Fill	in this information to ide	entify your case:			
Uni	ted States Bankruptcy Cοι	urt for the:			
DIS	TRICT OF DELAWARE		***************************************		
Cas	se number (if known) 1	9-12428 (MFW)	Chapter	11	
					■ Check if this an amended filing
			LIMANUA VI		
∩f	ficial Form 201				
		tion for Non-Indivi	duals Fil	ling for F	Rankruptcy =
If m	ore space is needed, atta more information, a sepa	arate document, <i>Instructions for Bar</i>	kruptcy Forms f	or Non-Individua	write the debtor's name and case number (if
1.	Debtor's name	Hanley Station Houlihan's R	estaurant, LLC	,	
2.	All other names debtor used in the last 8 years				Is, is available.
	Include any assumed names, trade names and doing business as name				<u> </u>
3.	Debtor's federal Employer Identification	00.4533053		and a state of the	191242
	Number (EIN)	, 20 1000000			
4.	Debtor's address	Principal place of business		Maili busi	ng address, if different from principal place
		8700 State Line Road, Suite Leawood, KS 66206	100		
		Number, Street, City, State & ZIP	Code	P.O.	Box, Number, Street, City, State & ZIP Code
		Johnson			tion of principal assets, if different from principal
		County		•	
				Num	ber, Street, City, State & ZIP Code
5.	Debtor's website (URL	https://www.houlihans.com			
6.	Type of debtor	Corporation (including Limited	d Liability Compan	y (LLC) and Limit	ed Liability Partnership (LLP))
		☐ Partnership (excluding LLP)			
		Other. Specify:			