B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT

District of New Hampshire

INVOLUNTARY PETITION

IN RE (Name of Debtor – If Individual: Last, First, Middle)	ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
C L and M, Inc.	Commercial Project Loan Servicing
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):	
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 15 Northview Drive Meredith, New Hampshire 03253 COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Belknap ZIP CODE	MAILING ADDRESS OF DEBTOR (If different from street address): ZIP CODE

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

☑ Chapter 7 ☐ Chapter 11

INFORMATION REGARDING DEBTOR (Check applicable boxes)

Nature of Debts (Check one box.)	Type of Debtor (Form of Organization)	Nature of Business (Check one box.)
Petitioners believe: ☐ Debts are primarily consumer debts ☑ Debts are primarily business debts	☐ Individual (Includes Joint Debtor) ☑ Corporation (Includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)	☐ Health Care Business ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank ☑ Other

VENUE	FILING FEE (Check one box)
☑ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. ☐ A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	☑ Full Filing Fee attached ☐ Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. *[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]*

PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)

Name of Debtor	Case Number	Date
Relationship	District	Judge

ALLEGATIONS
(Check applicable boxes)

1. ☑ Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b).
2. ☑ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.

3.a. ☑ The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount;

or

b. ☐ Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or 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.

COURT USE ONLY

Name of Debtor C L and M, Inc.

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____ Signature of Petitioner or Representative (State title) NH Banking Department 11/20/2009 Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity Peter C. Hildreth 53 Regional Drive Concord, NH 03301	x _____ 11/20/2009 Signature of Attorney Date Office of the Attorney General Name of Attorney Firm (If any) 33 Capitol Street, Concord, NH 03301 Address (603) 271-3679 Telephone No.
x _____ Signature of Petitioner or Representative (State title) [redacted] 11/20/2009 Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity [redacted] Dover, NH 03820	x _____ Signature of Attorney Date John L. Ahlgren Name of Attorney Firm (If any) PO Box 1211, Portsmouth NH 03802 Address (603) 431-4522 Telephone No.
x _____ Signature of Petitioner or Representative (State title) [redacted] 11/20/2009 Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity [redacted] Stratham, NH 03885	x _____ Signature of Attorney Date John L. Ahlgren Name of Attorney Firm (If any) PO Box 1211, Portsmouth NH 03802 Address (603) 431-4522 Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
N.H. Banking Department	investigation fees & costs	42,750.00
[redacted]e	investment mgmt	400,000.00
[redacted]e	investment mgmt	255,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 697,750.00

_____ continuation sheets attached

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT

District of New Hampshire

INVOLUNTARY PETITION

IN RE (Name of Debtor – If Individual: Last, First, Middle)	ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
FINANCIAL RESOURCES MORTGAGE, INC.	Financial Resources & Assistance of the Lakes Region, Inc. Financial Resources National, Inc.
Last four digits of Social-Security or other individual's Tax-I.D. No./Complete EIN (If more than one, state all.):	
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 15 Northview Drive Meredith, New Hampshire 03253 COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Belknap ZIP CODE	MAILING ADDRESS OF DEBTOR (If different from street address) ZIP CODE

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

☑ Chapter 7 ☐ Chapter 11

INFORMATION REGARDING DEBTOR (Check applicable boxes)

Nature of Debts (Check one box.)	Type of Debtor (Form of Organization)	Nature of Business (Check one box.)
Petitioners believe: ☐ Debts are primarily consumer debts ☑ Debts are primarily business debts	☐ Individual (Includes Joint Debtor) ☑ Corporation (Includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)	☐ Health Care Business ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank ☑ Other

VENUE

☑ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.

FILING FEE (Check one box)

☑ Full Filing Fee attached

☐ Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached.

[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]

PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)

Name of Debtor	Case Number	Date
Relationship	District	Judge

ALLEGATIONS
(Check applicable boxes)

1. ☑ Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b).
2. ☑ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.
3.a. ☑ The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount;

or

b. ☐ Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or 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.

COURT USE ONLY

Name of Debtor FINANCIAL RESOURCE

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____ Signature of Petitioner or Representative (State title) NH Banking Department 11/20/2009 Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity Peter C. Hildreth 53 Regional Drive Concord, NH 03301	x _____ 11/20/2009 Signature of Attorney Date Office of the Attorney General Name of Attorney Firm (If any) 33 Capitol Street, Concord, NH 03301 Address (603) 271-3679 Telephone No.
x _____ Signature of Petitioner or Representative (State title) [redacted] 11/20/2009 Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity [redacted] Dover, NH 03820	x _____ 11/20/2009 Signature of Attorney Date John L. Ahlgren Name of Attorney Firm (If any) PO Box 1211, Portsmouth NH 03802 Address (603) 431-4522 Telephone No.
x _____ Signature of Petitioner or Representative (State title) [redacted] 11/20/2009 Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity [redacted] Stratham, NH 03885	x _____ 11/20/2009 Signature of Attorney Date John L. Ahlgren Name of Attorney Firm (If any) PO Box 1211, Portsmouth NH 03802 Address (603) 431-4522 Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
N.H. Banking Department	investigation fees & costs	42,750.00
Polly and Mark Johnstone	investment mgmt	400,000.00
William N. Johnstone	investment mgmt	255,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 697,750.00

_____ continuation sheets attached