B1 (Official Form 1) (4/10)

| | CY COU TEXAS ON | | | oluntary Petition | | | | | | | | |
|---|---|--|----------------------|---|--|---------------------------------|--------------------------|----------------------------------|--|--|--|--|
| Name of Debtor (if individual, enter Last, First, Middle): Images Cosmetic and Laser Center, LLC | | | | | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | 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 Individual-Taxpa than one, state all): 26-2107647 | ayer I.D. (ITIN)/Comp | olete EIN (if mor | re | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): | | | | | | | | |
| Street Address of Debtor (No. and Street, City, 1212 Medical Plaza Ct. Granbury, TX | and State): | | | Street Address of Joint Debtor (No. and Street, City, and State): | | | | | | | | |
| | | ZIP CODE 76048 | | | | | | ZIP CODE | | | | |
| County of Residence or of the Principal Place of Hood | of Business: | | | Count | y of Residence or o | of the Principal P | Place of Business | 5: | | | | |
| Mailing Address of Debtor (if different from street address): 1212 Medical Plaza Ct. Granbury, TX | | | | | Mailing Address of Joint Debtor (if different from street address): | | | | | | | |
| | | | | | | ZIP CODE | | | | | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | | | | | | | | |
| | | | | | | | | ZIP CODE | | | | |
| Type of Debtor (Form of Organization) (Check one box.) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ✓ Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) Filling Fee (Check this page 2) Full Filling Fee attached. Filling Fee to be paid in installments (apple signed application for the court's conside unable to pay fee except in installments. | cable to individuals only). Must attach ation certifying that the debtor is | | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) Chapter 7 Chapter 9 Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 12 Chapter 13 Nature of Debts (Check one box.) Nature of Debts (Check one box.) Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Check one box: Chapter 11 Debtors Check one box: Chapter 11 Debtors Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). Check if: Debtor's aggregate noncontigent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment) | | | | | | | | |
| Filing Fee waiver requested (applicable to attach signed application for the court's c | | on 4/01/13 and every three years thereafter). Check all applicable boxes: A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | | | | | | | | |
| Statistical/Administrative Information | | | | | | | 5 3(2 | THIS SPACE IS FOR COURT USE ONLY | | | | |
| Debtor estimates that funds will be availa Debtor estimates that, after any exempt purchase will be no funds available for distributions. | roperty is excluded | and administrati | | es paid | , | | | | | | | |
| Estimated Number of Creditors | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | | 25,001- 50,000 | 50,001- 100,000 | Over 100,000 | | | | | |
| Estimated Assets Storon \$50,001 to \$100,000 \$500,000 to \$1 mill | | \$10,000,001 to \$50 million | \$50,000 to \$100 | | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | | | | |
| Estimated Liabilities | | \$10,000,001 to \$50 million | \$50,000 to \$100 | | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | | | | |

| BJ ((| Omiciai Form 1) (4/10) | | Page 2 |
|--------|--|---|---|
| | oluntary Petition | Name of Debtor(s): Images C | Cosmetic and Laser Center, LLC |
| (Tł | nis page must be completed and filed in every case.) | | |
| | All Prior Bankruptcy Cases Filed Within Last | 1 | |
| Loca | tion Where Filed: | Case Number: | Date Filed: |
| Loca | tion Where Filed: | Case Number: | Date Filed: |
| | Pending Bankruptcy Case Filed by any Spouse, Partner or | Affiliate of this Debtor (If | more than one, attach additional sheet.) |
| Nam | e of Debtor: | Case Number: | Date Filed: |
| Distri | ct: | Relationship: | Judge: |
| 10Q | Exhibit A be completed if debtor is required to file periodic reports (e.g., forms 10K and e) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) are Securities Exchange Act of 1934 and is requesting relief under chapter 11.) Exhibit A is attached and made a part of this petition. | whose debt I, the attorney for the petitioner nar informed the petitioner that [he or s of title 11, United States Code, and | Exhibit B npleted if debtor is an individual s are primarily consumer debts.) med in the foregoing petition, declare that I have she] may proceed under chapter 7, 11, 12, or 13 d have explained the relief available under each I have delivered to the debtor the notice |
| | | X | |
| | | | Date |
| Doe | s the debtor own or have possession of any property that poses or is alleged to pose Yes, and Exhibit C is attached and made a part of this petition. No. | hibit C e a threat of imminent and identifiable l | harm to public health or safety? |
| | Ex | hibit D | |
| (To | be completed by every individual debtor. If a joint petition is filed, each Exhibit D completed and signed by the debtor is attached and m | · | ach a separate Exhibit D.) |
| If th | is is a joint petition: Exhibit D also completed and signed by the joint debtor is attach | ned and made a part of this petiti | on. |
| | | ling the Debtor - Venue | |
| V | Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180 day | • • | this District for 180 days immediately |
| | There is a bankruptcy case concerning debtor's affiliate, general partr | ner, or partnership pending in thi | s District. |
| | Debtor is a debtor in a foreign proceeding and has its principal place of principal place of business or assets in the United States but is a defer or the interests of the parties will be served in regard to the relief sou | endant in an action or proceeding | |
| | Certification by a Debtor Who Resid | | Property |
| | (Check all ap Landlord has a judgment against the debtor for possession of debtor's | oplicable boxes.) s residence. (If box checked, co | omplete the following.) |
| | _ | | |
| | | Name of landlord that obtained j | judgment) |
| | | | |
| | Ō | (Address of landlord) | |
| | Debtor claims that under applicable nonbankruptcy law, there are circ monetary default that gave rise to the judgment for possession, after | | |
| | Debtor has included in this petition the deposit with the court of any repetition. | ent that would become due durin | g the 30-day period after the filing of the |
| | Debtor certifies that he/she has served the Landlord with this certifica | tion. (11 U.S.C. § 362(I)). | |

B1 (Official Form 1) (4/10) Page 3 Name of Debtor(s): Images Cosmetic and Laser Center, LLC **Voluntary Petition** (This page must be completed and filed in every case) **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 petition is I declare under penalty of perjury that the information provided in this petition is true true and correct. and correct, that I am the foreign representative of a debtor in a foreign proceeding, [If petitioner is an individual whose debts are primarily consumer debts and has and that I am authorized to file this petition. chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under (Check only one box.) each such chapter, and choose to proceed under chapter 7. ☐ I request relief in accordance with chapter 15 of title 11, United States Code. [If no attorney represents me and no bankruptcy petition preparer signs the Certified copies of the documents required by 11 U.S.C. § 1515 are attached. petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of specified in this petition. 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) Telephone Number (If not represented by attorney) Date Date Signature of Attorney* Signature of Non-Attorney Bankruptcy Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as X /s/ Viviana S. Cavada defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and Viviana S. Cavada Bar No. Tx: 04022050 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 Cavada Law Office maximum fee for services chargeable by bankruptcy petition preparers, I have 9500 Ray White Rd, Ste 200 given the debtor notice of the maximum amount before preparing any document Fort Worth, TX 76244 for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Phone No.(817) 745-4573 Fax No.(817) 745-4520 Printed Name and title, if any, of Bankruptcy Petition Preparer Date Social-Security number (If the bankruptcy petition preparer is not an individual, *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a state the Social-Security number of the officer, principal, responsible person or certification that the attorney has no knowledge after an inquiry that the partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) 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. Address The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. Images Cosmetic and Laser Center, LLC Date X /s/ Donald M. Howser, MD, FACOG Signature of bankruptcy petiton preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. Signature of Authorized Individual

Donald M. Howser, MD, FACOG

Printed Name of Authorized Individual

President

Title of Authorized Individual

Date

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.

| Case No. | |
|----------|------------|
| | (if known) |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

 $\ \square$ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|---|--|------------|--------------|----------|--|---------------------------------|
| ACCT #: First Financial Bank Attn: Larry Upshaw 2915 Fall Creek Highway Granbury, TX 76049 | | | DATE INCURRED: 4/30/2008 NATURE OF LIEN: Secured Start Up Loan COLLATERAL: Furniture and Fixtures, Equipment REMARKS: VALUE: \$180,000.00 | | | | \$180,000.00 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | - | - | Subtotal (Total of this F | ag | e) > | | \$180,000.00 | \$0.00 |
| | | | Total (Use only on last p | ag | e) > | | \$180,000.00 | \$0.00 |
| No continuation sheets attached | | | | | | | (Report also on | (If applicable, |

(Report also Summary of Schedules.)

n (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Images Cosmetic and Laser Center, LLC CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her

| knowledge. | |
|------------|---|
| | |
| | |
| Date Si | ignature/s/ Donald M. Howser, MD, FACOG |
| | Donald M. Howser, MD, FACOG |
| | President |
| | |