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| F          | ill in this information to ide                                                                | entify the case:     |               |                   |                                                                             |
|------------|-----------------------------------------------------------------------------------------------|----------------------|---------------|-------------------|-----------------------------------------------------------------------------|
|            | nited States Bankruptcy Court for t                                                           |                      |               |                   |                                                                             |
| С          | ase number (if known):                                                                        | Chapt                | ter <u>11</u> |                   | ☐ Check if this is an amended filing                                        |
| <br>)1     | ficial Form 201                                                                               |                      |               |                   |                                                                             |
| <b>/</b> ( | luntary Petition for N                                                                        | on-Individuals       | Filing for    | Bankrupt          | Cy 04/16                                                                    |
| he         | ore space is needed, attach a se<br>case number (if known). For mo<br>ividuals, is available. |                      |               |                   | onal pages, write the debtor's name and<br>for Bankruptcy Forms for Non-    |
| ١.         | Debtor's name                                                                                 | Skefco Properties    | s, Inc.       |                   |                                                                             |
| 2.         | All other names debtor used in the last 8 years                                               |                      |               |                   |                                                                             |
|            | Include any assumed names, trade names and doing business as names                            |                      |               |                   |                                                                             |
| 3.         | Debtor's federal Employer<br>Identification Number (EIN)                                      | 7 5 - 2              | 9 8           | 15                | 3 3                                                                         |
| l.         | Debtor's address                                                                              | Principal place of b | usiness       |                   | Mailing address, if different from principal place of business              |
|            |                                                                                               | 2884 Walnut Grov     | /e            |                   |                                                                             |
|            |                                                                                               | Number Street        |               |                   | Number Street                                                               |
|            |                                                                                               |                      |               |                   | P.O. Box                                                                    |
|            |                                                                                               | Memphis              | TN            | 38111             |                                                                             |
|            |                                                                                               | City                 | State         | ZIP Code          | City State ZIP Code                                                         |
|            |                                                                                               | Shelby<br>County     |               |                   | Location of principal assets, if different from principal place of business |
|            |                                                                                               |                      |               |                   | Number Street                                                               |
|            |                                                                                               |                      |               |                   |                                                                             |
|            |                                                                                               |                      |               |                   | City State ZIP Code                                                         |
| 5.         | Debtor's website (URL)                                                                        |                      |               |                   |                                                                             |
| 3.         | Type of debtor                                                                                | Corporation (inc     | cluding LLP)  | l Liability Compa | ny (LLC) and Limited Liability Partnership (LLP))                           |

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| Deb | otor Skefco Properties, Inc.                                                                                                       |                                                                                                                                                                                                                                                                                                                                                    |                                                             |     | Case                                                                                                                                                                                                                                                                                                                                               | numbe                                                                                          | er (if known)                                                                                              |                                                                                                                                       |  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 7.  | Describe debtor's business                                                                                                         | Α.                                                                                                                                                                                                                                                                                                                                                 | Check one:                                                  |     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                            |                                                                                                                                       |  |  |
|     |                                                                                                                                    | Health Care Business (as defined in 11 U.S.C. § 101(27A))  Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  Railroad (as defined in 11 U.S.C. § 101(44))  Stockbroker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  Clearing Bank (as defined in 11 U.S.C. § 781(3))  None of the above |                                                             |     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                            |                                                                                                                                       |  |  |
|     |                                                                                                                                    | B. Check all that apply:                                                                                                                                                                                                                                                                                                                           |                                                             |     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                            |                                                                                                                                       |  |  |
|     |                                                                                                                                    | Tax-exempt entity (as described in 26 U.S.C. § 501) Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)                                                                                                                                                                                        |                                                             |     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                            |                                                                                                                                       |  |  |
|     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    | Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11)) |     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                            |                                                                                                                                       |  |  |
|     |                                                                                                                                    | C.                                                                                                                                                                                                                                                                                                                                                 | •                                                           |     | nerican Industry Classification S<br>rts.gov/four-digit-national-associ                                                                                                                                                                                                                                                                            |                                                                                                | •                                                                                                          | best describes debtor. See                                                                                                            |  |  |
| 8.  | Bankruptcy Code is the debtor filing?                                                                                              | Che                                                                                                                                                                                                                                                                                                                                                | eck one:                                                    |     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                            |                                                                                                                                       |  |  |
|     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    | Chapter 7<br>Chapter 9<br>Chapter 11.                       | Che | Debtor's aggregate nonconting insiders or affiliates) are less the 4/01/19 and every 3 years afte. The debtor is a small business debtor is a small business debtor is a small business debtatement of operations, cashall of these documents do not all U.S.C. § 1116(1)(B).  A plan is being filed with this proceeditors, in accordance with 1. | nan \$2,<br>r that).<br>debtor<br>tor, atta<br>flow sta<br>exist, for<br>etition.<br>solicited | as defined in 11 ach the most recent atement, and fed billow the proceduled prepetition from C. § 1126(b). | t subject to adjustment on U.S.C. § 101(51D). If the ent balance sheet, eral income tax return or if ure in  n one or more classes of |  |  |
|     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    |                                                             |     | Securities and Exchange Com Exchange Act of 1934. File the Individuals Filing for Bankrupto form.                                                                                                                                                                                                                                                  | missior<br>e Attac                                                                             | n according to §<br>hment to Volunta                                                                       | 13 or 15(d) of the Securities ary Petition for Non-                                                                                   |  |  |
|     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    |                                                             |     | The debtor is a shell company Rule 12b-2.                                                                                                                                                                                                                                                                                                          | as defi                                                                                        | ned in the Secur                                                                                           | ities Exchange Act of 1934                                                                                                            |  |  |
|     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    | Chapter 12                                                  |     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                            |                                                                                                                                       |  |  |
| 9.  | Were prior bankruptcy cases filed by or against the debtor within the last 8 years?  If more than 2 cases, attach a separate list. | V                                                                                                                                                                                                                                                                                                                                                  | No                                                          |     |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |                                                                                                            |                                                                                                                                       |  |  |
|     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    | Yes. District                                               | _   |                                                                                                                                                                                                                                                                                                                                                    | When                                                                                           | MM / DD / YYYY                                                                                             | Case number                                                                                                                           |  |  |
|     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    | District                                                    |     |                                                                                                                                                                                                                                                                                                                                                    | When                                                                                           | MM / DD / YYYY                                                                                             | Case number                                                                                                                           |  |  |
|     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    | District                                                    |     |                                                                                                                                                                                                                                                                                                                                                    | When                                                                                           | MM / DD / YYYY                                                                                             | Case number                                                                                                                           |  |  |

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| Debt | or Skefco Properties, Inc.                                                                                                   |          |                                                                                                                                                                                                                               |                       |                                                            |             | Case number (i        | f known)           |            |                     |
|------|------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------|-------------|-----------------------|--------------------|------------|---------------------|
|      | Are any bankruptcy cases<br>pending or being filed by a<br>business partner or an                                            |          | No                                                                                                                                                                                                                            |                       |                                                            |             |                       |                    |            |                     |
|      |                                                                                                                              |          | Yes. I                                                                                                                                                                                                                        | Debtor .              |                                                            |             |                       | Relationship       | ·          |                     |
|      | affiliate of the debtor?                                                                                                     |          | ſ                                                                                                                                                                                                                             | District <sub>.</sub> |                                                            |             |                       | When               |            |                     |
|      | List all cases. If more than 1, attach a separate list.                                                                      | (        | Case nu                                                                                                                                                                                                                       | mber, if known        |                                                            |             | _                     | MM / C             | DD / YYYY  |                     |
|      |                                                                                                                              |          | ſ                                                                                                                                                                                                                             | Debtor <sub>.</sub>   |                                                            |             |                       | Relationship       | ·          |                     |
|      |                                                                                                                              |          | ı                                                                                                                                                                                                                             | District <sub>.</sub> |                                                            |             |                       | When               | NANA / E   | DD / YYYY           |
|      |                                                                                                                              |          | (                                                                                                                                                                                                                             | Case nu               | mber, if known                                             |             |                       |                    | IVIIVI / L | אאא / טנ            |
| 11.  | Why is the case filed in this district?                                                                                      | Che      | ck all th                                                                                                                                                                                                                     | at apply:             |                                                            |             |                       |                    |            |                     |
|      |                                                                                                                              | Ø        | 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 bank<br>district.                                                                                                                                                                                                           |                       | ase concerning d                                           | ebtor's aff | iliate, general pa    | rtner, or partners | hip is p   | ending in this      |
|      | Does the debtor own or<br>have possession of any<br>real property or personal<br>property that needs<br>immediate attention? |          | ne                                                                                                                                                                                                                            | eeded.                | elow for each prop                                         | ·           |                       | attention. Attacl  |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               | _ 14                  |                                                            |             |                       | ·                  |            | to public health or |
|      |                                                                                                                              |          | L                                                                                                                                                                                                                             | safet                 | _                                                          |             | illeat of illillillen |                    |            |                     |
|      |                                                                                                                              |          | ⊏                                                                                                                                                                                                                             | ] It nee              | eds to be physical                                         | ly secured  | d or protected fro    | m the weather.     |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               | atten                 | udes perishable<br>tion (for example<br>ed assets or other | livestock   |                       |                    |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               | ] Other               | ſ                                                          |             |                       |                    |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               |                       |                                                            |             |                       |                    |            |                     |
|      |                                                                                                                              |          | W                                                                                                                                                                                                                             | here is               | the property?                                              | Number      | Street                |                    |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               |                       |                                                            |             |                       |                    |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               |                       |                                                            |             |                       |                    |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               |                       |                                                            | City        |                       | St                 | ate        | ZIP Code            |
|      |                                                                                                                              |          | Is                                                                                                                                                                                                                            | the pro               | perty insured?                                             |             |                       |                    |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               | ] No                  |                                                            |             |                       |                    |            |                     |
|      |                                                                                                                              |          | L                                                                                                                                                                                                                             | Yes.                  | Insurance agen                                             | су          |                       |                    |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               |                       | Contact name                                               |             |                       |                    |            |                     |
|      |                                                                                                                              |          |                                                                                                                                                                                                                               |                       | Phone                                                      |             |                       |                    |            |                     |
|      | Statistical and add                                                                                                          | mins     | trative                                                                                                                                                                                                                       | inforr                | nation                                                     |             |                       |                    |            |                     |
| 13.  | Debtor's estimation of available funds                                                                                       | Che<br>☑ |                                                                                                                                                                                                                               | ny admir              | vailable for distrik<br>nistrative expense                 |             |                       |                    | stributio  | n to unsecured      |

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| Deb | tor Skefco Properties, Inc.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Case number (if known)                                                                                                                                                                                       |  |  |  |  |  |  |
|-----|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 14. | Estimated number of creditors                                    | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □ 1,000-5,000       □ 25,001-50,000         □ 5,001-10,000       □ 50,001-100,000         □ 10,001-25,000       □ More than 100,000                                                                          |  |  |  |  |  |  |
| 15. | Estimated assets                                                 | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$1,000,001-\$10 million \$500,000,001-\$1 billion \$10,000,001-\$50 million \$10,000,001-\$10 million \$10,000,000,001-\$50 billion \$100,000,001-\$50 million More than \$50 billion                       |  |  |  |  |  |  |
| 16. | Estimated liabilities                                            | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$1,000,001-\$10 million \$500,000,001-\$1 billion \$10,000,001-\$50 million \$10,000,001-\$10 billion \$10,000,001-\$10 billion \$10,000,001-\$50 billion \$100,000,001-\$50 million More than \$50 billion |  |  |  |  |  |  |
|     | Request for Relief,                                              | Declaration, and Sig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | natures                                                                                                                                                                                                      |  |  |  |  |  |  |
| WAI |                                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | statement in connection with a bankruptcy case can result in fines up to . 18 U.S.C. §§ 152, 1341, 1519, and 3571.                                                                                           |  |  |  |  |  |  |
| 17. | Declaration and signature of authorized representative of debtor | <ul> <li>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</li> <li>I have been authorized to file this petition on behalf of the debtor.</li> <li>I have examined the information in this petition and have a reasonable belief that the information is true and correct.</li> <li>I declare under penalty of perjury that the foregoing is true and correct.</li> <li>Executed on 09/19/2017 / MM / DD / YYYYY</li> <li>X /s/ James Skefos / Signature of authorized representative of debtor</li> <li>Title President</li> </ul> |                                                                                                                                                                                                              |  |  |  |  |  |  |
| 18. | Signature of attorney                                            | X /s/ Daniel Lofton, Escapatoric Signature of attorney  Daniel Lofton, Escapation Printed name  Craig & Lofton, P. Serim name  2400 Poplar Ave. Serim Number Street  Memphis  City  (901) 526-7837  Contact phone  27386                                                                                                                                                                                                                                                                                                                                                                                 | Grondebtor MM / DD / YYYY  G.  Ste. 210                                                                                                                                                                      |  |  |  |  |  |  |
|     |                                                                  | Bar number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State                                                                                                                                                                                                        |  |  |  |  |  |  |