

STEFFES, VINGIELLO & McKENZIE, LLC
BANKRUPTCY DETAILED QUESTIONNAIRE

BUSINESS DATA

Business Name: _____
(Full Name)

Additional Names used within last six years: _____
(include trade names)

Contact Information: _____
(Name of Person Authorized to Sign Petition)

(Position / Title of Petition Signer) (Employer ID / EIN)

(Phone No.) (Fax No.) (E-mail Address)

Physical Address: _____
(Street)

(City) (State) (Zip Code)

Mailing Address: _____
(if different) (Number)

(City) (State) (Zip Code)

Location of Principal Assets of Debtor: _____
(if different than address already given) (Street)

(City) (State) (Zip Code)

Tax ID No.: _____
(if more than one, state all)

Type of Business: _____ Railroad _____ Stockbroker _____ Commodity broker

BANKRUPTCY DATA

Has this business ever filed bankruptcy? If so, list all prior (resolved) bankruptcies within the last six years:

<i>Date Filed</i>	<i>Location Filed</i>	<i>Case Number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all pending bankruptcies filed by any partner or affiliate:

_____	_____	_____
<i>(Name of Debtor)</i>	<i>(Relationship)</i>	<i>(Date Filed)</i>

_____	_____	_____
<i>(Judge)</i>	<i>(Location Filed)</i>	<i>(Case Number)</i>

_____	_____	_____
<i>(Name of Debtor)</i>	<i>(Relationship)</i>	<i>(Date Filed)</i>

_____	_____	_____
<i>(Judge)</i>	<i>(Location Filed)</i>	<i>(Case Number)</i>

_____	_____	_____
<i>(Name of Debtor)</i>	<i>(Relationship)</i>	<i>(Date Filed)</i>

_____	_____	_____
<i>(Judge)</i>	<i>(Location Filed)</i>	<i>(Case Number)</i>

EXHIBIT A

To be filled out only by Ch. 11 debtors who file periodic SEC reports:

Condition as of (date): _____ **Total Assets:** \$ _____

SEC File No.: _____ **Total Liabilities:** \$ _____

Comments:

Description of business:

Persons voting over 5%:

Secured	Unsecured	Subordinated	Amount	No. of Holders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____

Shares of preferred: _____

Shares of common: _____

APPLICANT'S INCOME DATA

Income from employment or operation of business:

State the gross amount and source of income you have received from employment, trade or profession, or from the operation of your business from the beginning of this calendar year to the present and the **two years immediately preceding** this calendar year.

<i>Year</i>	<i>Amount</i>	<i>Source (Employer's Name)</i>	<i>Fiscal Year (if other than calendar year)</i>
Current Year	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Income other than from employment or operation of business:

State the gross amount of income received by you other than from employment, trade or profession, or from the operation of your business during the **two years immediately preceding** the filing of this case.

<i>Year</i>	<i>Amount</i>	<i>Source (Give Particulars)</i>
_____	\$ _____	_____

_____	\$ _____	_____

CONTINUED – ASSETS

Do you have any interests in Annuities? If so, please provide the following:

Name of Company: _____ Address: _____
(Street)
Policy Number: _____
Current Value: \$ _____ (City)
Beneficiary: _____
(State) (Zip Code)

Name of Company: _____ Address: _____
(Street)
Policy Number: _____
Current Value: \$ _____ (City)
Beneficiary: _____
(State) (Zip Code)

Name of Company: _____ Address: _____
(Street)
Policy Number: _____
Current Value: \$ _____ (City)
Beneficiary: _____
(State) (Zip Code)

Name of Company: _____ Address: _____
(Street)
Policy Number: _____
Current Value: \$ _____ (City)
Beneficiary: _____
(State) (Zip Code)

CONTINUED – ASSETS

List any interests you have in IRA, ERISA, Keogh, or other pension or profit sharing plans:

Description: _____ Value: \$ _____

Account Number: _____

Location: _____
(Street) (City) (State) (Zip Code)

Contributions made during last 12 months: _____

Description: _____ Value: \$ _____

Account Number: _____

Location: _____
(Street) (City) (State) (Zip Code)

Contributions made during last 12 months: _____

Description: _____ Value: \$ _____

Account Number: _____

Location: _____
(Street) (City) (State) (Zip Code)

Contributions made during last 12 months: _____

Description: _____ Value: \$ _____

Account Number: _____

Location: _____
(Street) (City) (State) (Zip Code)

Contributions made during last 12 months: _____

CONTINUED – ASSETS

List the name and percentage of ownership you have in any incorporated or unincorporated business:

<i>(Name of Business)</i>	<i>(Percentage)</i>	<i>(Name of Business)</i>	<i>(Percentage)</i>
<i>(Name of Business)</i>	<i>(Percentage)</i>	<i>(Name of Business)</i>	<i>(Percentage)</i>
<i>(Name of Business)</i>	<i>(Percentage)</i>	<i>(Name of Business)</i>	<i>(Percentage)</i>
<i>(Name of Business)</i>	<i>(Percentage)</i>	<i>(Name of Business)</i>	<i>(Percentage)</i>

List the name and percentage of any interests you have in partnerships or joint ventures:

<i>(Name of Partnership or Joint Venture)</i>	<i>(Percentage)</i>
<i>(Name of Partnership or Joint Venture)</i>	<i>(Percentage)</i>
<i>(Name of Partnership or Joint Venture)</i>	<i>(Percentage)</i>
<i>(Name of Partnership or Joint Venture)</i>	<i>(Percentage)</i>

Do you own any Government or Corporate Bonds, or any other Negotiable and Non-Negotiable Instruments? If so, please provide the following:

Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____

CONTINUED – ASSETS

Do you have any other contingent and unliquidated claims of any kind, including tax refunds, counterclaims and rights of setoff claims? If so, please explain in detail and list the value below:

Do you own any patents, copyrights or intellectual property? If so, please describe below:

Do you own any licenses, franchises or other intangibles? If so, please describe below:

CONTINUED – ASSETS

Do you own any automobiles, trucks, trailers, ATVs or any other vehicles or accessories? If so, please provide the following:

Description: _____	Vehicle Identification Number: _____
Lien Holder: _____	Current Market Value: \$ _____
Address: _____ <i>(Street)</i>	Account Number: _____
_____	Amount of Lien: \$ _____
_____	Date Incurred: _____
_____ <i>(State)</i> _____ <i>(Zip Code)</i>	
Description: _____	Vehicle Identification Number: _____
Lien Holder: _____	Current Market Value: \$ _____
Address: _____ <i>(Street)</i>	Account Number: _____
_____	Amount of Lien: \$ _____
_____	Date Incurred: _____
_____ <i>(State)</i> _____ <i>(Zip Code)</i>	
Description: _____	Vehicle Identification Number: _____
Lien Holder: _____	Current Market Value: \$ _____
Address: _____ <i>(Street)</i>	Account Number: _____
_____	Amount of Lien: \$ _____
_____	Date Incurred: _____
_____ <i>(State)</i> _____ <i>(Zip Code)</i>	

CONTINUED – ASSETS

Please list any office equipment, furnishings or supplies:

Description: _____

Value: \$ _____ Amount of Lien: \$ _____ Account Number: _____

Lien Holder: _____ Date Incurred: _____

Address: _____
(Street) (City) (State) (Zip Code)

Description: _____

Value: \$ _____ Amount of Lien: \$ _____ Account Number: _____

Lien Holder: _____ Date Incurred: _____

Address: _____
(Street) (City) (State) (Zip Code)

Description: _____

Value: \$ _____ Amount of Lien: \$ _____ Account Number: _____

Lien Holder: _____ Date Incurred: _____

Address: _____
(Street) (City) (State) (Zip Code)

Description: _____

Value: \$ _____ Amount of Lien: \$ _____ Account Number: _____

Lien Holder: _____ Date Incurred: _____

Address: _____
(Street) (City) (State) (Zip Code)

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

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Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

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Account Number: _____

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(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

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(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

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Creditor Address: _____
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(City) (State) (Zip Code)

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Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

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(City) (State) (Zip Code)

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Creditor Address: _____
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Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

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(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
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Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
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Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

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Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
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Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

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(City) (State) (Zip Code)

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Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

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(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

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Account Number: _____

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Account Number: _____

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(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

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Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

PAYMENTS TO CREDITORS

List all payments on loans, installment purchases of goods or services and other debts, aggregating more than \$600 to any creditor, made within **90 days immediately preceding** the commencement of this case:

<i>Creditor</i>	<i>Dates of Payments</i>	<i>Amount Paid</i>	<i>Balance Owed</i>
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			

CONTINUED – PAYMENTS TO CREDITORS

List all payments made within **one year immediately preceding** the commencement of this case to or for the benefit of creditors, who are or were insiders (includes but is not limited to - your relatives; general partners and their relatives; corporations of which you are an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of yours and insiders of such affiliates; any managing agent of yours):

<i>Creditor</i>	<i>Dates of Payments</i>	<i>Amount Paid</i>	<i>Balance Owed</i>
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			

**SUITS AND ADMINISTRATIVE PROCEEDINGS,
EXECUTIONS, GARNISHMENTS AND ATTACHMENTS**

List all suits and administrative proceedings to which you are or were a party within **one year immediately preceding** the filing of this bankruptcy case:

<i>Caption of Suit and Case Number</i>	<i>Nature of Proceeding</i>	<i>Court or Agency and Location</i>	<i>Status or Disposition</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year immediately preceding** the filing of this bankruptcy case:

<i>Name and Address of Person for Whose Benefit Property Was Seized</i>	<i>Date of Seizure</i>	<i>Description and Value of Property</i>
_____	_____	_____
_____	_____	\$ _____
_____	_____	_____
_____	_____	\$ _____
_____	_____	_____
_____	_____	\$ _____
_____	_____	_____
_____	_____	\$ _____

REPOSSESSIONS, FORECLOSURES AND RETURNS

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year immediately preceding** the commencement of this case:

<i>Name and Address of Creditor or Seller</i>	<i>Date Incurred</i>	<i>Description and Value of Property</i>
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____

ASSIGNMENTS AND RECEIVERSHIPS

Describe any assignment of property for the benefit of creditors made within **120 days immediately preceding** the commencement of this case:

<i>Name and Address of Assignee</i>	<i>Date of Assignment</i>	<i>Terms of Assignment or Settlement</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year immediately preceding** the filing of this bankruptcy case:

<i>Name and Address of Custodian</i>	<i>Name and Location of Court, and Case Title and Number</i>	<i>Date of Order</i>	<i>Description and Value of Property</i>
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____

GIFTS

List all gifts or charitable contributions made within **one year immediately preceding** the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient:

<i>Name and Address of Person or Organization</i>	<i>Relationship to Debtor (if any)</i>	<i>Date of Gift</i>	<i>Description and Value of Gift</i>
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____

LOSSES

List all losses from fire, theft, other casualty or gambling within **one year immediately preceding** the commencement of this case **or since** the commencement of this case:

<i>Description and Value of Property</i>	<i>Description of Circumstance and, if Loss was Covered in Whole or in Part by Insurance, Give Particulars</i>	<i>Date of Loss</i>
_____ \$ _____	_____	_____
_____ \$ _____	_____	_____
_____ \$ _____	_____	_____

**PAYMENTS RELATED TO DEBT
COUNSELING OR BANKRUPTCY**

List all payments made or property transferred by or on behalf of you to any person, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year immediately preceding** the commencement of this case **or since** the commencement of this case:

<i>Name and Address of Payee</i>	<i>Date of Payment</i>	<i>Name of Payor, if Other than Debtor</i>	<i>Amount of Money, or Description and Value of Property</i>
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____

OTHER TRANSFERS

List all other property, other than property transferred in the ordinary course of your business or financial affairs, transferred either absolutely or as security within **one year immediately preceding** the commencement of this case:

<i>Name and Address of Transferee</i>	<i>Relationship to Debtor, if any</i>	<i>Date</i>	<i>Description and Value of Property Transferred</i>
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____

CLOSED FINANCIAL ACCOUNTS

List all financial accounts and instruments held in you name or for your benefit which were closed, sold or otherwise transferred within **one year immediately preceding** the commencement of this case (include - checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share account held in banks, credit unions, pensions funds, cooperatives, associations, brokerage houses and other financial institutions):

<i>Name and Address of Institution</i>	<i>Type and No. of Account</i>	<i>Amount of Final Balance</i>	<i>Amount and Date of Sale or Closing</i>
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____

SAFE DEPOSIT BOXES

List each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within **one year immediately preceding** the commencement of this case:

<i>Name and Address of Bank or Other Depository</i>	<i>Name and Addresses of those with Access to Box or Depository</i>	<i>Description of Contents and Date of Transfer or Surrender, if any</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SETOFFS

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days preceding** the commencement of this case:

<i>Name and Address of Creditor</i>	<i>Date of Setoff</i>	<i>Amount of Setoff</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

PROPERTY HELD FOR ANOTHER PERSON

List all property owned by another person that you hold or control:

<i>Name and Address of Owner</i>	<i>Description and Value of Property</i>	<i>Location of Property</i>
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____

ENVIRONMENTAL INFORMATION

For the purpose of this question, the following definitions apply:

“Environmental Law” - any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

“Site” - any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“*Hazardous Material*” - anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

List every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law:

<i>Site Name and Address</i>	<i>Name and Address of Governmental Unit</i>	<i>Date of Notice</i>	<i>Environmental Law</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material and indicate the governmental unit to which the notice was sent and the date of the notice:

<i>Site Name and Address</i>	<i>Name and Address of Governmental Unit</i>	<i>Date of Notice</i>	<i>Environmental Law</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number:

<i>Name and Address of Governmental Unit</i>	<i>Docket Number</i>	<i>Status or Disposition</i>
_____	_____	_____
_____	_____	_____

NATURE, LOCATION AND NAME OF BUSINESS

If a debtor is an individual - list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years immediately preceding** the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years immediately preceding** the commencement of this case.

If the debtor is a partnership - list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years immediately preceding** the commencement of this case.

If the debtor is a corporation - list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years immediately preceding** the commencement of this case.

<i>Name</i>	<i>Taxpayer I.D. #</i>	<i>Address</i>	<i>Nature of Business</i>	<i>Beginning and Ending Dates of Operation</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Identify any business listed in response to the above question that is “single asset real estate” as defined in 11 U.S.C. § 101:

<i>Name</i>	<i>Address</i>
_____	_____
_____	_____

BOOKS, RECORDS AND FINANCIAL STATEMENTS

List all bookkeepers and accountants who within the six years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor:

<i>Name</i>	<i>Address</i>	<i>Dates Services Rendered</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor:

<i>Name</i>	<i>Address</i>	<i>Dates Services Rendered</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain:

<i>Name</i>	<i>Address</i>
_____	_____
_____	_____

List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor:

<i>Name</i>	<i>Address</i>	<i>Date Issued</i>
_____	_____	_____
_____	_____	_____

INVENTORIES

List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory:

<i>Date of Inventory</i>	<i>Inventory Supervisor</i>	<i>Amount of Inventory (Specify cost, market or other basis)</i>
_____	_____	_____ _____
_____	_____	_____ _____

List the name and address of the person having possession of the records of each of the two inventories reported above:

<i>Date of Inventory</i>	<i>Name and Addresses of Custodian of Inventory Records</i>
_____	_____ _____
_____	_____ _____

**CONTINUED – FORMER PARTNERS, OFFICERS,
DIRECTORS AND SHAREHOLDERS**

If the debtor is a corporation, list all officers, and directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case:

<i>Name</i>	<i>Address</i>	<i>Title</i>	<i>Date of Termination</i>
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____
_____	_____ _____	_____	_____

TAX CONSOLIDATION GROUP

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case:

<i>Name of Parent Corporation</i>	<i>Taxpayer Identification Number (EIN)</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PENSION FUNDS

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case:

<i>Name of Pension Fund</i>	<i>Taxpayer Identification Number (EIN)</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____