

FORM 1. VOLUNTARY PETITION

United States Bankruptcy Court
District of Nevada

VOLUNTARY PETITION

IN RE (Name of debtor - If individual enter Last, First, Middle)
RENAISSANCE PHARMACEUTICAL, INC.,
a Nevada corporation
ALL OTHER NAMES used by the debtor in the last 6 years
(Include married, maiden, and trade names)

NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)

ALL OTHER NAMES used by the joint debtor in the last 6 years
(Include married, maiden, and trade names)

SOC. SEC./TAX I.D. NO. (If more than one, state all)
7823

SOC. SEC. TAX I.D. NO. (If more than one, state all)

STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, and zip code)

STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)
**1248 Hidden Woods Drive
Zephyr Cove, Nevada**

COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS
Douglas

STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, and zip code)

COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS

MAILING ADDRESS OF DEBTOR (If different from street address)
**P. O. Box 216
Glenbrook, NV 89413**

MAILING ADDRESS OF JOINT DEBTOR (If different from street address)

VENUE (Check one box)

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR
(If different from address listed above)

Debtor has been domiciled or has had a residence immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
 There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

INFORMATION REGARDING DEBTOR (Check applicable boxes)

TYPE OF DEBTOR
 Individual
 Joint (Husband and Wife)
 Partnership
 Other _____
 Corporation Publicly Held
 Corporation Not Publicly Held
 Municipality

CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box)
 Chapter 7
 Chapter 9
 Chapter 11
 Chapter 12
 Chapter 13
 Sec. 304 - Case Ancillary to Foreign Processing

NATURE OF DEBT
 Non-Business/Consumer
 Business - Complete A & B below

FILING FEE (Check one box)
 Filing fee attached
 Filing fee to be paid in installments. (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3

A. TYPE OF BUSINESS (Check one)
 Farming
 Professional
 Retail/Wholesale
 Railroad
 Transportation
 Manufacturing/Mining
 Stockbroker
 Commodity Broker
 Construction
 Real Estate
 Other Business

NAME AND ADDRESS OF LAW FIRM OR ATTORNEY
**BELEDING & HARRIS, 417 West Plumb Lane,
Reno, Nevada 89509 702/786-7600**
Telephone No.

B. BRIEFLY DESCRIBE NATURE OF BUSINESS
Research and development of pharmaceutical skin and wound care products.

NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT DEBTOR
(Print or Type Names)
Stephen R. Harris, Esq.
 Debtor is not represented by an attorney

STATISTICAL/ADMINISTRATIVE INFORMATION (U.S.C. § 604) (Estimates only) (Check applicable boxes)

Debtor estimates that funds will be available for distribution to unsecured creditors.
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

ESTIMATED NUMBER OF CREDITORS					
<input checked="" type="checkbox"/> 1-15	<input type="checkbox"/> 16-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1000-over
ESTIMATED ASSETS (In thousands of dollars)					
<input type="checkbox"/> Under 50	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-499	<input checked="" type="checkbox"/> 500-999	<input type="checkbox"/> 1000-9999	<input type="checkbox"/> 10,000-99,000
ESTIMATED LIABILITIES (In thousands of dollars)					
<input type="checkbox"/> Under 50	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-499	<input type="checkbox"/> 500-999	<input type="checkbox"/> 1000-9999	<input type="checkbox"/> 10,000-99,000
EST. NO. OF EMPLOYEES - CH. 11 & 12 ONLY					
<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1-19	<input type="checkbox"/> 20-99	<input type="checkbox"/> 100-999	<input type="checkbox"/> 1000-over	
EST. NO. OF EQUITY SECURITY HOLDERS - CH. 11 & 12 ONLY					
<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1-19	<input type="checkbox"/> 20-99	<input type="checkbox"/> 100-499	<input type="checkbox"/> 500-over	

THIS SPACE FOR COURT USE ONLY

96-31712

SEAL

I hereby certify that the attached instrument is a true and correct copy of the original on file in the office of the Bankruptcy Judge.
Dated 8/22/96
Authorized Clerk to Bankruptcy Judge
dgyt/elt

RECEIVED AND FILED

96 AUG 22 PM 4:29

U.S. BANKRUPTCY COURT
PATRICIA GRAY, CLERK

395784

BK0996PG0396

J.M.E.

Name of Debtor Renaissance Pharmaceutical, Inc.
a Nevada corporation

Case No _____

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

A copy of debtor's proposed plan dated _____ is attached

Debtor intends to file a plan within the time allowed by statute, rule of order of the court

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed None	Case Number	Date Filed
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PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR (If more than one, attach additional sheet)

Name of Debtor None	Case Number	Date
Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code specified in this petition

SIGNATURES

BELDING & HARRIS

X STEPHEN R. HARRIS, ESQ.
Signature

ATTORNEY

August 22, 1996
Date

INDIVIDUAL JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct

X _____
Signature of Debtor

Date

X _____
Signature of Joint Debtor

Date

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct and that the filing of this petition on behalf of the debtor has been authorized

X James B. McCord, Ph.D.
Signature of Authorized Individual

James B. McCord, Ph.D.
Print or Type Name of Authorized Individual

Chief Executive Officer
Title of Individual Authorized by Debtor to File this Petition

August 22, 1996
Date

EXHIBIT "A" (To be completed if debtor is a corporation, requesting relief under Chapter 11.)

Exhibit "A" is attached and made a part of this petition

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, or 12, or 13 of title 11, United States Code, understand the relief available under such chapter, and choose to proceed under chapter 7 of such title

If I am represented by an attorney Exhibit B has been completed

X _____
Signature of Debtor

Date

X _____
Signature of Joint Debtor

Date

EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primary consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under such chapter.

X _____
Signature of Attorney

Date

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COPY

REQUESTED BY
Belding + Harris
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 SEP -5 10:23

395784
BK0996PG0398

LINDA SLATER
RECORDER
\$ 9.00 PAID KJ DEPUTY