Fill	in this information to ident	ify your case:			
Uni	ted States Bankruptcy Court	for the:			
WE	STERN DISTRICT OF WASI	HINGTON			
Cas	se number (if known)		— Chapter 11		
				☐ Check if this an	
				amended filing	
Of	ficial Form 201				
V	oluntary Petiti	on for Non-Individเ	uals Filing for Bank	ruptcy	4/16
		a separate sheet to this form. On the			(if known).
FOF	more information, a separa	te document, <i>Instructions for Bankru</i>	ncy Forms for Non-Individuals, is ava	allable.	
1.	Debtor's name	Trago Vancouver LLC			
2.	All other names debtor used in the last 8 years				
	Include any assumed names, trade names and doing business as names	DBA Trago Mexican Kitchen			
3.	Debtor's federal Employer Identification Number (EIN)	47-4542548			
4.	Debtor's address	Principal place of business	Mailing addre business	ess, if different from principal place	e of
		8700 NE VANCOUVER MALL DE	! STE		
		Vancouver, WA 98662	D.O. Davi Nive	ahar Ctraat City Ctata 9 710 C-d-	
		Number, Street, City, State & ZIP Code	P.O. Box, Num	nber, Street, City, State & ZIP Code	
		Clark		rincipal assets, if different from pr	incipal
		County	place of busir	1000	

Debtor's website (URL)

Type of debtor

County

☐ Partnership (excluding LLP)

☐ Other. Specify:

Number, Street, City, State & ZIP Code

■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

When

Debtor

District

List all cases. If more than 1,

attach a separate list

Relationship

Case number, if known

Official Form 201 Voluntary Petition for Non-Individuals Filing for Bankruptcy
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Trago Vancouver LLC

Name

Case	number	(if known
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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 trued and correct.

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

Executed on September 22, 2016

MM / DD / YYYY

X	/s/ Todd Alkine		Todd Alkine		
	Signature of authorized representative of debtor		Printed name		
	Title	Manager			

18. Signature of attorney

/s/ Jason Anderson		Date Se	September 22, 2016		
Signature of attorney for debtor			/ DD / YYYY		
Jason Anderson					
Printed name					
Law Offices of Jason Anderson					
Firm name					
8015 15th Ave NW, STE 5					
Seattle, WA 98117					
Number, Street, City, State & ZIP Code					
Contact phone 206-706-2882	Email address	jason@jasona	andersonlaw.com		

32232Bar number and State