(Official Form 1) (10/06)

United S Western		Voluntary Petition						
Name of Debtor (if individual, enter Last, First, M Hani, Inc.	iddle):	Name of Joint Deb	Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 8 y (include married, maiden, and trade names):  AM PM Mini Market  Hani's AM PM Mini Market  601 896 917	vears	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):						
Last four digits of Soc. Sec. No./Complete EIN or than one, state all): 91-1929358	other Tax I.D. No. (if more	Last four digits of S than one, state all):		EIN or other Tax I.D. No. (if more				
Street Address of Debtor (No. & Street, City, State 12903 NE 20th St.	e & Zip Code):	Street Address of J	oint Debtor (No. & Stree	et, City, State & Zip Code):				
Bellevue, WA	ZIPCODE 98005			ZIPCODE				
County of Residence or of the Principal Place of B		County of Residence	ce or of the Principal Pla	ce of Business:				
Mailing Address of Debtor (if different from street	address)	Mailing Address of	Joint Debtor (if differen	nt from street address):				
	ZIPCODE			ZIPCODE				
Location of Principal Assets of Business Debtor (i. 12903 NE 20th St.	f different from street address	above):						
			1	ZIPCODE 98005				
Type of Debtor (Form of Organization)	Nature of (Check o		•	ankruptcy Code Under Which on is Filed (Check one box.)				
(Check one box.)  ☐ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  ☐ Corporation (includes LLC and LLP)  ☐ Partnership  ☐ Other (If debtor is not one of the above entities,	☐ Health Care Business☐ Single Asset Real Est U.S.C. § 101(51B)☐ Railroad☐ Stockbroker	,	Chapter 7 Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 12 Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nonmain Proceeding					
check this box and state type of entity below.)	Clearing Bank  Other  Tax-Exem (Check box, i  Debtor is a tax-exem Title 26 of the United Internal Revenue Coo	f applicable.) of organization under I States Code (the	Nature of Debts (Check one box) ly consumer Debts are primarily 1 U.S.C. business debts. red by an ly for a business					
Filing Fee (Check one	box)	G	Chapter 11 Debtors: Check one box:					
<ul> <li>✓ Full Filing Fee attached</li> <li>☐ Filing Fee to be paid in installments (Applicable attach signed application for the court's conside is unable to pay fee except in installments. Rule 3A.</li> <li>☐ Filing Fee waiver requested (Applicable to chap</li> </ul>	ration certifying that the debto 1006(b). See Official Form other 7 individuals only). Must	<ul> <li>✓ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</li> <li>☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</li> <li>Check if:</li> <li>✓ Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2 million.</li> <li>Check all applicable boxes:</li> </ul>						
attach signed application for the court's conside	ration. See Official Form 3B.	☐ 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).						
Statistical/Administrative Information Debtor estimates that funds will be available for distribution to unsecured creditors. Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.								
Estimated Number of Creditors								
1- 50- 100- 200- 1,000- 49 99 199 999 5,000	10,000 25,000 50		Over 00,000					
Estimated Assets		<u> </u>						
□ \$0 to □ \$10,000 to \$100,000	,		than million					
Estimated Liabilities	\$100,000 to \$1 m \$1 million \$100		than million					

(Official Form 1) (10/06)		FORM B1, Page 2						
Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): Hani, Inc.							
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)								
Location Where Filed: <b>None</b>	Case Number:	Date Filed:						
Location Where Filed:	Case Number:	Date Filed:						
Pending Bankruptcy Case Filed by any Spouse, Partner or	Affiliate of this Debtor (If mor	re than one, attach additional sheet)						
Name of Debtor: None	Case Number:	Date Filed:						
District:	Relationship:	Judge:						
Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.	Exhibit B  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.							
	Signature of Attorney for Debtor(s)	Date						
Exhi Does the debtor own or have possession of any property that poses or is a or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhi		t and identifiable harm to public health						
<ul> <li>(To be completed by every individual debtor. If a joint petition is filed, explored in Exhibit D completed and signed by the debtor is attached and material of this is a joint petition:</li> <li>☐ Exhibit D also completed and signed by the joint debtor is attached.</li> </ul>	ach spouse must complete and atta	ch a separate Exhibit D.)						
	Odays than in any other District.  partner, or partnership pending in tage of business or principal assets but is a defendant in an action or pro-	this District. in the United States in this District, occeding [in a federal or state court]						
Statement by a Debtor Who Resides (Check all app  Landlord has a judgment against the debtor for possession of deb	licable boxes.)	-						
(Name of landlord or lessor that obtained judgment)								
(Address of lan	adlord or lessor)							
☐ Debtor claims that under applicable nonbankruptcy law, there are entire monetary default that gave rise to the judgment for possess	circumstances under which the de							
Debtor has included in this petition the deposit with the court of ar of the petition.	Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.							

### **Voluntary Petition**

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

Name of Debtor(s):

Hani, Inc.

### **Signatures**

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

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §

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

Signature of Debtor

Х Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

### Signature of a Foreign Representative

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

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.



Signature of Foreign Representative



Printed Name of Foreign Representative

Date

### Signature of Attorney

## X /s/ J. Scott Green

Signature of Attorney for Debtor(s)

### J. Scott Greer 21945

Printed Name of Attorney for Debtor(s)

### Greer & Associates, P.S. J. Scott Greer

### 2122 - 112th Avenue NE, Suite A300

Address

Bellevue, WA 98004

### (425) 637-8979

Telephone Number

### November 2, 2006

Date

### **Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

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

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

Address

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

### X /s/ Hani Baskaron

Signature of Authorized Individual

### Hani Baskaron

Printed Name of Authorized Individual

Title of Authorized Individual

### November 2, 2006

Χ

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

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

# **United States Bankruptcy Court Western District of Washington**

IN RE:		Case No	)			
Hani, Inc.	Chapter 11					
De	btor(s)	•				
LIST OF CREDI	TORS HOLDING 20 LARGEST U	NSECURED (	CLAIMS			
Following is the list of the debtor's creditors holding the 211 [or chapter 9] case. The list does not include (1) persof the collateral is such that the unsecured deficiency pla the 20 largest unsecured claims, indicate that by stating	ons who come within the definition of "insider" set for ces the creditor among the holders of the 20 largest ur	rth in 11 U.S.C. § 10 nsecured claims. If a	1, or (2) secured credit minor child is one of	tors unless the value the creditors holding		
(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent or department of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim (if secured also state value of security)		
Arco 4 Centerpointe Drive La Palma, CA 90623-1066	Arco POB 5077 Buena Park, CA 90622-5077		Disputed	240,000.00		
Core-Mark Int'l Inc. POB 4000077 Portland, OR 97208		Trade debt		19,461.80		
Department Of Revenue, State Of WA POB 1619 Bothell, WA 98041-1619		Trade debt		16,434.93		
California Department Of Revenue State Bd Of Equalization 3737 Main Street, Suite 1000 Riverside, CA 92501-3394			Disputed	7,324.40		
Bureau Of Alcohol Tobaccoa & Firearms 550 Main Street Cincinnati, OH 45202-3263				750.00		
Alaska Distributor Co. 20301 59th POB 3100 Kent, WA 98035		Trade debt		403.47		
DECLARATION UNDER PENA	ALTY OF PERJURY ON BEHALF OF A C	CORPORATION	OR PARTNERSI	HIP		
I, [the president <i>or</i> other officer <i>or</i> an authorized in this case, declare under penalty of perjury that						

Date:	November	2, 2006	Signature:	/s/ Hani Baskaron
				Hani Baskaron,

(Print Name and Title)

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IN RE Hani, Inc.

Debtor(s)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Case No.

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

				_			
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>320601</b>			Products/Sundries				
Alaska Distributor Co. 20301 59th POB 3100 Kent, WA 98035							403.47
ACCOUNT NO.			Disputed Claim for gasoline purchases.			Х	
Arco 4 Centerpointe Drive La Palma, CA 90623-1066							240,000.00
ACCOUNT NO.			Assignee or other notification for:				· · · · · · · · · · · · · · · · · · ·
Arco POB 5077 Buena Park, CA 90622-5077			Arco				
ACCOUNT NO. <b>201163-063-041</b>			Special Tax Stamp 2002				
Bureau Of Alcohol Tobaccoa & Firearms 550 Main Street Cincinnati, OH 45202-3263							750.00
1 continuation sheets attached					tota	- 1	§ 241,153.47
confinuation sheets attached			(Total of thi	_	age) otal	- t	p <u> </u>
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the Sta Summary of Certain Liabilities and Related	also atis	o on tical	ı l	dt.
			Summary of Certain Liabilities and Related	1 1 ):	ara l	) I	n .

Subtotal

(Total of this page)

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

43,221.13

284,374.60

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Tax Levy	$\top$		Х	
California Department Of Revenue State Bd Of Equalization 3737 Main Street, Suite 1000 Riverside, CA 92501-3394							7,324.4
ACCOUNT NO. <b>114504</b>			Product purchased as of 10/31/2006	T			
Core-Mark Int'l Inc. POB 4000077 Portland, OR 97208							19,461.8
ACCOUNT NO. <b>601 896 917</b>			Excise Tax Assessment 10/17/2006	$\dagger$	_		,
Department Of Revenue, State Of WA POB 1619 Bothell, WA 98041-1619							16,434.9
ACCOUNT NO.			Notice Only	T		T	·
Internal Revenue Service POB 21126 Philedelphia, PA 19114							0.00
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							

Schedule of Creditors Holding Unsecured Nonpriority Claims

1 continuation sheets attached to

 $\mathbf{1}$  of

Sheet no.

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# **United States Bankruptcy Court Western District of Washington**

IN RE:		Case No
Hani, Inc.		Chapter 11
	Debtor(s)	•
	VERIFICATION OF CREDITOR	R MATRIX
The above named debtor(s) here	by verify(ies) that the attached matrix listing	g creditors is true to the best of my(our) knowledge.
Date: November 2, 2006	Signature: /s/ Hani Baskaron	
	Hani Baskaron,	Debtor
Date:	Signature:	
	-	Joint Debtor, if any

Alaska Distributor Co. 20301 59th POB 3100 Kent, WA 98035

Arco POB 5077 Buena Park, CA 90622-5077

Arco
4 Centerpointe Drive
La Palma, CA 90623-1066

Bureau Of Alcohol Tobaccoa & Firearms 550 Main Street Cincinnati, OH 45202-3263

California Department Of Revenue State Bd Of Equalization 3737 Main Street, Suite 1000 Riverside, CA 92501-3394

Core-Mark Int'l Inc. POB 4000077 Portland, OR 97208

Department Of Revenue, State Of WA POB 1619 Bothell, WA 98041-1619

Internal Revenue Service POB 21126 Philedelphia, PA 19114