

Fill in this information to identify the case:

United States Bankruptcy Court for the:

\_\_\_\_\_ District of Utah  
(State)

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

Check if this is an amended filing

Official Form 205

**Involuntary Petition Against a Non-Individual**

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed**

1. Chapter of the Bankruptcy Code

Check one:

- Chapter 7
- Chapter 11

**Part 2: Identify the Debtor**

2. Debtor's name

General Aeronautics Corporation

3. Other names you know the debtor has used in the last 8 years

Skyworks Global Inc., Groen Brothers Aviation Global, Inc., Groen Aeronautics Corporation, Groen Brothers Aviation, Groen Brothers Aviation Corporation

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

Unknown

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
EIN

5. Debtor's address

Principal place of business

9980 South 300 West, Suite 200  
Number Street

Salt Lake City UT 84070  
City State ZIP Code

Salt Lake County  
County

Mailing address, if different

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City State ZIP Code

Location of principal assets, if different from principal place of business

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Debtor General Aeronautics Corporation  
Name

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

6. Debtor's website (URL) http://skyworks-global.com/

7. Type of debtor  
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 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.  
 Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?  
 No  
 Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**Part 3: Report About the Case**

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.

11. 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 debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?  
 No  
 Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor General Aeronautics Corporation  
Name

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

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	(See Attached)		\$ _____
			\$ _____
			\$ _____
Total of petitioners' claims			\$ <u>1,182,372.79</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**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.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

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

**Petitioners or Petitioners' Representative**

**Name and mailing address of petitioner**

Jason Chen  
Name  
5002 French Creek Road  
Number Street  
Shingle Springs CA 95682  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

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

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

Executed on 09/20/2017  
MM / DD / YYYY

x [Signature]  
Signature of petitioner or representative, including representative's title

**Attorneys**

Gerald H. Suniville  
Printed name  
Fabian VanCott  
Firm name, if any  
215 South State Street, Suite 1200  
Number Street  
Salt Lake City UT 84111  
City State ZIP Code

Contact phone (801) 531-8900 Email gsuniville@fabianvancott.com

Bar number 3160  
State UT

x [Signature]  
Signature of attorney

Date signed 09/28/2017  
MM / DD / YYYY

<b>13. Each petitioner's claim</b>	<b>Name of petitioner</b>	<b>Nature of petitioner's claim</b>	<b>Amount of the claim above the value of any lien</b>
	Jason Chen	Loan and Expense	\$ 432,114.78
	Howard Kent	Office Rent	\$ 190,172.65
	Jacob J. van der Westhuizen	Accrued Unpaid Salary	\$ 212,400.00
	Robin H.H. Wilson	Accrued Unpaid Salary	\$ 261,745.87
	Scott Carron	Accrued Unpaid Salary	\$ 55,912.50
	Henry B. Parry II	Accrued Unpaid Salary and Expenses	\$ 30,026.99
			<u>\$ 1,182,372.79</u>

Debtor General Aeronautics Corporation  
Name

Case number (if present)

<p><b>Name and mailing address of petitioner</b> <u>Howard Kent</u> Name</p> <p><u>261 E Broadway</u> Number Street</p> <p><u>Salt Lake City</u> <u>UT</u> <u>84111</u> City State ZIP Code</p> <p><i>Howard Kent</i> Name and mailing address of petitioner's representative, if any</p> <p><i>Howard Kent</i> Name</p> <p><u>261 E 300 South #350</u> Number Street</p> <p><u>Salt Lake City</u> <u>UT</u> <u>84111</u> City State ZIP Code</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on <u>9/13/2017</u> MM / DD / YYYY</p> <p><i>[Signature]</i> Signature of petitioner or representative, including representative's title</p>	<p><u>Gerald H. Suniville</u> Printed name</p> <p><u>Fabian VanCott</u> Firm name, if any</p> <p><u>215 South State Street, Suite 1200</u> Number Street</p> <p><u>Salt Lake City</u> <u>UT</u> <u>84111</u> City State ZIP Code</p> <p>Contact phone <u>(801) 531-8900</u> Email <u>gsuniville@fabianvancott.com</u></p> <p>Bar number <u>3160</u></p> <p>State <u>UT</u></p> <p><i>[Signature]</i> Signature of attorney</p> <p><u>09/28/2017</u> Date signed MM / DD / YYYY</p>
<p><b>Name and mailing address of petitioner</b> <u>Jaap van der Westhuizen</u> Name</p> <p><u>15342 West Cluster Lane</u> Number Street</p> <p><u>Surprise</u> <u>AZ</u> <u>85379</u> City State ZIP Code</p> <p>Name and mailing address of petitioner's representative, if any</p> <p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on _____ MM / DD / YYYY</p> <p><i>[Signature]</i> Signature of petitioner or representative, including representative's title</p>	<p><u>Gerald H. Suniville</u> Printed name</p> <p><u>Fabian VanCott</u> Firm name, if any</p> <p><u>215 South State Street, Suite 1200</u> Number Street</p> <p><u>Salt Lake City</u> <u>UT</u> <u>84111</u> City State ZIP Code</p> <p>Contact phone <u>(801) 531-8900</u> Email <u>gsuniville@fabianvancott.com</u></p> <p>Bar number <u>3160</u></p> <p>State <u>UT</u></p> <p><i>[Signature]</i> Signature of attorney</p> <p>Date signed _____ MM / DD / YYYY</p>

Debtor General Aeronautics Corporation  
Name

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

Name and mailing address of petitioner

Howard Kent  
Name  
261 E Broadway  
Number Street  
Salt Lake City UT 84111  
City State ZIP Code

Name and mailing address of petitioner's representative, if any

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

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

Executed on \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature of petitioner or representative, including representative's title

Gerald H. Suniville  
Printed name  
Fabian VanCott  
Firm name, if any  
215 South State Street, Suite 1200  
Number Street  
Salt Lake City UT 84111  
City State ZIP Code

Contact phone (801) 531-8900 Email gsuniville@fabianvancott.com

Bar number 3160  
State UT

\_\_\_\_\_  
Signature of attorney  
Date signed \_\_\_\_\_  
MM / DD / YYYY

Name and mailing address of petitioner

*JWT*  
Jacob J. Jaap van der Westhuizen  
Name  
15342 West Cluster Lane  
Number Street  
Surprise AZ 85379  
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Jacob J van der Westhuizen  
Name  
15342 W CUSTER LANE  
Number Street  
SURPRISE ARIZONA 85379  
City State ZIP Code

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

Executed on 09 08 2017  
MM / DD / YYYY

\_\_\_\_\_  
Signature of petitioner or representative, including representative's title

Gerald H. Suniville  
Printed name  
Fabian VanCott  
Firm name, if any  
215 South State Street, Suite 1200  
Number Street  
Salt Lake City UT 84111  
City State ZIP Code

Contact phone (801) 531-8900 Email gsuniville@fabianvancott.com

Bar number 3160  
State UT

\_\_\_\_\_  
Signature of attorney  
Date signed 09/20/17  
MM / DD / YYYY

Debtor General Aeronautics Corporation  
Name

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

Name and mailing address of petitioner

Robin H.H. Wilson  
Name

4836 Puget Blvd. SW  
Number Street

Seattle WA 98106  
City State ZIP Code

Name and mailing address of petitioner's representative, if any

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

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

Executed on 9/28/17  
MM / DD / YYYY

*R.H. Wilson*  
Signature of petitioner or representative, including representative's title

Gerald H. Suniville  
Printed name

Fabian VanCott  
Firm name, if any

215 South State Street, Suite 1200  
Number Street

Salt Lake City UT 84111  
City State ZIP Code

Contact phone (801) 531-8900 Email gsuniville@fabianvancott.com

Bar number 3160

State UT

*Gerald H. Suniville*  
Signature of attorney

Date signed 09/28/2017  
MM / DD / YYYY

Name and mailing address of petitioner

William Scott Carron  
Name

220 McCaslin Blvd. #205  
Number Street

Louisville CO 80027  
City State ZIP Code

Name and mailing address of petitioner's representative, if any

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

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

Executed on 9/20/2017  
MM / DD / YYYY

*W. Carron*  
Signature of petitioner or representative, including representative's title

Gerald H. Suniville  
Printed name

Fabian VanCott  
Firm name, if any

215 South State Street, Suite 1200  
Number Street

Salt Lake City UT 84103  
City State ZIP Code

Contact phone (801) 531-8900 Email gsuniville@fabianvancott.com

Bar number 3160

State UT

*Gerald H. Suniville*  
Signature of attorney

Date signed 09/28/2017  
MM / DD / YYYY

Debtor General Aeronautics Corporation  
Name

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

Name and mailing address of petitioner

Henry B. Parry II  
Name  
1152 E 2700 S, #145  
Number Street  
Salt Lake City UT 84106  
City State ZIP Code

Name and mailing address of petitioner's representative, if any

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

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

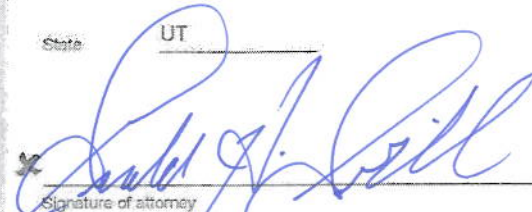
Executed on 09/12/2017  
MM / DD / YYYY

Henry B. Parry II  
Signature of petitioner or representative, including representative's title

Gerald H. Suniville  
Printed name  
Fabian VanCott  
Firm name, if any  
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Signature of attorney

Date signed 09/28/2017  
MM / DD / YYYY

Name and mailing address of petitioner

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

Name and mailing address of petitioner's representative, if any

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

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

Executed on \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature of petitioner or representative, including representative's title

\_\_\_\_\_  
Printed name  
\_\_\_\_\_  
Firm name, if any  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_  
State \_\_\_\_\_

\_\_\_\_\_  
Signature of attorney

Date signed \_\_\_\_\_  
MM / DD / YYYY