WALDRON & SCHNEIDER, L.L.P.

A T T O R N E Y S A T L A W

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<u>BANKRUPTCY INSTRUCTIONS – CORPORATE/PARTNERSHIP</u>

NOTICE

Our job is to help you get the protection and relief you deserve under the Federal Bankruptcy laws. Your job is to provide us with information that is both complete and truthful.

We will use the information you provide to prepare the Official Court forms necessary to get your case filed. Failure to provide information which is as complete and accurate as possible will delay the filing of your case <u>and</u> may constitute a Federal crime.

HOW TO FILL OUT THE QUESTIONNAIRE:

[]	Please fill out this questionnaire as best you can. If you want, we can provide this service, but there would be an extra charge of \$110.00 per hour for this level of service.
[]	Please use a pen. Do not use a pencil.
[]	If you need extra space for an answer, please use the back of the page or add additional paper.
[]	Please write <u>neatly</u> so we can read your answers.
[]	Please answer each and every question and fill in <u>each</u> blank.
[]	If your answer is "No" or "None" write "No" or "None" in the blank.
[]	If an item does not apply to you simply write "not applicable" or "N/A" in the space provided.
[]	If you do not know exact dates or exact amounts, put in the best answer you can.
[]	If you are not sure how to answer a question, answer it as best you can. If you simply do not understand a question, write "don't understand" or "???" in the blank.
[]	Make a list of any questions you have about the information requested in this Questionnaire. When you come back into our office, we will try to answer your questions

Questionnaire-Corporate REVISED 092215

WHEN YOU RETURN WITH YOUR QUESTIONNAIRE FILLED OUT, PLEASE BRING THE FOLLOWING ITEMS WITH YOU:

[]	Your retainer payment or a portion thereof as discussed with the attorney.
[]	Bank Statements:
		Six (6) months of statements for ALL checking accounts, savings accounts, retirement accounts, 401(K) plans, SEP plans, annuities, etc that are in the name of the business or in the business name with any other individual or company.
[]	All agreements for the purchase or lease of cars, trucks, motorcycles, boat, airplane, mobile home and other vehicles. Provide the location of each and every vehicle identified.
]	All titles to every car, truck, motorcycle, boat, airplane, mobile home, and other property that is in the name of the business as owner or co-owner, regardless of whether any money is owed on it. Please bring a copy of the actual title (the documents that shows whether or not a lien exists). Provide the location of each and every vehicle or other property identified.
[]	All tax notices (State; Federal).
[]	All recorded deeds, deeds of trust, and all mortgages for every piece of land that the business may own an interest in, including property owned with other people, condominiums, timeshares, etc. If you are not sure of an ownership interest in a piece of property, tell us about it.
[]	Most recent property tax renditions for any and all property wherever owned.
[]	Federal income tax returns or extensions for the last three (3) years. Tell us if there are any tax returns for last year or other years that have not been filed.
[]	All court papers received by the business.
[]	All papers, if any, concerning prior bankruptcy cases if filed.
[]	All loan documents for any secured debts.
[]	Copies of UCC-1's showing any liens.

BANKRUPTCY QUESTIONNAIRE – CORPORATE/PARTNERSHIP

NAME OF E	BUSINESS:			
DBA	:			
YEAR INCO	ORPORATED:			
OFFICERS: Or	VICE PRES SECRETARY _ TREAS MANAGER(S) _			
MAILING A	ADDRESS: _			
COUNTY				
PHONE NUE EMAIL:	MBERS:			
FEDERAL I	D NUMBER USINESS			
A. REAL P	ROPERTY:	ASSE	CTS	
DESCRIPTI	ON (EITHER LEG	AL OR ADDRESS):	

Is this property mortg	gaged? Yes No	
If Yes, then list the na	ame and address of the mortgage holder ar	d the amount of the mortgage:
NAME	ADDRESS	AMOUNT
What do you believe	the real property listed above is worth?	
What is the basis of y	our answer?	
	n one piece of real property list the other pi that you give ALL of the requested inform	
paper and make sure	n one piece of real property list the other pi	ation for each piece.)
paper and make sure B. PERSONAL PRO	n one piece of real property list the other pi that you give ALL of the requested inform OPERTY: (This is property that the busi onal property and indicate its value to the rig	ness owns; not property that is
paper and make sure B. PERSONAL PRO List each item of person	n one piece of real property list the other pi that you give ALL of the requested inform OPERTY: (This is property that the busi onal property and indicate its value to the rig	ness owns; not property that is
B. PERSONAL PRO List each item of personature, appliances,	n one piece of real property list the other pi that you give ALL of the requested inform OPERTY: (This is property that the busi onal property and indicate its value to the ri- vehicles, etc.:	ness owns; not property that is
B. PERSONAL PRO List each item of personature, appliances,	n one piece of real property list the other pi that you give ALL of the requested inform OPERTY: (This is property that the busi onal property and indicate its value to the ri- vehicles, etc.:	ness owns; not property that is
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NAME	ADDRESS	AMOUNT
Do any individual owner in Debtor's facility?	rs or employees of the Debtor company ha	ve any of their personal property located
ITEM	LOCATION	
	oank accounts, including name of bank, a	ccount number and amount of money in
	oank accounts, including name of bank, a ACCOUNT #	ccount number and amount of money in BALANCE
each account:	_	·
each account:	_	·
each account:	_	·

Yes No If the deposit and the amount of the deposit and the amount of the deposit and the deposit		e and address of the party holding the
NAME A	ADDRESS	AMOUNT
List the value of your Account (Attach a copy of the Accounts	s Receivable \$s Receivable Aging Report.)	
Please list any other asset(s) ov	wned by the business that you have	not already listed:
ASSET	TYPE OF PROPERTY	VALUE
	DEBTS	
TAX CLAIMS:		
County Tax Authority: Name	Address	Amount Owed
Texas State Comptroller:	Address	Amount Owed
		

Internal Revenue Service: Name	Address	Amount Owed
School District: Name	Address	Amount Owed
WAGE CLAIMS:		
List all parties that the business	owes wages or commissions	to:
Name		Amount
Name		Amount
(If you need to lis	st more individuals please at	tach extra sheets.)
LEASE AGREEMENTS:		
List all lease agreements that the to the lease and the property that	- ·	ling the name and address of the other party
Property Leased	Name of Lessor	Address of Lessor

Property subject to Lease:
(If you need to list more leases please attach extra sheets)
FINANCIAL AFFAIRS OF THE BUSINESS
Are any other entities or individuals liable on any of the debts of the business? Yes No If the answer is Yes, then list the entity or individual and the debt or debts for which they are liable:
Name
Address
Debt(s) liable for:
Name
Address
Debt(s) liable for:
What is the fiscal year of the business? What has been the gross income of the business during this fiscal year to date?
What was the gross income of the business during its last complete fiscal year?
What was the gross income of the business during its next to the last complete fiscal year?
Did the business have any income during the past two years other than from the operation of its

business? Yes_____ No____

	s Yes, then please indicate ho		m what source:	
Source				
Amount		_		
Source				
instance, you a	nts made to any single credidd up all payments made to ethan \$600.00 then you list the	each creditor during the past		
Name Address				
Date of	Payment	Amount		
Name Address				
Date of	Payment	Amount		
Name Address				
Date of		Amount		
	t all law suits that the busines		cause no., style, co	urt and status:
Cause 110				
Style				

Court		
Court		
Status		
Cause No		
Style		
Court		
Status		
the past year? Yes	No If the answer is Yes, then give the name and address of the creditor awas seized, setoff, foreclosed, garnished or attached:	_
Creditor		
Property		
Property		
II as the housing	and another advantage in the last warm from fine that ather according to a con-	L 1: ~9
Yes N made:	tess sustained any losses in the last year from fire, theft, other casualty or gamble. In the answer is Yes, please give the details and indicate if insurance claims.	_

Have you paid any attorneys for bankruptcy counseling other than Waldron & Schneider, L.L.P.? Yes No If the answer is Yes, then give the name of the attorney(s), the date of
payment and the amount:
Name:
Date of Payment: Amount:
Has the business transferred any property during the past year? Yes No If the answer is Yes, then give the particulars including the property, the date of the transfer and the name and address of the transferee:
Name of Transferee:
Address of Transferee:
Property Transferred:
Date of Transfer:
Has the business closed any bank accounts during the past year? Yes No If the answer is Yes, please give the name of the bank, the account number, the date of closing and the amount in the bank at the time the account was closed:
Bank Account Number Date of Closing Amount in Account on date of closing
Does the business have a safe deposit box? Yes No If the answer is Yes, then give the location of the box and the contents of same:
Location:
Names of those with access:

Contents of box:	
List all bookkeepers and accountants of the business for the past six years, inclu	ading their addresses:
Name:	
Address:	
Dates of service:	
Name:	
Address:	
Dates of service:	
Name:	
Address:	
Dates of service:	
When was the last inventory performed? By whom? What was the dollar amount of the inventory? Who has physical possession of the inventory?	
List all officers and directors of the corporation and the percentage of stock that	t each owns:
Name:	
Position:	
Address:	Questionnaire.Cornorate

Name:	Percentage of stock owned:	-
	Position:	
	Address:	
	Percentage of stock owned:	-
Name:		
	Position:	
	Address:	
	Percentage of stock owned:	-
Name:		
	Position:	
	Address:	
	Percentage of stock owned:	-
Yes	any officers or directors resigned within the last year? No If the answer is yes, then please indicate the name a s and the date of the resignation:	nd address of that person or
Name:		
	Address:	
	Date of resignation:	

director	rs:
Name:	
	Address:
	Date & Purpose of Withdrawal:
	Amount of Withdrawal:
Name:	
	Address:
	Date & Purpose of Withdrawal:
	Amount of Withdrawal:
RETUR 1. QUEST	A YOU HAVE COMPLETED THIS FORM TO THE BEST OF YOUR ABILITY PLEASE RN IT WITH: A COPY OF DOCUMENTS AS REQUESTED ON PAGES 1 AND 2 OF THIS TIONNAIRE; AND A COMPLETE LIST INCLUDING ADDRESSES OF ALL CREDITORS TO WHOM THE
	ESS OWES MONEY.
By:	
DATE:	

List all withdrawals in cash of any nature, including compensation, by any of the officers and