

United States Bankruptcy Court
Western District of Texas

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Austin Home Medical Equipment, Inc.
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. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xx-xxx7311
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): 1914 Howard Lane Suite H Austin, TX
Street Address of Joint Debtor (No. & Street, City, and State):
ZIPCODE 78728 ZIPCODE
County of Residence or of the Principal Place of Business: Travis
County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):
Mailing Address of Joint Debtor (if different from street address):
ZIPCODE ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above): Austin, Travis County, Texas
ZIPCODE 78728

Type of Debtor (Form of Organization) (Check one box.)
Nature of Business (Check all applicable boxes)
Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)
Nature of Debts (Check one box)
Chapter 11 Debtors
Filing Fee (Check one box)
Check one box:
Check if:

Statistical/Administrative Information
THIS SPACE IS FOR COURT USE ONLY
Debtor estimates that funds will be available for distribution to unsecured creditors.
Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.
Estimated Number of Creditors
Estimated Assets
Estimated Debts

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Austin Home Medical Equipment, Inc.	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE		Case Number:	Date Filed:
District:		Relationship:	Judge:
<p style="text-align: center;">Exhibit A</p> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<p style="text-align: center;">Exhibit B</p> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. <p style="text-align: center;">X Not Applicable</p> <hr style="width: 80%; margin: auto;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: auto;"> Signature of Attorney for Debtor(s) Date </div>	
<p style="text-align: center;">Exhibit C</p> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		<p style="text-align: center;">Certification Concerning Debt Counseling by Individual/Joint Debtor(s)</p> <input type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition. <input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances (Must attach certification describing.)	
Information Regarding the Debtor (Check the Applicable Boxes) Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, 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.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Statement by a Debtor Who Resides as a Tenant of Residential Property <i>Check all applicable boxes.</i>			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following). <div style="text-align: center;"> <hr style="width: 60%; margin: auto;"/> (Name of landlord that obtained judgment) </div> <div style="text-align: center;"> <hr style="width: 60%; margin: auto;"/> (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of this petition.			

Voluntary Petition
(This page must be completed and filed in every case)

Name of Debtor(s):
Austin Home Medical Equipment, Inc.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has 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 each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition]- I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Not Applicable

Signature of Debtor

Not Applicable

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative of a Recognized Foreign Proceeding

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.

Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign proceeding is attached.

Not Applicable

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney

/s/Gray Byron Jolink

Signature of Attorney for Debtor(s)

Gray Byron Jolink, 10856500

Printed Name of Attorney for Debtor(s) / Bar No.

Gray Byron Jolink

Firm Name

4131 Spicewood Springs Rd. Bldg. C-8

Address

Austin, TX 78759

512-346-7717

Telephone Number

512-346-7714

5/21/2008

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and 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 setting a maximum fee for services chargeable by bankruptcy petition preparer, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Not Applicable

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number(If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. 110.)

Address

Not Applicable

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

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.

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.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

/s/ James Burgin

Signature of Authorized Individual

James Burgin

Printed Name of Authorized Individual

President

Title of Authorized Individual

5/21/2008

Date

UNITED STATES BANKRUPTCY COURT
Western District of Texas

In re: Austin Home Medical Equipment, Inc.

Case No. _____

Debtor

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 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>5,000.00</u>
Prior to the filing of this statement I have received	\$	<u>5,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of 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 a 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, statement 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;
- d) Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e) [Other provisions as needed]

None

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

None

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.

Dated: 5/21/2008

/s/Gray Byron Jolink
Gray Byron Jolink, Bar No. 10856500

Gray Byron Jolink
Attorney for Debtor(s)

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS

IN RE:

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Austin Home Medical Equipment, Inc.

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of our knowledge.

/s/ James Burgin

James Burgin, President

Debtor

Dated: **5/21/2008**

Advanta Bank Corp.
PO Box 8088
Philadelphia, PA 19101-8088

American Express
PO Box 740640
Atlanta, GA 30374-0640

American Express
PO Box 650448
Dallas, TX 75265-0448

Bank of America
PO 15710
Wilmington, DE 19886-5710

Bank of America
PO Box 660312
Dallas, TX 75266-0312

Bill Buchanan
780 Lee Ann Ln.
Beaumont, TX 77707

Bobby Buchanan
19812 Dornick Hill
Pflugerville, TX 78660

Capital One
PO Box 65007
Dallas, TX 75265-0007

Capital One
PO Box 105131
Atlanta, GA 30348-5131

Chase
PO Box 94014
Palatine, IL 60094-4014

Chase
PO Box 15548
Wilmington, DE 19886-5548

CitiBusiness
PO Box 6414
The Lakes, NV 88901-6414

Evo Medical Solutions
PO Box 1008
Arlington Heights, IL 60006

GM Business
PO Box 94014
Palantine, IL 60094-4014

Greater Bay Capital
PO Box 7777
San Francisco, CA 94120-7777

Internal Revenue Service
PO Box 87
Mamphis, TN 38101-0087

Invacare
PO Box 41601
Philadelphia, PA 19101-1601

LCA Bank Corp.
PO Box 1650
Troy, MI 48099-1650

MBNA America
PO Box 15289
Wilmington, DE 19886-5289

Medastin
PO Box 41442
Austin, TX 78704

Quickbooks
PO Box 15710
Wilmington, DE 19886-5710

Respironics
PO Box 640817
Pittsburg, PA 15264-0817

TMD
PO Box 266
Rockdale, TX 76567

VGM Financial
PO Box 1620
Waterloo, IA 50704

United States Bankruptcy Court

Western District of Texas

In re:

Case No. _____
Chapter **11**

Austin Home Medical Equipment, Inc.

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, , declare under penalty of perjury that I am the of **Austin Home Medical Equipment, Inc.**, a Corporation and that on the following resolution was duly adopted by the 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 **James Burgin, President** 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 **James Burgin, President** 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 **James Burgin, President** of this Corporation, is authorized and directed to employ **Gray Byron Jolink**, attorney and the law firm of **Gray Byron Jolink** to represent the Corporation in such bankruptcy case."

Executed on: **5/21/2008**

Signed: **/s/ James Burgin**