

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District Of Washington

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 Chee Chee's Artistry in Hair, Inc.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 9 1 - 1 3 1 4 9 0 6

4. Debtor's address

Principal place of business	Mailing address, if different from principal place of business
<u>314 W. Frances</u> Number Street	_____ Number Street
_____ <u>Spokane</u> <u>WA</u> <u>99205</u> City State ZIP Code	_____ P.O. Box
<u>SPOKANE</u> County	_____ City State ZIP Code
	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: _____

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/>.

8 1 2 1

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?

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

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes. Debtor _____ Relationship _____
District _____ When _____
MM / DD / YYYY
- Case number, if known _____

List all cases. If more than 1, attach a separate list.

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.

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 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 checked="" 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 |

Debtor Chee Chee's Artistry in Hair, Inc.
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|---|--|--|
| <input 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 checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

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 01/06/2016
MM / DD / YYYY

X s/Chee Chee Phillips
Signature of authorized representative of debtor

Title _____

Chee Chee Phillips
Printed name

18. Signature of attorney

X s/Kevin O'Rourke
Signature of attorney for debtor

Date 01/06/2016
MM / DD / YYYY

Kevin O'Rourke
Printed name

Southwell & O'Rourke, P.S.
Firm name

421 W. Riverside Avenue, Suite 960
Number Street

Spokane WA 99201
City State ZIP Code

(509) 624-0159
Contact phone Email address

28912 WA
Bar number State

UNITED STATES BANKRUPTCY COURT
Eastern District of Washington

In re: **Chee Chee's Artistry in Hair, Inc.**

Debtors

Case No. _____

Chapter **11** _____

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **January 6, 2016** _____

Signed: **s/Chee Chee Phillips** _____

Dated: _____

Signed: _____

KEVIN O'ROURKE
421 W. RIVERSIDE AVENUE, SUITE 960
SPOKANE, WA 99201

CHEE CHEE'S ARTISTRY IN HAIR, INC.
314 W. FRANCES
SPOKANE, WA 99205

AMBER CLARK
2204 E. BISMARK
SPOKANE, WA 99208

BANK OF AMERICA
PO BOX 15796
WILMINGTON, DE 19886-5746

BANK OF AMERICA
PO BOX 15796
WILMINGTON, DE 19856

BANNER BANK LINE OF CREDIT
PO BOX 907
WALLA WALLA, WA 99362-0265

CARDMEMBER SERVICES
PO BOX 9404
PALATINE, IL 60094-4014

CHASE CARDMEMBER SERVICES
PO BOX 94014
PALATINE, IL 60094-4014

CHASE LINE OF CREDIT
PO BOX 6026
MAILCODE IL-0054
CHICAGO, IL 60680-6026

CHEE CHEE PHILLIPS
314 W. FRANCIS
SPOKANE, WA 99205

CHEE CHEE PHILLIPS
314 W. FRANCIS
SPOKANE, WA 99205

DISCOVER
PO BOX 29033
PHOENIX, AZ 85038-9033

INTERNAL REVENUE SERVICE
ACS SUPPORT - STOP 813G
PO BOX 145566
CINCINNATI, OH 45250-5566

KELLY MANDARINO
13110 N. ADDISON, APT. J302
SPOKANE, WA 99208

LINDA MARI
BALANCING YOUR ACT BUSINESS SOLUTIONS
PO BOX 851
ATHOL, ID 83801

OMNI FINANCIAL
380 INTERLOCKEN CRESCENT, STE 800
BROOMFIELD, CO 80021

RICHARD H. PHILLIPS
18431 W. SUMMIT PARKWAY
SPOKANE, WA, 99201-6027

SPOKANE COUNTY TREASURER
PO BOX 199
SPOKANE, WA 99210-0199

USAA LINE OF CREDIT
10750 MCDERMOTT FREEWAY
SAN ANTONIO, TX 78288

USAA MASTERCARD
10750 MCDERMOTT FWY
SAN ANTONIO, TX 78288-0570

United States Bankruptcy Court
EASTERN DISTRICT OF WASHINGTON

In re Chee Chee's Artistry in Hair, Inc.

Case No. _____

Debtor

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 \$ *

Prior to the filing of this statement I have received \$ *

Balance Due \$ *

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

[X] Debtor [] Other (specify)

\$1,183.00 received for pre-petition attorney's fees and costs, plus \$1,717.00 filing fee.

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

[X] Debtor [] Other (specify)

4. [X] 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 other 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;

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- e. [Other provisions as needed]

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

Set forth in Bankruptcy Fee Agreement

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.

January 6, 2016

Date

s/Kevin O'Rourke

Signature of Attorney

Southwell & O'Rourke, P.S.

Name of law firm

Fill in this information to identify the case:

Debtor name Chee Chee's Artistry in Hair, Inc.
 United States Bankruptcy Court for the: Eastern District of Washington
 Case number (if known): _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 12/15

The debtor must answer every question. 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 case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From <u>01/01/2015</u> to <u>Filing date</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>200,000.00</u>
For prior year: From <u>01/01/2014</u> to <u>12/31/2014</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>310,703.00</u>
For the year before that: From <u>01/01/2013</u> to <u>12/31/2013</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>413,037.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

	Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From _____ to <u>Filing date</u> <small>MM / DD / YYYY</small>	_____	\$ _____
For prior year: From _____ to _____ <small>MM / DD / YYYY</small>	_____	\$ _____
For the year before that: From _____ to _____ <small>MM / DD / YYYY</small>	_____	\$ _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>USA, IRS</u> <small>Creditor's name</small> <u>ACS Support - Stop 813G</u> <small>Street</small> <u>PO Box 145566</u> <u>Cincinnati</u> <u>OH</u> <small>See</small> <small>City State ZIP Code</small>	<u>10/01/15</u>	<u>\$ 58,436.78</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>IRS filed a tax lien</u>
3.2. _____ <small>Creditor's name</small> _____ <small>Street</small> _____ _____ <small>City State ZIP Code</small>	_____	<u>\$</u> _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ <small>Insider's name</small> _____ <small>Street</small> _____ _____ <small>City State ZIP Code</small>	_____	<u>\$</u> _____	_____
Relationship to debtor			
4.2. _____ <small>Insider's name</small> _____ <small>Street</small> _____ _____ <small>City State ZIP Code</small>	_____	<u>\$</u> _____	_____
Relationship to debtor			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
5.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
_____ Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
Last 4 digits of account number: XXXX- _____			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. _____ Case number _____	_____	_____ Name _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. _____ Case number _____	_____	_____ Name _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address			Description of the property	Value
Custodian's name _____			_____	\$ _____
Street _____				
City _____ State _____ ZIP Code _____				
Case title		Court name and address		
_____		Name _____		
_____		Street _____		
_____		_____		
Date of order or assignment		City _____ State _____ ZIP Code _____		
_____		_____		

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	_____	\$ _____
Recipient's relationship to debtor _____			
9.2. Recipient's name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____	_____	\$ _____
Recipient's relationship to debtor _____			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Date of loss	Value of property lost
_____	_____	_____	\$ _____
_____	_____	_____	_____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. <u>Southwell & O'Rourke, P.S.</u>	<u>See 2016 Disclosure</u>	_____	\$ _____
Address			
<u>421 W. Riverside Ave., Suite 960</u>			
Street			
<u>Spokane</u>	<u>WA</u>	<u>99201</u>	
City	State	ZIP Code	
Email or website address			

Who made the payment, if not debtor?			

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____	_____	_____	\$ _____
Address			

Street			

_____	_____	_____	
City	State	ZIP Code	
Email or website address			

Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. USA, IRS Filed tax liens on 3/5/15 and 10/1/15 _____ \$95,186.89

Address

ACS Support - Stop 813G
Street
PO Box 145566
Cincinnati OH See
City State ZIP Code

Relationship to debtor

Who received transfer?

13.2. _____ _____ \$ _____

Address

Street

City State ZIP Code

Relationship to debtor

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy	
---------	--------------------	--

14.1. _____ From _____ To _____
Street

City State ZIP Code

14.2. _____ From _____ To _____
Street

City State ZIP Code

Part 8: Healthcare Bankruptcies

15. Healthcare bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. _____
 Facility name _____

 Street _____

 City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?
 Check all that apply:
 Electronically
 Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. _____
 Facility name _____

 Street _____

 City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?
 Check all that apply:
 Electronically
 Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
 Yes. State the nature of the information collected and retained. _____
 Does the debtor have a privacy policy about that information?
 No
 Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?
 No. Go to Part 10.
 Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _____ - _____

- Has the plan been terminated?
 No
 Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	_____ Name _____ Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	_____ Name _____ Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____ Street _____ City State ZIP Code	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Address			
_____ _____			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____ Street _____ City State ZIP Code	_____ _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Address			
_____ _____			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____	\$ _____

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium)
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____ Case number _____	Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____ City _____ State _____ ZIP Code _____	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ - _____ Dates business existed From _____ To _____
25.2. Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ - _____ Dates business existed From _____ To _____
25.3. Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	EIN: _____ - _____ Dates business existed From _____ To _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Dates of service
26a.1. <u>Linda Mari, Balancing Your Act</u> Name <u>Business Solutions</u> Street <u>PO Box 851</u> <u>Athol</u> ID <u>83801</u> City State ZIP Code	From <u>2011</u> To <u>Present</u>

Name and address	Dates of service
26a.2. _____ Name _____ Street _____ _____ City State ZIP Code	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
26b.1. _____ Name _____ Street _____ _____ City State ZIP Code	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name _____ Street _____ _____ City State ZIP Code	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <u>Linda Mari, Balancing Your Act Business Solutions</u> Name <u>PO Box 851</u> Street _____ <u>Athol</u> ID <u>83801</u> City State ZIP Code	_____ _____ _____

Name and address

If any books of account and records are unavailable, explain why

26c.2. Chee Chee Mary Francis Phillips
Name
314 W. Francis
Street
Spokane WA 99205
City State ZIP Code

See Attachment 3

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.2. _____
Name

Street

City State ZIP Code

Name and address

26d.2. _____
Name

Street

City State ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

Chee Chee Phillips 09/01/2015 \$ 5,000.00
(Approximately)

Name and address of the person who has possession of inventory records

27.1. Chee Chee Phillips and Debtor
Name
314 W. Francis
Street
Spokane WA 99205
City State ZIP Code

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

_____ \$ _____

Name and address of the person who has possession of inventory records

27.2. _____
Name

Street

City State ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Chee Chee Phillips</u>	<u>314 W. Francis, Spokane, WA 99205</u>	<u>See Attachment 4</u>	<u>100</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Chee Chee Phillips</u> Name <u>314 W. Francis</u> Street _____ <u>Spokane</u> <u>WA</u> <u>99205</u> City State ZIP Code	<u>\$10,270.00</u>	<u>10/1/2014</u> _____ _____	<u>9/30/2015</u> _____ _____
Relationship to debtor <u>President</u>			

Debtor Chee Chee's Artistry in Hair, Inc.
Name

Case number (if known) _____

Name and address of recipient

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: ____ - ____ - ____ - ____ - ____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: ____ - ____ - ____ - ____ - ____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud 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.

I have examined the information in this *Statement of Financial Affairs* and any attachments 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 01/06/2016
MM / DD / YYYY

X s/Chee Chee Phillips
Signature of individual signing on behalf of the debtor

Printed name Chee Chee Phillips

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

- No
- Yes

Attachment

Debtor: Chee Chee's Artistry in Hair, Inc.

Case No:

Attachment 1

45250-5566

Attachment 2

45250-5566

Attachment 3 Additional Firms or Individuals in Possession of Debtor's Books and Records:

Name: Debtor

Address: 314 W. Frances , Spokane, WA 99205

Attachment 4

President, Sole Officer, Director & Shareholder - 100%

Fill in this information to identify the case:

Debtor name Chee Chee's Artistry in Hair, Inc.
 United States Bankruptcy Court for the: Eastern District of Washington
 Case number (if known): _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 500.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Deposits of Money (Bank of America and INB)	_____	_____	\$ 1,000.00
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

\$ 1,500.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. _____	\$ _____
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: _____ - _____ = → \$ _____
face amount doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ = → \$ _____
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
 14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: _____ % of ownership: _____

15.1. _____ % _____ \$ _____
 15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
 16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Color Beauty Supplies	_____ MM / DD / YYYY	\$ 1,000.00	_____	\$ 1,000.00
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale See Attachment 1	_____ MM / DD / YYYY	\$ 1,000.00	_____	\$ 1,000.00
22. Other inventory or supplies See Attachment 2: Additional Inventory (Finished Goods)	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ 2,000.00

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- No
- Yes. Is any of the debtor's property stored at the cooperative?
 - No
 - Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No
- Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- No
- Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No
- Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture _____	\$ _____	_____	\$ _____
40. Office fixtures _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software See Attachment 4 See Attachment 3: Additional Office Equipment	\$ 2,300.00	_____	\$ 2,300.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 <u>Prints on Wall</u>	\$ 100.00	_____	\$ 100.00
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 2,400.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- No
- Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No
- Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

<u>2 Dryers</u>	\$ <u>100.00</u>	_____	\$ <u>100.00</u>
-----------------	------------------	-------	------------------

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ <u>100.00</u>

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>See Attachment 5</u>		\$ <u>316,000.00</u>		\$ <u>316,000.00</u>
55.2 _____		\$ _____		\$ _____
55.3 _____		\$ _____		\$ _____
55.4 _____		\$ _____		\$ _____
55.5 _____		\$ _____		\$ _____
55.6 _____		\$ _____		\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 316,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____		\$ _____
61. Internet domain names and websites _____	\$ _____		\$ _____
62. Licenses, franchises, and royalties _____	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____		\$ _____
64. Other intangibles, or intellectual property _____	\$ _____		\$ _____
65. Goodwill _____	\$ _____		\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
- Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

	—		= →	\$ _____
	Total face amount	doubtful or uncollectible amount		

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

	Tax year		\$ _____
	Tax year		\$ _____
	Tax year		\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
- Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ <u>1,500.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ <u>0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ <u>0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ <u>0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ <u>2,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ <u>0.00</u>	
86. Office furniture, fixtures, and equipment, and collectibles. <i>Copy line 43, Part 7.</i>	\$ <u>2,400.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ <u>100.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ <u>316,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ <u>0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ <u>0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ <u>6,000.00</u>	+ 91b. \$ <u>316,000.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ <u>322,000.00</u>

Attachment 1

Wigs Retail

500.00

500.00

Retail Products

500.00

500.00

Attachment 2: Additional Inventory (Finished Goods)

Description: Retail Products

Book Value: \$500.00

Value: \$500.00

Attachment 3: Additional Office Equipment

Description: Styling Chairs

Book Value: \$1,000.00

Value: \$1,000.00

Description: Sink

Book Value: \$150.00

Value: \$150.00

Description: Styling Stations

Book Value: \$500.00

Value: \$500.00

Description: 1 Chase Lounge

Book Value: \$100.00

Value: \$100.00

Description: 1 Couch

Book Value: \$100.00

Value: \$100.00

Description: 2 Chairs

Book Value: \$200.00

Value: \$200.00

Description: Coffee Table

Book Value: \$50.00

Attachment 2/3
Debtor: Chee Chee's Artistry in Hair, Inc.

Case No:

Value: \$50.00

Description: Retail Shelves
Book Value: \$100.00
Value: \$100.00

Attachment 4

Computer

100.00

100.00

Styling Chairs

1,000.00

1,000.00

Sink

150.00

150.00

Styling Stations

500.00

500.00

1 Chase Lounge

100.00

100.00

1 Couch

100.00

100.00

2 Chairs

200.00

200.00

Coffee Table

50.00

Attachment 3/3
Debtor: Chee Chee's Artistry in Hair, Inc.

Case No:

50.00

Retail Shelves

100.00

100.00

Attachment 5

314 W. Francis
Spokane, WA 99205

Fill in this information to identify the case:

Debtor name Chee Chee's Artistry in Hair, Inc.
 United States Bankruptcy Court for the: Eastern District of Washington
 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 Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
--	--

<p>2.1 Creditor's name <u>Banner Bank Line of Credit</u></p> <p>Creditor's mailing address <u>PO Box 907</u> <u>Walla Walla, WA 99362-0265</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. <u>1:Spokane County Treasurer;</u> <u>See Attachment 2</u></p>	<p>Describe debtor's property that is subject to a lien <u>314 W. Francis</u></p> <p>Describe the lien <u>2nd - Deed of Trust</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>106,932.19</u></p>	<p>\$ <u>316,000.00</u></p>
--	--	-----------------------------	-----------------------------

<p>2.2 Creditor's name <u>Internal Revenue Service</u></p> <p>Creditor's mailing address <u>See Attachment 1</u> <u>Cincinnati, OH 45250-5566</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u></p>	<p>Describe debtor's property that is subject to a lien <u>314 W. Francis</u></p> <p>Describe the lien <u>3rd - Tax Lien</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>36,750.11</u></p>	<p>\$ <u>316,000.00</u></p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$ 203,419.08

Part 1: Additional Page

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

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

2.3 Creditor's name Internal Revenue Service Describe debtor's property that is subject to a lien 314 W. Francis \$58,436.78 \$316,000.00
Spokane, WA 99205

Creditor's mailing address See Attachment 3
Cincinnati, OH 45250-5566

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines 2.1

Describe the lien 4th - Tax Lien

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

2.4 Creditor's name Spokane County Treasurer Describe debtor's property that is subject to a lien 314 W. Francis \$ 1,300.00 \$ 316,000.00
Spokane, WA 99205

Creditor's mailing address PO Box 199
Spokane, WA 99210-0199

Creditor's email address, if known _____

Date debt was incurred _____

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

 Yes. The relative priority of creditors is specified on lines 2.1

Describe the lien 1st Lien - 2nd 1/2 2015 Property Taxes

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Part 1: Additional Page

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

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

2.5 Creditor's name _____ Creditor's mailing address _____ _____ Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____ \$0.00 \$0.00 Describe the lien _____ Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
---	--

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

Attachment
Debtor: Chee Chee's Artistry in Hair, Inc.

Case No:

Attachment 1

ACS Support - Stop 813G, PO Box 145566

Attachment 2

2:Banner Bank Line of Credit; 3:Internal Revenue Service; 4:Internal Revenue Service

Attachment 3

ACS Support - Stop 813G, PO Box 145566

Fill in this information to identify the case:

Debtor Chee Chee's Artistry in Hair, Inc.
 United States Bankruptcy Court for the: Eastern District of Washington
 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 in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Amber Clark
2204 E. Bismark
Spokane, WA 99208

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is: \$ 100.00

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim: Wages/Salaries/Commissions

Is the claim subject to offset?

- No
 Yes

Total claim

Priority amount

\$ 100.00

\$ 100.00

2.2 Priority creditor's name and mailing address

Internal Revenue Service
ACS Support - Stop 813G, PO Box 145566
Cincinnati, OH 45250-5566

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is: \$ 131,973.44

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim: Taxes and Other Government Debts

Is the claim subject to offset?

- No
 Yes

\$ 131,973.44

\$ 131,973.44

2.3 Priority creditor's name and mailing address

Kelly Mandarino
13110 N. Addison, Apt. J302
Spokane, WA 99208

Date or dates debt was incurred _____

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is: \$ 100.00

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Basis for the claim: Wages/Salaries/Commissions

Is the claim subject to offset?

- No
 Yes

\$ 100.00

\$ 100.00

Part 1. Additional Page

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

2.4	Priority creditor's name and mailing address	\$ <u>100.00</u>	\$ <u>100.00</u>
	Richard H. Phillips <u>18431 W. Summit Parkway</u> <u>Spokane, WA , 99201-6027</u>		
	Date or dates debt was incurred _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Wages/Salaries/Commissions Basis for the claim: _____	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>4</u>)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.5	Priority creditor's name and mailing address	\$ <u>0.00</u>	\$ <u>0.00</u>
	_____ _____ _____		
	Date or dates debt was incurred _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: _____	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

2.6	Priority creditor's name and mailing address	\$ _____	\$ _____
	_____ _____ _____		
	Date or dates debt was incurred _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: _____	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

2.7	Priority creditor's name and mailing address	\$ _____	\$ _____
	_____ _____ _____		
	Date or dates debt was incurred _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Last 4 digits of account number _____	Basis for the claim: _____	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Bank of America</u> <u>PO Box 15796</u> <u>Wilmington, DE 19886-5746</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>6 4 6 3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>31,344.79</u>
3.2	Nonpriority creditor's name and mailing address <u>Bank of America</u> <u>PO Box 15796</u> <u>Wilmington, DE 19886-5746</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>4 3 6 8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>6,027.49</u>
3.3	Nonpriority creditor's name and mailing address <u>Bank of America</u> <u>PO Box 15796</u> <u>Wilmington, DE 19886-5746</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>7 2 4 5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>24,110.87</u>
3.4	Nonpriority creditor's name and mailing address <u>Cardmember Services</u> <u>PO Box 9404</u> <u>Palatine, IL 60094-4014</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>24,116.87</u>
3.5	Nonpriority creditor's name and mailing address <u>Chase Cardmember Services</u> <u>PO Box 94014</u> <u>Palatine, IL 60094-4014</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>6,348.17</u>
3.6	Nonpriority creditor's name and mailing address <u>Chase Cardmember Services</u> <u>PO Box 94014</u> <u>Palatine, IL 60094-4014</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>26,630.34</u>

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
<p>3.7 Nonpriority creditor's name and mailing address <u>Chase Line of Credit</u> <u>PO Box 6026 Mailcode IL-0054</u> <u>Chicago, IL 60680-6026</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>27,968.86</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Line of Credit</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.8 Nonpriority creditor's name and mailing address <u>Chee Chee Phillips</u> <u>314 W. Francis</u> <u>Spokane, WA 99205</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Unpaid salaries and loans</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.9 Nonpriority creditor's name and mailing address <u>Discover</u> <u>PO Box 29033</u> <u>Phoenix, AZ 85038-9033</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>10,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Credit Card</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.10 Nonpriority creditor's name and mailing address <u>Linda Mari</u> <u>Balancing Your Act Business Solutions PO Box 851</u> <u>Athol, ID 83801</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>171.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.11 Nonpriority creditor's name and mailing address <u>Omni Financial</u> <u>380 Interlocken Crescent, Ste 800</u> <u>Broomfield, CO 80021</u></p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ <u>Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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

3.12 Nonpriority creditor's name and mailing address
USAA Line of Credit
10750 McDermott Freeway
San Antonio, TX 78288

As of the petition filing date, the claim is: \$ 50,000.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed
 Liquidated and neither contingent nor disputed

Basis for the claim: Line of Credit

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.13 Nonpriority creditor's name and mailing address
USAA Mastercard
10750 McDermott Fwy
San Antonio, TX 78288-0570

As of the petition filing date, the claim is: \$ 14,910.43
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: Credit Card

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.14 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.15 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

3.16 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Basis for the claim: _____

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
 No
 Yes

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. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.2. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.3. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.4. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.5. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.6. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.7. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.8. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.9. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.10. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.11. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _
4.12. _____ _____ _____	Line ____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _ _ _

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ <u>132,273.44</u>
5b. Total claims from Part 2	5b. +	\$ <u>221,628.82</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <u>353,902.26</u>

Fill in this information to identify the case:

Debtor name Chee Chee's Artistry in Hair, Inc.
 United States Bankruptcy Court for the: Eastern District of Washington
 Case number (if known): _____ Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Month-to-Month credit card processing machine</u>
	State the term remaining	<u>Bank of America</u>
	List the contract number of any government contract	<u>PO Box 15796</u>
		<u>Wilmington DE 19856</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest	_____
	State the term remaining	_____
	List the contract number of any government contract	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest	_____
	State the term remaining	_____
	List the contract number of any government contract	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest	_____
	State the term remaining	_____
	List the contract number of any government contract	_____
2.5	State what the contract or lease is for and the nature of the debtor's interest	_____
	State the term remaining	_____
	List the contract number of any government contract	_____

Fill in this information to identify the case:

Debtor name Chee Chee's Artistry in Hair, Inc.

United States Bankruptcy Court for the: Eastern District of Washington

Case number (if known): _____

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 <u>Chee Chee Phillips</u>	<u>314 W. Francis</u> Street		<u>Banner Bank Line of</u> Credit	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Spokane</u> City	<u>Washington</u> State	<u>99205</u> ZIP Code	See Attachment 1
2.2 _____	_____ Street		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	_____ City	_____ State	_____ ZIP Code	
2.3 _____	_____ Street		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	_____ City	_____ State	_____ ZIP Code	
2.4 _____	_____ Street		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	_____ City	_____ State	_____ ZIP Code	
2.5 _____	_____ Street		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	_____ City	_____ State	_____ ZIP Code	
2.6 _____	_____ Street		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	_____ City	_____ State	_____ ZIP Code	

Attachment
Debtor: Chee Chee's Artistry in Hair, Inc.

Case No:

Attachment 1

Internal Revenue Service, Schedule E/F
Cardmember Services, Schedule E/F
Chase Cardmember Services, Schedule E/F
Chase Cardmember Services, Schedule E/F
Chase Line of Credit, Schedule E/F
USAA Line of Credit, Schedule E/F
USAA Mastercard, Schedule E/F
Bank of America, Schedule E/F
Bank of America, Schedule E/F
Bank of America, Schedule E/F

Fill in this information to identify the case:

Debtor name Chee Chee's Artistry in Hair, Inc.

United States Bankruptcy Court for the: Eastern District of Washington

Case number (if known): _____

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B

\$ 316,000.00

1b. Total personal property:

Copy line 91A from Schedule A/B

\$ 6,000.00

1c. Total of all property:

Copy line 92 from Schedule A/B

\$ 322,000.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, at the bottom of page 1 of Schedule D

\$ 203,419.08

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 6a of Schedule E/F

\$ 132,273.44

3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 6b of Schedule E/F

+ \$ 221,628.82

4. Total liabilities

Lines 2 + 3a + 3b

\$ 557,321.34

1 KEVIN O'ROURKE
SOUTHWELL & O'ROURKE, P.S.
Attorneys at Law
2 960 Paulsen Center
W. 421 Riverside Avenue
3 Spokane, WA 99201
(509) 624-0159

4
5 UNITED STATES BANKRUPTCY COURT
6 IN AND FOR THE EASTERN DISTRICT OF WASHINGTON

7 In re:

No.: 15-

8 **CHEE CHEE'S ARTISTRY IN HAIR, INC.,**

Chapter 11

9 Debtor.

SCHEDULES I & J

10
11 Attached hereto and marked as Exhibit "A" is a true and correct copy of Debtor's
12 Profit and Loss statement for November, 2015.

13 DATED this 6th day of January, 2016.

14 CHEE CHEE'S ARTISTRY IN HAIR,
15 INC.

16
17 BY: /s/ Chee CHee PHillips
18 CHEE CHEE PHILLIPS, President

19
20
21
22
23
24
25 Schedules I & J-1

SOUTHWELL & O'ROURKE, P.S.
A PROFESSIONAL SERVICE CORPORATION
ATTORNEYS AT LAW
SUITE 960, PAULSEN CENTER
WEST 421 RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201
TELEPHONE (509) 624-0159

CHEE CHEE'S ARTISTRY IN HAIR

Profit & Loss

November 2015

12/11/15

Accrual Basis

	TOTAL
Ordinary Income/Expense	
Income	
SALON INCOME	
SERVICES INCOME	11,845.60
WIGS/ HAIR EXTENSIONS SALES	4,341.00
HAIR CARE PRODUCT SALES	1,453.47
SKIN CARE PRODUCT SALES	0.00
MAKE UP PRODUCT SALES	0.00
OTHER SALES	0.00
GC SOLD	0.00
Total SALON INCOME	17,640.07
Total Income	17,640.07
Cost of Goods Sold	
MERCHANT SERVICE FEES	611.89
SALON COST OF GOODS	
PRODUCT PURCHASES	3,771.53
WIGS/ HAIR EXTENSION PURCHASES	601.16
Total SALON COST OF GOODS	4,372.69
SALARIES	
MANAGER SALARY	6,283.34
STYLISTS/ PROVIDERS	4,746.88
Total SALARIES	11,030.22
Total COGS	16,014.80
Gross Profit	1,625.27
Expense	
FIXED EXPENSES	
UTILITIES/ WATER/ SEWER/ TRASH	940.58
INSURANCE	355.15
TAXES	
B&O / LITTER TAX	205.85
USE TAX	10.31
Total TAXES	216.16
Total FIXED EXPENSES	1,511.89
EMPLOYEE & STAFF EXPENSES	
PAYROLL	
OWNER SALARY	4,116.66
STAFF/ ADMIN WAGES	1,226.37
ER PAYROLL TAXES	1,417.40
PAYROLL - Other	11.42
Total PAYROLL	6,771.85
Total EMPLOYEE & STAFF EXPENSES	6,771.85
OPERATING EXPENSES	
LICENSES & PERMITS	71.00
PROFESSIONAL SERVICES	170.00
Total OPERATING EXPENSES	241.00

8:21 PM

12/11/15

Accrual Basis

CHEE CHEE'S ARTISTRY IN HAIR

Profit & Loss

November 2015

	<u>TOTAL</u>
ADMIN/ OTHER EXPENSES	
OFFICE SUPPLIES	39.99
REFUNDS	100.49
MISCELLANEOUS	<u>200.00</u>
Total ADMIN/ OTHER EXPENSES	<u>340.48</u>
Total Expense	<u>8,865.22</u>
Net Ordinary Income	<u>-7,239.95</u>
Net Income	<u><u>-7,239.95</u></u>

Fill in this information to identify the case and this filing:

Debtor Name Chee Chee's Artistry in Hair, Inc.
United States Bankruptcy Court for the: Eastern District Of Washington
Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud 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.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206—Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

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

Executed on 01/06/2016
MM / DD / YYYY

X s/Chee Chee Phillips
Signature of individual signing on behalf of debtor

Chee Chee Phillips
Printed name

Position or relationship to debtor