Fill in this information to ident	ify the case:		
United States Bankruptcy Court	· · · · · · · · · · · · · · · · · · ·		
Distric	ct of(State)		
	Chapter		
			Check if this is a
Official Form 205			amended filing
	tition Against a Non-	Individual	12/15
lse this form to begin a bankrup case against an individual, use	tcy case against a non-individual you allege to the <i>involuntary Petition Against an Individual</i> ( y additional sheets to this form. On the top of a	be a debtor subject to an involuntary case. If y Official Form 105). Be as complete and accurat	te as possible. If
art 1s Identify the Chapte	r of the Bankruptcy Code Under Which Po	titlon is Filed	
Chapter of the	Check one:		
Bankruptcy Code	hapter 7		
	Chapter 11		
art 2: Identify the Debtor			
. Debtor's name	J Acquitets, L	<u>i-C</u>	
Other names you know the debtor has used in the last 8 years			
Include any assumed names, trade names, or doing business as names			
Debtor's federal     Employer Identification     Number (EIN)	☐ Unknown		
,	EIN		
5. Debtor's address	Principal place of business	Mailing address, if different	
	MUDEL MORANACEN	Number Street	<del>-</del>
		P.O. Box	.,
	City State ZIP	Code City State	e ZIP Code
	<b>ŀ</b>	Location of principal assets, if dif principal place of business	ferent from
	County	Number Street	-n
		City	te ZIP Code

Del	btor	Case number (if known)			
	Nems				
6.	Debtor's website (URL)				
_	Turns of dobtor	Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  Partnership (excluding LLP)			
7.	Type of debtor				
		Other type of debtor. Specify			
8. Type of debtor's business		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 types of business listed.			
		nknown type of business.			
9.	To the best of your knowledge, are any	ŪĮ∕No			
	bankruptcy cases	Yes. Debtor Relationship			
	pending by or against any partner or affiliate	District Date filed Case number, if known			
	of this debtor?	MM / DD / YYYY			
		Debtor Relationship			
		COUNT			
		District Date filed Case number, if known MM / DD / YYYY			
P	art 3: Report About the	Case			
	None -				
10	). Venue	Check one:			
		Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.			
		A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.			
		A bankruptcy case concerning debtors attitiates, general partner, or partnership is portating in this district			
1	1. Allegations	Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).			
		The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a)			
		At least one box must be checked:			
		The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.			
		Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the			
		agent appointed or authorized to take charge or less than substantially all or the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.			
	2. Has there been a				
transfer of any claim		☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy			
	against the debtor by or to any petitioner?	Rule 1003(a).			
	to any petitioner:				

Harry	····	Case number (diesem)	
Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Robert Resse	ira Contract For So	de s
	Sophia Ben	enna Contract For S	ale
	an	it trapartie	<b> \$</b>
		Total of petitioners' claims	\$1,000, tea
he top of each sheet. Following distinguished petitioning creditor.	ng the format of this form, set out the , the petitioner's claim, the petitioner rjury set out in Part 4 of the form, foll	Write the alleged debtor's name and the cas information required in Parts 3 and 4 of the tile representative, and the petitioner's attorneowed by each additional petitioner's (or representative).	form for each y. Include the
	s a serious crime. Making a false stater to 20 years, or both. 18 U.S.C. §§ 152	nent in connection with a bankruptcy case can re : 1341, 1519, and 3571	esult in fines up to
atilisaning creditor is a corporatio	on, attach the corporate ownership state	under the chapter of 11 U.S.C. specified in this perment required by Bankruptcy Rule 1016(b). If an ed copy of the order of the court granting recogni	ry petitioner is ∌
have examined the information	in this document and have a reasonable	e belief that the information is true and correct	
etitioners or Petitioners' Rep	resentative	Attorneys	
lame and mailing address of	petitioner PXSKTIG	Protect name	wles
WILL North	aven Ra	Firm name, if any	
Danas	State ZIP Code	1400 treston	Rd. #HCO
lame and mailing address of	putitioner's representative, if any	City Stoke	76093 ZIP Gode
teme		Contest prome 9-12 464 975 Amail _	Kherculera
amber Street	- ··· ··· · · · · · · · · · · · · · · ·	Bár numbor DATO 11 LCC	
Zity	State ZIP Code	State	
declare under penalty of partius	y that the foregoing is true and correct.		
xecuted on LDD / Priv)		Signature of attorney	rules
1666		06/06/201	' EI
Signature of professional or representati	ive, including representative's fille	MM / DD / YYYY	V

ed tide Tributer		Case muraber (4 move)
Name and mailing a	address of petitioner	j ,
S. Alia	POC ONTO	Carrie & Horcalis
Mama PILLY		Printed name
1 . 1 .	1	G.
WILL V	touthanen ha	Firm name, if any
Number Street	- The second of	Mac Proston Rd #400
Dark	Dat.	Number Street
Offy:	Sfate ZIP Code	17 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
		State ZIP Code
Name and mailing a	address of pelitioner's representative, if any	
		Contract prope 91296/91574 Khercyles
Name		" yours c
		Barnember DT JUNE ACC
Juminer Street		
		State
20th	State ZIP Code	
l decines under nove	alty of perjury that the foregoing is true and corr	
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Executed on	AD / YYYY	* Julian S
MM / D	D:YYYY	Signature of attorney
•		
	iiiiiiiiiii	- Date syped MM / DD / YYYY
ordinates to beticamen	or representative, including representative's विकि	AND TITE
Maine and mailing	address of petitioner	
		Name of the same
Name		Protect name
Number Street		firm name, if any
Chy	State ZIF Code	Number Street
W-18		
*+ and and then	address of petitioner's representative, if any	City State 712 Code
Name and mailing	Sporest or beautiful a rebresement of me	Control phone
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CONTROL DIRECTOR
Name		Eigen treumfaitheir
Number Street		Signer Si
City	Shate ZIP Code	
I declare uniter nen	alty of perjury that the foregoing is true and cor	rrect,
OCCIONE SERVES 1868	such the first trust the total dead to trust our own	<b>*</b>
Executed on		
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· < 1/1/	May the same of th	MM / DG / YYYY
Signature of petitioner	or representative, including representative's file	#MITML   #12/1/2 2   1 1 1 1 1
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