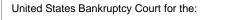
Fill in this information to identify the case:



Eastern District Of Texas

Case number (If known): \_\_\_\_

Check if this is an amended filing

# Official Form 201 Voluntary Petition for Non-Individuals Filing for Bankruptcy 12/15

Chapter 11

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	Grayson County Home Health, Inc.						
2.	All other names debtor used in the last 8 years Include any assumed names, trade names and <i>doing business</i> <i>as</i> names							
3.	Debtor's federal Employer Identification Number (EIN)	7 5 - 2 8 8	3_0_6	5				
4.	Debtor's address	Principal place of business           1515 S. Sam Rayburn Frwy.           Number         Street		Mailing address, if different from principal place of business				
				Number	Street			
					P.O. Box			
		Sherman	тх	75090				
		City	State	ZIP Code	City		State	ZIP Code
				Location of principal assets, if diff principal assets, if diff principal place of business		ferent from		
		GRAYSON County						
					Number	Street		
					City		State	ZIP Code
5.	Debtor's website (URL)	none						
6. Type of debtor				rtnership (LLF	>))			
		Partnership (excluding     Other Specify:						
		Other. Specify:						

Deb	tor Grayson County Hor	ne Health, Inc. Case number ( <i>if known</i> )				
7.	Describe debtor's business	<ul> <li>A. Check one:</li> <li> ▲ Health Care Business (as defined in 11 U.S.C. § 101(27A)) </li> <li> ■ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) </li> <li> ■ Railroad (as defined in 11 U.S.C. § 101(44)) </li> <li> ■ Stockbroker (as defined in 11 U.S.C. § 101(53A)) </li> <li> ■ Commodity Broker (as defined in 11 U.S.C. § 101(6)) </li> <li> ■ Clearing Bank (as defined in 11 U.S.C. §781(3)) </li> <li> ■ None of the above </li> </ul>				
		<ul> <li>B. Check all that apply:</li> <li>Tax-exempt entity (as described in 26 U.S.C. §501)</li> <li>Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)</li> <li>Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</li> <li>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <a href="http://www.naics.com/search/">http://www.naics.com/search/</a>.</li> <li>U n k n</li> </ul>				
	Under which chapter of the Bankruptcy Code is the debtor filing?	<ul> <li>Check one:</li> <li>Chapter 7</li> <li>Chapter 9</li> <li>☑ Chapter 11. Check all that apply:</li> <li>□ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).</li> <li>□ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</li> <li>□ A plan is being filed with this petition.</li> <li>□ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</li> <li>□ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.</li> <li>□ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</li> </ul>				
	Were prior bankruptcy cases filed by or against the debtor within the last 8 years? If more than 2 cases, attach a separate list.	☑ No       □ Yes. District       When       Case number         District       When       Case number         MM / DD / YYYY       Case number				
	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? List all cases. If more than 1, attach a separate list.	<ul> <li>☑ No</li> <li>☑ Yes. Debtor Relationship</li> <li>□ District When</li> <li>□ Case number, if known</li> </ul>				

Debtor Grayson County Hor	ne Health, Inc.	Case number (if know	wn)		
11. Why is the case filed in <i>this district</i> ?	<ul> <li>Check all that apply:</li> <li>Debtor has had its domicile, principal place of business, or principal assets in this district for 180 d immediately preceding the date of this petition or for a longer part of such 180 days than in any oth district.</li> <li>A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.</li> </ul>				
	A bankruptcy case concern	ning debtor's affiliate, general partner,	or partnership is pending in this district.		
12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?	Why does the prope	erty need immediate attention? (Che	dentifiable hazard to public health or safety.		
	It needs to be phy	sically secured or protected from the	weather.		
	<ul> <li>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).</li> <li>Other</li></ul>				
	Where is the proper	ty? Number Street			
		City	State ZIP Code		
	Is the property insu	red?			
	D No				
	Yes. Insurance age	ency			
	Contact name				
	Phone				
	Phone		_		
Statistical and adminis	trative information				
13. Debtor's estimation of available funds	<ul> <li>Check one:</li> <li>Funds will be available for distribution to unsecured creditors.</li> <li>After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.</li> </ul>				
14. Estimated number of creditors	<ul> <li>☑ 1-49</li> <li>☑ 50-99</li> <li>☑ 100-199</li> <li>☑ 200-999</li> </ul>	<ul> <li>1,000-5,000</li> <li>5,001-10,000</li> <li>10,001-25,000</li> </ul>	<ul> <li>25,001-50,000</li> <li>50,001-100,000</li> <li>More than 100,000</li> </ul>		
15. Estimated assets	<ul> <li>\$0-\$50,000</li> <li>\$50,001-\$100,000</li> <li>\$100,001-\$500,000</li> <li>\$500,001-\$1 million</li> </ul>	<ul> <li>\$1,000,001-\$10 million</li> <li>\$10,000,001-\$50 million</li> <li>\$50,000,001-\$100 million</li> <li>\$100,000,001-\$500 million</li> </ul>	<ul> <li>\$500,000,001-\$1 billion</li> <li>\$1,000,000,001-\$10 billion</li> <li>\$10,000,000,001-\$50 billion</li> <li>More than \$50 billion</li> </ul>		

Debtor Gr	ayson County Ho	me Health, Inc.	Case number (if known)				
16. Estimated I	abilities	<ul> <li>\$0-\$50,000</li> <li>\$50,001-\$100,000</li> <li>\$100,001-\$500,000</li> <li>\$500,001-\$1 million</li> </ul>	<ul> <li>\$1,000,001-\$10 million</li> <li>\$10,000,001-\$50 million</li> <li>\$50,000,001-\$100 million</li> <li>\$100,000,001-\$500 million</li> </ul>	<ul> <li>\$500,000,001-\$1 billion</li> <li>\$1,000,000,001-\$10 billion</li> <li>\$10,000,000,001-\$50 billion</li> <li>More than \$50 billion</li> </ul>			
Requ	est for Relief, Dec	laration, and Signatures					
		•	tement in connection with a bankrup 8 U.S.C. §§ 152, 1341, 1519, and 3				
	and signature of representative of	The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		I have been authorized to	file this petition on behalf of the del	otor.			
		<ul> <li>I have examined the infor correct.</li> </ul>	mation in this petition and have a re	asonable belief that the information is true ar			
		I declare under penalty of per	jury that the foregoing is true and co	prrect.			
		Executed on <u>02/16/201</u> MM / DD / YY	6 YYY				
		✗ s/Kelly Sexton	Kelly	Kelly Sexton			
		Signature of authorized repres		d name			
		Title Owner/Administra	ator				
8. Signature o	fattorney	✗ s/Bill F. Payne	Date	02/16/2016			
		Signature of attorney for deb	tor	MM / DD / YYYY			
		Bill F. Payne					
		The Moore Law Firm	, L.L.P.				
		100 North Main Stree	et				
		Paris City		X 75460 ZIP Code			
		(903) 784-4393 Contact phone		bpayne@moorefirm.com Email address			
		15649500		-X			
		Bar number		tate			

### UNITED STATES BANKRUPTCY COURT Eastern District of Texas

In re:

Case No. BKY

Grayson County Home Health, Inc.,

Debtor(s)

Chapter 11 Case

### STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, Kelly Sexton, declare under penalty of perjury that I am the Owner/Administrator of Grayson County Home Health, Inc., a Texas corporation and that on February 11, 2016 the following resolution was duly adopted by the Owner/Administrator of this corporation:

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Kelly Sexton, Owner/Administrator of this corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that Kelly Sexton, Owner/Administrator of this corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case; and

Be It Further Resolved, that Kelly Sexton, Owner/Administrator of this corporation, is authorized and directed to employ Bill F. Payne, attorney and the law firm of The Moore Law Firm, L.L.P. to represent the corporation in such bankruptcy case."

Executed on: February 16, 2016	Signed: s/Kelly Sexton			
	Kelly Sexton 1515 S. Sam Rayburn Frwy.,			
	Sherman, TX 75090 (Name and Address of			
	Subscriber)			

Fill in this information to identify the case and this filing:				
Debtor Name       Grayson County Home Health, Inc.         United States Bankruptcy Court for the:       Eastern District Of Texas         Case number (If known):				

## Official Form 202 Declaration Under Penalty of Perjury for Non-Individual Debtors 12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### **Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206–Summary)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)

Other document that requires a declaration Voluntary Petition & Matrix

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

Executed on <u>02/16/2016</u> MM / DD / YYYY

S/Kelly Sexton

Signature of individual signing on behalf of debtor

Kelly Sexton Printed name

Owner/Administrator Position or relationship to debtor