

Client Questionnaire For Non-Business Debtor

Section 1 Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____

Have you used any other names in the past eight years? No Yes ***If yes, list other names:***

Social Security Number: _____ - _____ - _____

Driver' License No.: _____ Expiration Date: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived at this address for at least 730 days (2 years)? No Yes

If you answered no to either of the questions above, please list your previous address:

Address: _____

City: _____ State: _____ Zip: _____

County: _____

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B. Name and Address of Spouse

If you are filing jointly with your spouse, fill in the following information about your spouse:

Name: _____
Last First Middle

Has your spouse used any other names in the past eight years? No Yes ***If yes, list other names:***

Social Security Number: _____ - _____ - _____

Driver' License No.: _____ Expiration Date: _____ Date of Birth: _____

Address: ***(if different from your address):*** _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years? No Yes

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? No Yes

If yes, name of debtor: _____ Relationship to you: _____

Case Number: _____ Date filed: _____ Judge: _____

In which district of which state was the case filed? _____

Exhibit "C" to the Voluntary Petition

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? No Yes (If yes, please attach a list and description of the property.)

Debtors Who Reside as Tenants of Residential Property

If you rent your home, does a landlord hold a judgment against you? No Yes

If yes, please provide the name and address of the landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 2 Property

Part A. Real Estate (Schedule A)

List all real estate which you own or are a joint owner of, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint or Community	Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	List all mortgages, home equity loans, and liens: What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?	Who issued the loan or mortgage? Address of Ins

Part B. Personal Property (Schedule B)

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, replacement value is the price a retail merchant would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment					
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)					
12. Interests in pension or profit sharing plans					
13. Stock and interests in incorporated/unincorporated business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts receivable					
17. Alimony/family support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests or life estates					
20. Interests in estate of decedent or life insurance plan or trust					
21. Other contingent/unliquidated claims, including tax refunds, counterclaims					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, trailers, and accessories.					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					
30. Inventory					
31. Animals					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	
35. Other personal property of any kind not listed.					

Section 3 Debts

List below all debts that you owe, or that creditors claim that you owe.

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	So D, F?
Home loans/ mortgages					
Car loans					
Other bank loans					
Personal loans					
Student loans					
Major credit card debts (Visa, Am Ex, Mastercard, Discover) - <i>continue on next page, if necessary</i>					

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	So D, F?
Unpaid credit cards, (Visa, Am Ex, Mastercard, Discover) continued					

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?
Department store credit card debts				
Other credit card debts (Gas cards, phone cards, etc.)				
Cash Advances (from credit cards)				
Unpaid medical bills				

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?
Unpaid rent				
Unpaid taxes				
Unpaid alimony or child support				
Unpaid service fees				

	1. Creditor Name and Address			
All other unpaid debts/bills Type of Debt	2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Contact person's name and address, if different	Amount owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?

Section 4 Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties

Section 5 Current Income

Marital Status:

- Married
- Single
- Divorced
- Separated
- Widowed

List all dependents of you and your spouse, their ages, and their relationship to you:		
Name	Age	Relationship

Part A. Debtor's Income

1. What is your occupation? _____

2. Name and address of your employer:

3. How long have you been employed there? _____

4. What is the gross amount of your paycheck, before taxes/other deductions are taken out? \$ _____

5. How often do you get paid? once a week
 every two weeks twice a month
 once a month other _____

Complete the below questions with your estimate of monthly averages.

6. Do you receive overtime pay outside of your salary? If so, how much per month? \$ _____

7. How much is taken out of each paycheck for taxes and social security? \$ _____

8. How much is taken out for insurance? \$ _____

9. How much for union dues? \$ _____

10. Are there other deductions? If so, what are they and how much? _____

Do you receive

a) income from business operations outside of your regular paycheck listed above? If so, what is the business and how much do you receive per month?

b) income from real estate property? If so, how much per month? No Yes \$ _____

c) interest or dividends? If so, how much per month? No Yes \$ _____

d) alimony or family support payments for your use or for the care of your dependents? If so, how much per month? No Yes \$ _____

e) social security or other forms of monetary government assistance? No Yes \$ _____

f) retirement or pension money? No Yes \$ _____

Do you have any other sources of income not listed?

Are you or your spouse expecting any increase or decrease in salary next year? If so, explain.

Part B. Joint Debtor's Income

1. What is your spouse's occupation? _____

2. Name and address of your spouse's employer:

3. How long employed there? _____

4. What is the gross amount of your spouse's paycheck, before taxes/other deductions? \$ _____

5. How often does your spouse get paid? once a week
 every two weeks twice a month
once a month other _____

Complete the below questions with your estimate of monthly averages.

6. Does your spouse receive overtime pay outside of your salary? How much per month? \$ _____

7. How much is taken out of each paycheck for taxes and social security? \$ _____

8. How much is taken out for insurance? \$ _____

9. How much for union dues? \$ _____

10. Are there other deductions? If so, what are they and how much? _____

Does your spouse receive

a) income from business operations outside of the regular paycheck listed above? If so, what is the business and how much does your spouse receive per month?

b) income from real estate property? If so, how much per month? No Yes \$ _____

c) interest or dividends? If so, how much per month? No Yes \$ _____

d) alimony or family support payments for spouse's use or for care of dependents? If so, how much per month? No Yes \$ _____

e) social security or other forms of monetary government assistance? No Yes \$ _____

f) retirement or pension money? No Yes \$ _____

Does your spouse have any other income not listed?

Section 5A Current Monthly Income

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

	Month 1 (last month) ____/____ ____/____	Month 2 (2 months ago) ____/____ ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____
Gross wages, salary, tips, bonuses, overtime, commissions.						
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.						
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.						
Interest, dividends, and royalties.						
Pension and retirement income (<i>NOT Social Security</i>).						
Regular contributions from others to the household expenses, including child support.						
Unemployment Compensation.						
Social Security income.						
Other sources not already mentioned. Specify:						

Section 6 Current Expenses

Do you and your spouse maintain separate households? No Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

- | | |
|--|----------|
| 1. your rent or your home mortgage | \$ _____ |
| Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2. electricity and heating | \$ _____ |
| 3. water and sewage | \$ _____ |
| 4. telephone service/long distance | \$ _____ |
| 5. Do you have any other utility bills? If so, what, and how much per month? | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 6. home maintenance, including repairs and general upkeep | \$ _____ |
| 7. food | \$ _____ |
| 8. clothing | \$ _____ |
| 9. laundry and dry cleaning | \$ _____ |
| 10. medical and dental expenses | \$ _____ |
| 11. transportation (not including car payments) | \$ _____ |
| 12. entertainment, recreation, newspapers, magazines | \$ _____ |
| 13. charitable contributions | \$ _____ |
| 14. insurance not deducted from paycheck | |
| a) homeowner's or renter's insurance | \$ _____ |
| b) life insurance | \$ _____ |
| c) health insurance | \$ _____ |
| d) auto insurance | \$ _____ |
| e) other insurance _____ | \$ _____ |
| 15. taxes not deducted from paycheck | \$ _____ |
| 16. installment payments for car, furniture, etc. (Specify) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 17. alimony, maintenance, support paid to others | \$ _____ |
| 18. payments for support of dependents not living at home | \$ _____ |
| 19. expenses from operation of business | \$ _____ |
| Additional Expenses (707(b) Expenses) | |
| 20. mandatory payroll deductions not already listed _____ | \$ _____ |
| _____ | \$ _____ |

- 21. court ordered payments not already listed _____ \$ _____
 _____ \$ _____
 _____ \$ _____
- 22. education necessary to maintain employment \$ _____
- 23. education for a physically or mentally challenged child \$ _____
- 24. childcare \$ _____
- 25. disability insurance (if not listed on line 14) \$ _____
- 26. health savings accounts \$ _____
- 27. care for elderly, chronically ill, or disabled family members \$ _____
- 28. protection from family violence \$ _____
- 29. education expense for your children under 18 \$ _____
- 30. non-mandatory contributions to retirement accounts (including loan repayment)
 _____ \$ _____
 _____ \$ _____
- 31. other expenses not listed above _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Section 7 Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

1. Income from employment or operation of business

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Period	\$ Amount	Source	Husband/Wife
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January 1 of this year through
date of commencement of case

Last year, (January 1 - December 31)

The year before last,
(January 1 - December 31)

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

NONE

Period	\$ Amount	Source	Husband/Wife
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During the last year

Year before last

3. Payments to creditors

- a. *If your debts are primarily consumer debts*, 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. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.

NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
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Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, trailers, and accessories.					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					
30. Inventory					
31. Animals					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					

5. 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.

NONE

<u>Name and Address of Creditor</u>	<u>Date of Repossession, Foreclosure, Transfer or Return</u>	<u>Description and Value of Property</u>
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6. Assignments and receiverships

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

NONE

<u>Name and Address of Assignee</u>	<u>Date of Assignment</u>	<u>Terms of Assignment/Settlement</u>
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

NONE

<u>Name and Address of Custodian</u>	<u>Name and location of Court, Case Title and Number</u>	<u>Date of Order</u>	<u>Description and Value of Property</u>
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7. 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.

NONE

<u>Name and Address of Recipient</u>	<u>Relationship to You, if Any</u>	<u>Date of Gift</u>	<u>Description and Value of Gift</u>
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8. Losses

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

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
_____	_____	_____

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

NONE

Name and Address of Payee	Date of Payment	Name of Person Who Paid, if Not You	Amount of Money/ Description and Value of Property
_____	_____	_____	_____

10. Other transfers (including sale of your property)

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

NONE

Name and Address of Transferee and Relationship to you	Date of Transfer	Description of Property Transferred and Value Received
_____	_____	_____

b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

NONE

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
_____	_____	_____

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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12. Safe deposit boxes

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

NONE

Name and Address of Bank or Other Depository	Name and Address of Those With Access to Box or Depository	Description of Contents	Date of Transfer, if Any
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13. 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.

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
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14. Property held for another person

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

NONE

Name and Address of Owner	Description and Value of Property	Location of Property
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15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
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16. Spouses and Former Spouses

If you reside or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **eight-year period** immediately preceding the commencement of the case, identify the name of your spouse and of any former spouse who resides or resided with you in the community property state.

NONE

Name _____

17. Environmental Information.

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

"Environmental Law" means 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" means 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" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

Name and Address of Governmental Unit	Docket Number	Status or Disposition
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18 . Nature, location and name of business

a. If the 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.

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NONE

Name	Address
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The following questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed.

19. Books, records, and financial statements

- a. List all bookkeepers and accountants who, within the **two years** immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.

NONE

Name and Address _____ Dates Services Rendered _____

- b. 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.

NONE

Name _____ Address _____ Dates Services Rendered _____

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

NONE

Name and Address _____ Comments _____

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

NONE

Name and Address _____ Date Issued _____

20. Inventories

- a. 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.

NONE

Date of Inventory	Inventory Supervisor	Dollar Amount of Inventory (specify cost, market, or other basis)
_____	_____	_____

- b. List the name and address of the person possessing the records of each of the two inventories reported in a.) above.

NONE

Date of Inventory	Name and Address of Custodian of Inventory Records
_____	_____

21. Current partners, officers, directors, and shareholders

- a. If your business is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NONE

Name and Address	Nature of Interest	Percentage of Interest
_____	_____	_____

- b. If your business is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 % or more of the voting securities of the corporation.

NONE

Name and Address	Title	Nature and Percentage of Stock Ownership
_____	_____	_____

22. Former partners, officers, directors and shareholders

- a. If your business is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NONE

Name and Address	Date of Withdrawal
_____	_____

- b. If your business is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NONE

Name and Address	Title	Date of Termination
_____	_____	_____

23. Withdrawals from a partnership or distributions by a corporation

If your business is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE

Name and Address of Recipient, and Relationship to You	Date and Purpose of Withdrawal	Amount of Money or Description and Value of Property
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24. 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.

NONE

Name of Parent Corporation	Taxpayer Identification Number
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25. 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.

NONE

Name of Pension Fund	Taxpayer Identification Number
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