

EXHIBIT 2: Involuntary Bankruptcy Petition Against Donald DePriest

B 5 (Official Form 5) (12/07) – Page 2

Name of Debtor Donald R. DePriest

Case No. _____

| TRANSFER OF CLAIM | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|------|--------------------|------------|--------------------|-------------|---|---|---|--|--|-----------------------|------|--|--|--------------------------------|--|---|--|---------|--|----------------|--|---------------|--|
| <input type="checkbox"/> 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><input checked="" type="checkbox"/> </td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> 09/19/2014</td> </tr> <tr> <td>Signature of Petitioner or Representative (State title)</td> <td>Date</td> </tr> <tr> <td>Oliver L. Phillips</td> <td>09/19/2014</td> </tr> <tr> <td>Name of Petitioner</td> <td>Date Signed</td> </tr> <tr> <td>Name & Mailing Address of Individual Signing in Representative Capacity</td> <td>81 Windsor Blvd. Columbus, MS 39702</td> </tr> </table> | <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> 09/19/2014 | Signature of Petitioner or Representative (State title) | Date | Oliver L. Phillips | 09/19/2014 | Name of Petitioner | Date Signed | Name & Mailing Address of Individual Signing in Representative Capacity | 81 Windsor Blvd. Columbus, MS 39702 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><input checked="" type="checkbox"/> </td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> 09/19/2014</td> </tr> <tr> <td>Signature of Attorney</td> <td>Date</td> </tr> <tr> <td>John W. Crowell, Crowell Gillis & Cooper, PLLC</td> <td></td> </tr> <tr> <td>Name of Attorney Firm (If any)</td> <td></td> </tr> <tr> <td>Post Office Box 1827, Columbus, MS 39703-1827</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>(662) 243-7308</td> <td></td> </tr> <tr> <td>Telephone No.</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> 09/19/2014 | Signature of Attorney | Date | John W. Crowell, Crowell Gillis & Cooper, PLLC | | Name of Attorney Firm (If any) | | Post Office Box 1827, Columbus, MS 39703-1827 | | Address | | (662) 243-7308 | | Telephone No. | |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> 09/19/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Petitioner or Representative (State title) | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oliver L. Phillips | 09/19/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Petitioner | Date Signed | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Mailing Address of Individual Signing in Representative Capacity | 81 Windsor Blvd. Columbus, MS 39702 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> 09/19/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Attorney | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John W. Crowell, Crowell Gillis & Cooper, PLLC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Attorney Firm (If any) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (662) 243-7308 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><input checked="" type="checkbox"/> /s/ Charles N. Parnell, III, Attorney</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> 09/19/2014</td> </tr> <tr> <td>Signature of Petitioner or Representative (State title)</td> <td>Date</td> </tr> <tr> <td>ADECA</td> <td>09/19/2014</td> </tr> <tr> <td>Name of Petitioner</td> <td>Date Signed</td> </tr> <tr> <td>Name & Mailing Address of Individual Signing in Representative Capacity</td> <td>c/o Parnell & Crum, PA Box 2189 Montgomery, AL 36102</td> </tr> </table> | <input checked="" type="checkbox"/> /s/ Charles N. Parnell, III, Attorney | <input checked="" type="checkbox"/> 09/19/2014 | Signature of Petitioner or Representative (State title) | Date | ADECA | 09/19/2014 | Name of Petitioner | Date Signed | Name & Mailing Address of Individual Signing in Representative Capacity | c/o Parnell & Crum, PA Box 2189 Montgomery, AL 36102 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><input checked="" type="checkbox"/> /s/ Charles N. Parnell, III</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> 09/19/2014</td> </tr> <tr> <td>Signature of Attorney</td> <td>Date</td> </tr> <tr> <td>Parnell & Crum, PA</td> <td></td> </tr> <tr> <td>Name of Attorney Firm (If any)</td> <td></td> </tr> <tr> <td>Box 2189, Montgomery, AL 36102-2189</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>(334) 269-8460</td> <td></td> </tr> <tr> <td>Telephone No.</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> /s/ Charles N. Parnell, III | <input checked="" type="checkbox"/> 09/19/2014 | Signature of Attorney | Date | Parnell & Crum, PA | | Name of Attorney Firm (If any) | | Box 2189, Montgomery, AL 36102-2189 | | Address | | (334) 269-8460 | | Telephone No. | |
| <input checked="" type="checkbox"/> /s/ Charles N. Parnell, III, Attorney | <input checked="" type="checkbox"/> 09/19/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Petitioner or Representative (State title) | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADECA | 09/19/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Petitioner | Date Signed | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> /s/ Charles N. Parnell, III | <input checked="" type="checkbox"/> 09/19/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Attorney | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parnell & Crum, PA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Attorney Firm (If any) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 2189, Montgomery, AL 36102-2189 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (334) 269-8460 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><input checked="" type="checkbox"/> /s/ William Rutledge, III, Attorney</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> 09/19/2014</td> </tr> <tr> <td>Signature of Petitioner or Representative (State title)</td> <td>Date</td> </tr> <tr> <td>Bank of New Albany</td> <td>09/19/2014</td> </tr> <tr> <td>Name of Petitioner</td> <td>Date Signed</td> </tr> <tr> <td>Name & Mailing Address of Individual Signing in Representative Capacity</td> <td>c/o William Rutledge, III PO Box 29, New Albany, MS 38652</td> </tr> </table> | <input checked="" type="checkbox"/> /s/ William Rutledge, III, Attorney | <input checked="" type="checkbox"/> 09/19/2014 | Signature of Petitioner or Representative (State title) | Date | Bank of New Albany | 09/19/2014 | Name of Petitioner | Date Signed | Name & Mailing Address of Individual Signing in Representative Capacity | c/o William Rutledge, III PO Box 29, New Albany, MS 38652 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><input checked="" type="checkbox"/> /s/ William Rutledge, III</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> 09/19/2014</td> </tr> <tr> <td>Signature of Attorney</td> <td>Date</td> </tr> <tr> <td>William Rutledge, III, Rutledge Davis and Harris, PLLC</td> <td></td> </tr> <tr> <td>Name of Attorney Firm (If any)</td> <td></td> </tr> <tr> <td>Box 29, New Albany, MS 38652-0029</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>(662) 534-6421</td> <td></td> </tr> <tr> <td>Telephone No.</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> /s/ William Rutledge, III | <input checked="" type="checkbox"/> 09/19/2014 | Signature of Attorney | Date | William Rutledge, III, Rutledge Davis and Harris, PLLC | | Name of Attorney Firm (If any) | | Box 29, New Albany, MS 38652-0029 | | Address | | (662) 534-6421 | | Telephone No. | |
| <input checked="" type="checkbox"/> /s/ William Rutledge, III, Attorney | <input checked="" type="checkbox"/> 09/19/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Petitioner or Representative (State title) | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank of New Albany | 09/19/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Petitioner | Date Signed | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Mailing Address of Individual Signing in Representative Capacity | c/o William Rutledge, III PO Box 29, New Albany, MS 38652 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> /s/ William Rutledge, III | <input checked="" type="checkbox"/> 09/19/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Attorney | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| William Rutledge, III, Rutledge Davis and Harris, PLLC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Attorney Firm (If any) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Box 29, New Albany, MS 38652-0029 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone No. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PETITIONING CREDITORS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oliver Phillips, 81 Windsor Blvd., Columbus, MS 39702 | Judgment | 9,133,230.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADECA, c/o Parnell, Box 2189, Montgomery, AL 36102 | Judgment | 2,947,899.74 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank of New Albany, Box 29, New Albany, MS 38652-0029 | Judgment | 797,405.95 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: | Total Amount of Petitioners' Claims | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | 13,260,803.69 | | | | | | | | | | | | | | | | | | | | | | | | | | |

1 continuation sheets attached

B 5 (Official Form 5) (12/07) – Page 2

Name of Debtor Donald R. DePriest

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.

/s/ Chad J. Hammons, Attorney
 Signature of Petitioner or Representative (State title)
Republic Bank & Trust 09/18/2014

Name of Petitioner _____ Date Signed _____

Name & Mailing Address of Individual Signing in Representative Capacity
601 S. Hurstbourne Ln
Louisville, KY 40222

/s/ Chad J. Hammons 09/19/2014
 Signature of Attorney _____ Date _____
Chad J. Hammons, Jones Walker, LLP

Name of Attorney Firm (If any)
Jones Walker, LLP, PO Box 427, Jackson, MS 39205

Address
(601) 949-4900
 Telephone No. _____

 Signature of Petitioner or Representative (State title)

Name of Petitioner _____ Date Signed _____

Name & Mailing Address of Individual Signing in Representative Capacity

 Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____
 Telephone No. _____

 Signature of Petitioner or Representative (State title)

Name of Petitioner _____ Date Signed _____

Name & Mailing Address of Individual Signing in Representative Capacity

 Signature of Attorney _____ Date _____

Name of Attorney Firm (If any) _____

Address _____
 Telephone No. _____

PETITIONING CREDITORS

| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
|--|-----------------|-----------------|
| Republic Bank & Trust, 601 S Hurstbourne Ln, Louisville, K | Judgment | 382,268.00 |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim |

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 13,260,803.69

0 continuation sheets attached