Case 18-10074-KG Doc 1 Filed 01/12/18 Page 1 of 5

Fill in this information to i	dentify the case:	
United States Bankruptcy C	court for the:	
[District of Delaware (State)	
Case number (If known):	· ,	Chapter11

☐ Check if this

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Pa	ort 1: Identify the Chapter	of the Bankruptcy Code Under Which Petition I	s Filed
	Chapter of the Bankruptcy Code	Check one: Chapter 7 Chapter 11	
Pa	art 2: Identify the Debtor		
2.	Debtor's name	Oak HRC New Castle, LLC	
3.	Other names you know the debtor has used in the last 8 years Include any assumed names, trade names, or doing business as names.		
4.	Debtor's federal Employer Identification Number (EIN)	☑ Unknown	
5.	Debtor's address	Principal place of business	Mailing address, if different
		32 Buena Vista Drive Number Street	Number Street
			P.O. Box City State ZIP Code
			Location of principal assets, if different from principal place of business
		New Castle County	Number Street
			City State ZIP Code

Case 18-10074-KG Doc 1 Filed 01/12/18 Page 2 of 5

Case number (if known)_

Oak HRC New Castle, LLC

Debtor

	Name		
6.	Debtor's website (URL)	http://newcastle-health.com	
7.	Type of debtor	Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other type of debtor. Specify:	_
8.	Type of debtor's business	Check one:	
		 ☑ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Railroad (as defined in 11 U.S.C. § 101(44)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) ☐ None of the types of business listed. ☐ Unknown type of business. 	
9.	To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?	No Pes. Debtor District Debtor Debtor Debtor Debtor Debtor Destrict Date filed MM / DD / YYYYY Relationship Case number, if known MM / DD / YYYYY Case number, if known MM / DD / YYYYY	
Pa	art 3: Report About the	Case	
10.	Venue	Check one:	
		 Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district. A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district. 	
		— A bankruptely case concerning debtor 3 anniates, general partner, or partnership is perfung in this district.	
11.	. Allegations	 Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). At least one box must be checked: The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount. Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession. 	
12	Has there been a transfer of any claim against the debtor by or to any petitioner?	☑ No☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).	

Debtor

Oak HRC New Castle, LLC

Name

Case number (if known)____

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Healthcare Services Group, Inc. McKesson Medical-Surgical	Trade	\$164,712.80_
	Minnesota Supply Inc.	Trade	_ \$63,291.25_
	Medline Industries, Inc.	Trade	_ \$34,524.76_
		Total of petitioners' claims	\$262,528.81_

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

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.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative	Attorneys
Name and mailing address of petitioner Healthcare Services Group, Inc. Name 3220 Tillman Drive, Suite 300 Number Street Bensalem City PA 19020 ZIP Code	Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any 919 North Market Street, Suite 1300 Number Street
	Wilmington DE 19801
Name and mailing address of petitioner's representative, if any	City State ZIP Code
Patrick Orr Name 3220 Tillman Drive, Suite 300	Contact phone (302) 425-3310 Email jhh@stevenslee.com Bar number 4035
Number Street Bensalem PA 19020 City State ZIP Code	State <u>DE</u>
I declare under penalty of perjury that the foregoing is true and correct. Executed on	✗ /s/ Joseph H. Huston, Jr.
× Pll 5 VP	Signature of attorney
Signature of petitioner or representative, including representative's title	Date signed 1/12/2018 MM / DD / YYYY

Case 18-10074-KG Doc 1 Filed 01/12/18 Page 4 of 5

otor Oak HRC Nev	w Castle, LLC		_ 0	ase number (# known)		,
Name and mailing addres	ss of petitioner	e e e como como como de el equipa	The Control of Control of State (Control of Stat	s emergente de l'ami el 16 du préduktio l'especialistica e entre de l'especialistica e entre de l'especialistic	rrenn 200 (pag redugen august ag ee - ee gyr	e presentant e specificações de servicios de servicios de servicios de servicios de servicios de servicios de s La composição de servicios de se
Medline Industries, Inc.			Joseph H	Huston, Jr.		
Name	, No. of Contract		Printed name	i iuston, Jr.		·
Three Lakes Drive			Stevene &	Lee, P.C.		
Number Street			Firm name, if a	iny		
Northfield	IL	60002	910 North	Market Street, Su	i. 1200	
City	State	60093 ZIP Code	Number Stre		ne 1300	
			Wilmingto	on	DE	19801
Name and mailing address	s of petitioner's rep	presentative, if any	City	······································	State	ZIP Code
Shane Reed		•	Contact phone	(302) 425-3310	Email jhh@s	stevenslee.com
Name			4		-	
Three Lakes Drive			Bar number	4035		
Number Street	**************************************			75 F3		
Northfield	<u>IL</u>	60093	State	DE		
City	State	ZIP Code				
declare under penalty of pe	eriury that the forego	oing is true and correct	2			
4				n H. Huston, Jr.		
xecuted on MM / DD / YYY	Y					
And the second s	Service College		Signature of atte	orney		
The same of the sa						
and the same of th	Diete	tor AIR Sun	Date of the con-	1/12/2018		
ignature of petitioner or repres	O. (10)	for AIR Sons esentative's title	Date signed	1/12/2018 MM / DD / YYYY	tt indatat var dekk bir esekki ekita in kan old	door assessed when it will be also some by
ame and mailing address McKesson Medical-Surg	ientative, including repressions	esentative's title	Date signed Joseph H. H Printed name	MM / DD / YYYY	Professional Statement Serving	December of the Contract time of
lame and mailing address McKesson Medical-Surg lame One Post Street	ientative, including repressions	esentative's title	Joseph H. H	uston, Jr.	The Martinger Made Scientistics National National	
ame and mailing address McKesson Medical-Surg ame One Post Street umber Street	s of petitioner gical Minnesota Su	apply Inc.	Joseph H. H Printed name Stevens & L Firm name, if an	MM / DD / YYYY Suston, Jr. See, P.C. y	The Astronomer and Incommentation and Astronomer an	
lame and mailing address McKesson Medical-Surg ame One Post Street umber Street San Francisco	ientative, including repressions	esentative's title	Joseph H. H Printed name Stevens & L Firm name, if an	uston, Jr. Lee, P.C. y farket Street, Suite	e 1300	December 1997 -
ame and mailing address McKesson Medical-Surg ame One Post Street umber Street san Francisco	s of petitioner gical Minnesota Su	upply Inc. 94104	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree	uston, Jr. Lee, P.C. y farket Street, Suite		10901
ame and mailing address McKesson Medical-Surgame One Post Street Jumber Street Jumber Street	s of petitioner gical Minnesota Su CA State	upply Inc. 94104 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an	uston, Jr. Lee, P.C. y farket Street, Suite	e 1300 DE State	19801 ZIP Code
ame and mailing address McKesson Medical-Surgame One Post Street umber Street ian Francisco ity ame and mailing address	s of petitioner gical Minnesota Su CA State	upply Inc. 94104 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington City	MM / DD / YYYY Juston, Jr. Ju	DE State	ZIP Code
lame and mailing address McKesson Medical-Surgame One Post Street umber Street can Francisco ity ame and mailing address Mclanic Brewer	s of petitioner gical Minnesota Su CA State	upply Inc. 94104 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington	uston, Jr. Lee, P.C. y farket Street, Suite	DE State	
ame and mailing address McKesson Medical-Surg ame One Post Street umber Street San Francisco ity ame and mailing address Melanie Brewer ame 845 Southpoint Bouleva	s of petitioner gical Minnesota St CA State s of petitioner's repr	upply Inc. 94104 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington City Contact phone	MM / DD / YYYY Juston, Jr. Ju	DE State	ZIP Code
Jame and mailing address McKesson Medical-Surgame Done Post Street John Francisco John Fran	s of petitioner gical Minnesota St CA State s of petitioner's represented #110	upply Inc. 94104 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington City Contact phone Bar number	MM / DD / YYYY Juston, Jr. Ju	DE State	ZIP Code
lame and mailing address McKesson Medical-Surgame Done Post Street umber Street can Francisco ity ame and mailing address Mclanic Brewer ame 345 Southpoint Boulevalumber Street icksonville	s of petitioner gical Minnesota St CA State s of petitioner's repr	upply Inc. 94104 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington City Contact phone Bar number	MM / DD / YYYY Juston, Jr. Ju	DE State	ZIP Code
lame and mailing address McKesson Medical-Surgiame Doe Post Street umber Street San Francisco ity ame and mailing address Melanie Brewer ame 345 Southpoint Bouleva umber Street acksonville	s of petitioner gical Minnesota St CA State of petitioner's represent #110 FL State	216 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington City Contact phone Bar number	MM / DD / YYYY Juston, Jr. Ju	DE State	ZIP Code
lame and mailing address McKesson Medical-Surgiame One Post Street Tumber Street San Francisco Ity ame and mailing address Melanie Brewer ame 345 Southpoint Bouleval umber Street acksonville Ity declare under penalty of per	s of petitioner gical Minnesota St CA State of petitioner's represent #110 FL State	216 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington City Contact phone Bar number State	MM / DD / YYYY Juston, Jr. Ju	DE State	ZIP Code
lame and mailing address McKesson Medical-Surglame One Post Street umber Street San Francisco ity ame and mailing address Melanic Brewer ame 845 Southpoint Boulevalumber Street acksonville ty declare under penalty of per	s of petitioner gical Minnesota St CA State s of petitioner's represent the state of petitioner's re	216 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington City Contact phone Bar number	MM / DD / YYYY Juston, Jr. Ju	DE State	ZIP Code
Jame and mailing address McKesson Medical-Surgame Done Post Street John Post Street John Francisco John Fr	s of petitioner gical Minnesota St CA State s of petitioner's represent the state of petitioner's re	216 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington City Contact phone Bar number State	uston, Jr. Lee, P.C. y farket Street, Suite (302) 425-3310 4035 DE	DE State	ZIP Code
lame and mailing address McKesson Medical-Surglame One Post Street umber Street San Francisco ity ame and mailing address Melanic Brewer ame 845 Southpoint Boulevalumber Street acksonville ty declare under penalty of per	s of petitioner gical Minnesota St CA State s of petitioner's represent the state of petitioner's re	216 ZIP Code	Joseph H. H Printed name Stevens & L Firm name, if an 919 North M Number Stree Wilmington City Contact phone Bar number State	uston, Jr. Lee, P.C. y farket Street, Suite (302) 425-3310 4035 DE	DE State	ZIP Code

Three Lakes Drive Number Street Northfield IL 60093 State ZIP Code Number Street Name and mailing address of petitioner's representative, if any Shane Reed Name Number Street Northfield IL 60093 City Shane Reed Number Street Northfield IL 60093 City State DE State DE State DE Name and mailing address of petitioner's representative, if any Shane Reed Northfield IL 60093 City State DE State DE Name and mailing address of perior that the foregoing is true and correct. Executed on MM / DD / YYYY Signature of petitioner or representative, including representative's title Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Stevens & Lee, P.C. Firm name, if any Stevens & Lee, P.C. Firm name, if any 919 North Market Street. Suite 1300 Number Street Wilmington DE State Contact phone (302) 425-3310 Email jhh State DE State DE	19801 ZIP Code @stevenslee.com
Three Lakes Drive Number Street Northifield IL 60093 City State ZIP Code Name and malling address of petitioner's representative, if any Shane Reed Name Three Lakes Drive Number Street Northfield IL 60093 State Contact phone (302) 425-3310 Email jith Bar number 4035 State DE State DE State DE Name and malling address of petitioner and correct. Executed on MM / DD / YYYY Signature of petitioner or representative, including representative's title Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Det Street Stevens & Lee. P.C. Firm name, if any 919 North Market Street. Suite 1300 Number Street Wilmington Coty State Wilmington Coty State DE State DE State DE State DE State DE Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C.	
Three Lakes Drive Number Street Northfield IL 60093 State ZIP Code Number Street Name and mailing address of petitioner's representative, if any Shane Reed Name Number Street Northfield IL 60093 City Shane Reed Number Street Northfield IL 60093 City State DE State DE State DE Name and mailing address of petitioner's representative, if any Shane Reed Northfield IL 60093 City State DE State DE Name and mailing address of perior that the foregoing is true and correct. Executed on MM / DD / YYYY Signature of petitioner or representative, including representative's title Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Stevens & Lee, P.C. Firm name, if any Stevens & Lee, P.C. Firm name, if any 919 North Market Street. Suite 1300 Number Street Wilmington DE State Contact phone (302) 425-3310 Email jhh State DE State DE	
Northfield IL 60093 State ZIP Code Number Street Northfield IL 60093 State ZIP Code Number Street Wilmington City State Contact phone (302) 425-3310 Email jhh Bar number Street Northfield IL 60093 State ZIP Code Three Lakes Drive Number Street Northfield IL 60093 City State DE State DE State DE State DE Name and mailing address of petitioner or representative, including representative's title Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Street Wilmington City State Contact phone (302) 425-3310 Email jhh State DE State DE State DE Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street	
Northfield IL 60093 State ZIP Code Number Street Northfield IL 60093 State ZIP Code Number Street Wilmington City State Contact phone (302) 425-3310 Email jhh Bar number Street Northfield IL 60093 State Three Lakes Drive Number Street Northfield IL 60093 City State DE State DE State DE State DE State DE Name and mailing address of petitioner or representative, including representative's title Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Street Wilmington DE State Contact phone (302) 425-3310 Email jhh State DE State DE State DE Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY	
Northfield IL 60093 State ZIP Code Name and malling address of petitioner's representative, if any Shane Reed Name Three Lakes Drive Number Street Northfield IL 60093 State ZIP Code Number Street Wilmington City Contact phone Bar number 4035 State DE State DE Name Ideclare under penalty of perjury that the foregoing is true and correct. Executed on MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street State Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name If any State State State DE State State DE State	
State ZIP Code Number Street Wilmington DE State	
Name and mailing address of petitioner's representative, if any Shane Reed Name Three Lakes Drive Number Street Northfield IL 60093 City State DE State DE State DE Name And / DD / YYYY Signature of petitioner or representative, including representative's title Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Contact phone (302) 425-3310 Email jhh Contact phone 4035 State DE State DE State DE State DE State DE Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY	
Shane Reed Name Three Lakes Drive Number Street Northfield IL 60093 Zip Code Ideclare under penalty of perjury that the foregoing is true and correct. Executed on MM / DD / YYYY Signature of petitioner or representative, including representative's title Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Contact phone (302) 425-3310 Email jhh A035 State DE State DE State DE Signature of attorney Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any Signature of petitioner	
Shane Reed Name Three Lakes Drive Number Street Northfield IL 60093 Dity State Ideclare under penalty of perjury that the foregoing is true and correct. Executed on MM / DD / YYYY Signature of petitioner or representative, including representative's titte Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Contact phone (302) 425-3310 Email jhh 4035 State DE State DE Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Stevens & Lee, P.C. Firm name, if any Stevens & Lee, P.C. Firm name, if any	@stevenslee.com
Name Three Lakes Drive Number Street Northfield IL 60093 State ZIP Code declare under penalty of perjury that the foregoing is true and correct. Executed on	
Three Lakes Drive Northfield IL 60093 State ZIP Code I declare under penalty of perjury that the foregoing is true and correct. Executed on MM / DD / YYYY Signature of petitioner or representative, including representative's title Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street State DE St	entermanta kumban mendelektrikan kepada kedua kedu
Northfield IL 60093 Ideclare under penalty of perjury that the foregoing is true and correct. Executed on MM / DD / YYYY	
Northfield IL 60093 State ZIP Code I declare under penalty of perjury that the foregoing is true and correct. Executed on MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Stevens & Lee, P.C. Firm name, if any	
State ZIP Code I declare under penalty of perjury that the foregoing is true and correct. Executed on MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street State ZIP Code ZIP Code ZIP Code ZIP Code Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any	
Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Signature of attorney Date signed MM / DD / YYYY Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any	
Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Signature of attorney Date signed MM / DD / YYYY Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any	
Signature of attorney Date signed MM / DD / YYYY Signature of attorney Date signed MM / DD / YYYY Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name Stevens & Lee, P.C. Firm name, if any	·
Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Date signed MM / DD : YYYY Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any	
Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street MM / DD ! YYYY Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any	
Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street MM / DD ! YYYY Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any	
Name and mailing address of petitioner McKesson Medical-Surgical Minnesota Supply Inc. Name Stevens & Lee, P.C. Firm name, if any	
McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any	
McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any	
McKesson Medical-Surgical Minnesota Supply Inc. Name One Post Street Joseph H. Huston, Jr. Printed name Stevens & Lee, P.C. Firm name, if any	
Name Printed name Stevens & Lec, P.C. Firm name, if any	
One Post Street Stevens & Lee, P.C.	
One Post Street Firm name, if any	
Number Exect	
San Francisco CA 94104 919 North Market Street, Suite 1300	
Sity State ZIP Code	
Wilmington DE City State	19801 ZIP Code
Name and mailing address of petitioner's representative, if any	
Melanie Brewer Contact phone (302) 425-3310 Email jhr	igistevensiee.com
Name 13.15 Constant Product Add 10.00 Bar number 4035	
4345 Southpoint Boulevard #110	y
Number Street Laboratoria State DE	
Jackson ville FL 32216	
City State ZIP Code	
I declare under penalty of perjury that the foregoing is true and correct.	
All / 1 / 1/2 id	
Executed on William 11. Tractor, vi.	
Signature of attorney	
1/12/2018	
Signature of petitioner or representative, including representative's title Date signed MM / DD / YYYY	