ 152, 1341, 1519, and 3			
17. Declaration and signature of authorized representative of debtor					
	I have been authorized	I have been authorized to file this petition on behalf of the debtor.			
I have examined the information in this petition and have a reasonable belief that the information correct.					
I declare under penalty of perjury that the foregoing is true and correct.					
	Executed on 3/23	2017			
	MM / DD /	Todd Packard			
	Signature of authorized repr				
	Title PRESIDENT				
18. Signature of attorney	Signature of attorney for de	Ry Date Date	3/24/17 MM /DD/YYYY		
	MARC B. MERKLIN BROUSE MCDOWELL, LPA 388 S. MAIN STREET, SUITE AKRON, OH 44311	≡ 500			
	330-535-5711	MMER	KLIN@BROUSE.COM		
	Contact phone	Email ad	dress		
	0018195 Bar number	OH State			
	KATE M. BRADLEY BROUSE MCDOWELL, LPA 388 S. MAIN STREET, SUITE AKRON, OH 44311	≡ 500			
	330-535-5711		DLEY@BROUSE.COM		
	Contact phone	Email ad	dress		
	0074206 Bar number	OH State			