

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:  
**NORTHERN DISTRICT OF TEXAS**

Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

12/15

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 Franco, Inc.

2. All other names debtor used in the last 8 years aka Franco's Cafe

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 7 5 - 2 5 7 2 8 5 1

|                     |   |  |
|---------------------|---|--|
| 4. Debtor's address | Principal place of business                       | Mailing address, if different from principal place of business |
|                     | <u>2218 Martin Luther King</u><br>Number Street   | <u>P.O. Box 3384</u><br>Number Street                          |
|                     | <u>San Angelo TX 76903</u><br>City State ZIP Code | <u>San Angelo TX 76902</u><br>City State ZIP Code              |

|                            |   |
|----------------------------|---|
| <u>Tom Green</u><br>County | Location of principal assets, if different from principal place of business |
|                            | Number Street   |
|                            | City State ZIP Code   |

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor **Franco, Inc.**

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. 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. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>

7 2 2 5

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:
  - 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).
  - 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).
  - 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).
  - 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.
  - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- 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.

- No
- Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

Debtor **Franco, Inc.** Case number (if known) \_\_\_\_\_

10. 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.

No

Yes. Debtor **Daniel Franco & Leticia Franco** Relationship **President**  
 District **Northern District of Texas** When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

11. Why is the case filed in this district?

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 concerning 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?

- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- It needs to be physically secured or protected from the weather.
- 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 \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

- No
- Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available 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.

Debtor **Franco, Inc.** Case number (if known) \_\_\_\_\_

- 14. Estimated number of creditors**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |
- 15. Estimated assets**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 16. Estimated liabilities**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Part X: Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement 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.

**17. Declaration and signature of authorized representative of debtor** 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 debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on 04/26/2016  
MM / DD / YYYY

**X /s/ Daniel Franco** \_\_\_\_\_ **Daniel Franco** \_\_\_\_\_  
Signature of authorized representative of debtor Printed name  
Title **President** \_\_\_\_\_

**18. Signature of attorney** **X /s/ Ronald M. Mapel** \_\_\_\_\_ Date 04/26/2016  
Signature of Attorney for Debtor MM / DD / YYYY

**Ronald M. Mapel** \_\_\_\_\_  
Printed name  
**Ronald M. Mapel** \_\_\_\_\_  
Firm Name  
**3119 Cumberland Dr.** \_\_\_\_\_  
Number Street  
**San Angelo, TX 76903** \_\_\_\_\_  
City State ZIP Code

Contact phone (325) 658-8579 Email address \_\_\_\_\_  
**12957800** \_\_\_\_\_  
Bar number State

**Fill in this information to identify the case:**

Debtor name Franco, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

| Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral. | Column B<br>Value of collateral<br>that supports<br>this claim |
|--|--|
|--|--|

| 2.1 | Creditor's name   | Describe debtor's property that is subject to a lien   | Amount of claim     | Value of collateral that supports this claim |
|-----|---|--|---------------------|--|
|     | <u>Internal Revenue Service</u>   | <u>Food Inventory, Equipment, Bank Accounts</u>  | <u>\$678,000.00</u> | <u>\$8,200.00</u>                            |
|     | <u>Creditor's mailing address</u><br><u>1100 Commerce Street</u><br><u>MC 5024 Room 9A20</u>  | <u>Describe the lien</u><br><u>Statutory Lien</u>  |                     |  |
|     | <u>Dallas TX 75242</u>  | <u>Is the creditor an insider or related party?</u><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  |                     |  |
|     | <u>Creditor's email address, if known</u>   | <u>Is anyone else liable on this claim?</u><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)                  |                     |  |
|     | <u>Date debt was incurred</u>   | <u>As of the petition filing date, the claim is:</u><br>Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed |                     |  |
|     | <u>Last 4 digits of account number</u><br><u>2 8 5 1</u>  |  |                     |  |
|     | <u>Do multiple creditors have an interest in the same property?</u><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. |  |                     |  |

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$687,500.00

Debtor Franco, Inc. Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

| Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral. | Column B<br>Value of collateral<br>that supports<br>this claim |
|--|--|
|--|--|

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

|                   |   |  |   |
|-------------------|---|--|---|
| <p><b>2.2</b></p> | <p><b>Creditor's name</b><br/><u>Kiser Carpets</u></p> <p><b>Creditor's mailing address</b><br/><u>3220 W Houston Harte Expy</u></p> <p><u>San Angelo TX 76901</u></p> <p><b>Creditor's email address, if known</b><br/>_____</p> <p><b>Date debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p> | <p><b>Describe debtor's property that is subject to a lien</b><br/><u>Flooring</u></p> <p><b>Describe the lien</b><br/><u>Account</u></p> <p><b>Is the creditor an insider or related party?</b></p> <p><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b></p> <p><input checked="" type="checkbox"/> No<br/><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b><br/>Check all that apply.</p> <p><input type="checkbox"/> Contingent<br/><input type="checkbox"/> Unliquidated<br/><input type="checkbox"/> Disputed</p> | <p><u>\$9,500.00</u></p> <p><u>\$1.00</u></p> |
|-------------------|---|--|---|

**Fill in this information to identify the case:**

Debtor Franco, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number \_\_\_\_\_  
(if known)

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part. If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

|   | Total claim  | Priority amount                                     |
|---|--|---|
| <p><b>2.1</b> Priority creditor's name and mailing address</p> <p><u>Texas Comptroller of Public Accounts</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Austin TX 78774-0100</u></p> <p>Date or dates debt was incurred<br/><u>March 2016</u></p> <p>Last 4 digits of account number <u>2 8 5 1</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:<br/><u>Sales Taxes</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p><u>\$15,000.00</u></p> <p><u>\$15,000.00</u></p> |

Debtor     **Franco, Inc.**     Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

|            |  |  |                   |
|------------|--|--|-------------------|
| <b>3.1</b> | <b>Nonpriority creditor's name and mailing address</b> | <b>As of the petition filing date, the claim is:</b> | <b>\$3,713.90</b> |
|            | <u>A-Tex Restaurant Supply</u>                         | <i>Check all that apply.</i>                         |                   |
|            | <u>2008 S Bryant Blvd</u>                              | <input type="checkbox"/> Contingent                  |                   |
|            | _____  | <input type="checkbox"/> Unliquidated                |                   |
|            | _____  | <input type="checkbox"/> Disputed                    |                   |
|            | <u>San Angelo TX 76903</u>                             | <b>Basis for the claim:</b>                          |                   |
|            | _____  | <b>Account</b>                                       |                   |
|            | <u>Date or dates debt was incurred</u>                 | <b>Is the claim subject to offset?</b>               |                   |
|            | <u>Last 4 digits of account number</u>                 | <input checked="" type="checkbox"/> No               |                   |
|            | _____  | <input type="checkbox"/> Yes                         |                   |

|            |  |  |                     |
|------------|--|--|---------------------|
| <b>3.2</b> | <b>Nonpriority creditor's name and mailing address</b> | <b>As of the petition filing date, the claim is:</b> | <b>\$600,000.00</b> |
|            | <u>Allen Gulley</u>                                    | <i>Check all that apply.</i>                         |                     |
|            | <u>1908 Douglas Drive</u>                              | <input type="checkbox"/> Contingent                  |                     |
|            | _____  | <input type="checkbox"/> Unliquidated                |                     |
|            | _____  | <input type="checkbox"/> Disputed                    |                     |
|            | <u>San Angelo TX 76904</u>                             | <b>Basis for the claim:</b>                          |                     |
|            | _____  | <b>Account</b>                                       |                     |
|            | <u>Date or dates debt was incurred</u>                 | <b>Is the claim subject to offset?</b>               |                     |
|            | <u>Last 4 digits of account number</u>                 | <input checked="" type="checkbox"/> No               |                     |
|            | _____  | <input type="checkbox"/> Yes                         |                     |

|            |  |  |                   |
|------------|--|--|-------------------|
| <b>3.3</b> | <b>Nonpriority creditor's name and mailing address</b> | <b>As of the petition filing date, the claim is:</b> | <b>\$1,604.21</b> |
|            | <u>Hobart Services</u>                                 | <i>Check all that apply.</i>                         |                   |
|            | <u>8302 Venita Ave.</u>                                | <input type="checkbox"/> Contingent                  |                   |
|            | _____  | <input type="checkbox"/> Unliquidated                |                   |
|            | _____  | <input type="checkbox"/> Disputed                    |                   |
|            | <u>Lubbock TX 79424</u>                                | <b>Basis for the claim:</b>                          |                   |
|            | _____  | <b>Account</b>                                       |                   |
|            | <u>Date or dates debt was incurred</u>                 | <b>Is the claim subject to offset?</b>               |                   |
|            | <u>Last 4 digits of account number</u>                 | <input checked="" type="checkbox"/> No               |                   |
|            | _____  | <input type="checkbox"/> Yes                         |                   |

|            |  |  |                   |
|------------|--|--|-------------------|
| <b>3.4</b> | <b>Nonpriority creditor's name and mailing address</b> | <b>As of the petition filing date, the claim is:</b> | <b>\$2,800.00</b> |
|            | <u>Lowes</u>   | <i>Check all that apply.</i>                         |                   |
|            | <u>PO Box 105981 Dept. 79</u>                          | <input type="checkbox"/> Contingent                  |                   |
|            | _____  | <input type="checkbox"/> Unliquidated                |                   |
|            | _____  | <input type="checkbox"/> Disputed                    |                   |
|            | <u>Atlanta GA 30353-5981</u>                           | <b>Basis for the claim:</b>                          |                   |
|            | _____  | <b>Account</b>                                       |                   |
|            | <u>Date or dates debt was incurred</u>                 | <b>Is the claim subject to offset?</b>               |                   |
|            | <u>Last 4 digits of account number</u>                 | <input checked="" type="checkbox"/> No               |                   |
|            | _____  | <input type="checkbox"/> Yes                         |                   |



Debtor     **Franco, Inc.**     Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

|     |   |   |                   |
|-----|---|---|-------------------|
| 3.5 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is:<br><i>Check all that apply.</i> | <b>\$6,498.77</b> |
|     | <b>Superior Services</b>                        | <input type="checkbox"/> Contingent   |                   |
|     | <b>5556 US-87</b>                               | <input type="checkbox"/> Unliquidated   |                   |
|     | _____   | <input type="checkbox"/> Disputed   |                   |
|     | _____   | <b>Basis for the claim:</b>   |                   |
|     | <b>San Angelo TX 76901</b>                      | <b>Account</b> _____  |                   |
|     | Date or dates debt was incurred _____           | <b>Is the claim subject to offset?</b>  |                   |
|     | Last 4 digits of account number _____           | <input checked="" type="checkbox"/> No  |                   |
|     |   | <input type="checkbox"/> Yes  |                   |

Debtor Franco, Inc. Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address   | On which line in Part 1 or Part 2 is the related creditor (if any) listed?                   | Last 4 digits of account number, if any |
|--|--|---|
| 4.1 <u>Internal Revenue Service</u><br><u>P.O. Box 21126</u><br><hr/> <u>Philadelphia PA 19114</u>                           | Line _____<br><input checked="" type="checkbox"/> Not listed. Explain:<br><b>Notice Only</b> | _____                                   |
| 4.2 <u>Internal Revenue Service</u><br><u>33 E. Twohig, Room 107</u><br><u>MC 5402SA</u><br><hr/> <u>San Angelo TX 76903</u> | Line _____<br><input checked="" type="checkbox"/> Not listed. Explain:<br><b>Notice Only</b> | _____                                   |
| 4.3 <u>Sam Allan</u><br><u>225 W. Beauregard</u><br><hr/> <u>San Angelo TX 76903</u>   | Line _____<br><input checked="" type="checkbox"/> Not listed. Explain:<br><b>Notice Only</b> | _____                                   |
| 4.4 <u>Texas Comptroller</u><br><u>3127 Executive Dr.</u><br><hr/> <u>San Angelo TX 76904</u>                                | Line _____<br><input checked="" type="checkbox"/> Not listed. Explain:<br><b>Notice Only</b> | <u>2 8 5 1</u>                          |

Debtor     **Franco, Inc.**     Case number (if known) \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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5. Add the amounts of priority and nonpriority unsecured claims.

|   | <b>Total of claim amounts</b>  |                                      |
|---|--|--------------------------------------|
| 5a. Total claims from Part 1                      | 5a. <u>          <b>\$15,000.00</b></u>  |                                      |
| 5b. Total claims from Part 2                      | 5b. + <u>          <b>\$614,616.88</b></u>   |                                      |
| 5c. Total of Parts 1 and 2<br>Lines 5a + 5b = 5c. | 5c. <table border="1" style="display: inline-table;"><tr><td style="text-align: right;"><u>          <b>\$629,616.88</b></u></td></tr></table> | <u>          <b>\$629,616.88</b></u> |
| <u>          <b>\$629,616.88</b></u>              |  |                                      |

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
SAN ANGELO DIVISION**

In re **Franco, Inc.**

Case No. \_\_\_\_\_

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|  |                    |
|--|--------------------|
| For legal services, I have agreed to accept.....           | <u>\$25,000.00</u> |
| Prior to the filing of this statement I have received..... | <u>\$25,000.00</u> |
| Balance Due.....   | <u>\$0.00</u>      |

2. The source of the compensation paid to me was:

- Debtor
- Other (specify)

3. The source of compensation to be paid to me is:

- Debtor
- Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**04/26/2016**

*Date*

**/s/ Ronald M. Mapel**

*Ronald M. Mapel*  
Ronald M. Mapel  
3119 Cumberland Dr.  
San Angelo, TX 76903  
Attorney for Debtor  
Phone: (325) 658-8579 / Fax: (325) 655-1172

Bar No. 12957800

**/s/ Daniel Franco**

**Daniel Franco**  
**President**

**Fill in this information to identify the case:**

Debtor name     **Franco, Inc.**    

United States Bankruptcy Court for the:     **NORTHERN DISTRICT OF TEXAS**    

Case number \_\_\_\_\_  
(if known)

Check if this is an amended filing

Official Form 204

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

|   | Name of creditor and complete mailing address, including zip code                         | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|---|---|---|--|--|---|-----------------|
|   |   |   |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| 1 | Internal Revenue Service<br>1100 Commerce Street<br>MC 5024 Room 9A20<br>Dallas, TX 75242 |   |   |  | \$678,000.00   | \$8,200.00                                  | \$669,800.00    |
| 2 | Allen Gulley<br>1908 Douglas Drive<br>San Angelo, TX 76904                                |   | Account   |  |  |   | \$600,000.00    |
| 3 | Texas Comptroller of Public Accounts<br>Austin, TX 78774-0100                             |   | Sales Taxes   |  |  |   | \$15,000.00     |
| 4 | Kiser Carpets<br>3220 W Houston Harte<br>Expy<br>San Angelo, TX 76901                     |   | Account   |  | \$9,500.00   | \$1.00                                      | \$9,499.00      |
| 5 | Superior Services<br>5556 US-87<br>San Angelo, TX 76901                                   |   | Account   |  |  |   | \$6,498.77      |

Debtor     **Franco, Inc.**     Case number (if known) \_\_\_\_\_  
 Name

|   | Name of creditor and complete mailing address, including zip code     | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |   |                 |
|---|---|---|---|--|--|---|-----------------|
|   |   |   |   |  | Total claim, if partially secured  | Deduction for value of collateral or setoff | Unsecured claim |
| 6 | A-Tex Restaurant Supply<br>2008 S Bryant Blvd<br>San Angelo, TX 76903 |   | Account   |  |  |   | \$3,713.90      |
| 7 | Lowes<br>PO Box 105981 Dept. 79<br>Atlanta, GA 30353-5981             |   | Account   |  |  |   | \$2,800.00      |
| 8 | Hobart Services<br>8302 Venita Ave.<br>Lubbock, TX 79424              |   | Account   |  |  |   | \$1,604.21      |