

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

<b>In re:</b>	§	<b>Chapter 11</b>
	§	
<b>PREFERRED CARE INC., et. al.</b>	§	<b>Case No.: 17-44642</b>
	§	
<b>Debtors.</b>	§	<b>(Jointly Administered)</b>
	§	

**AMENDED SCHEDULES OF ASSETS AND LIABILITIES  
FOR SOMERSET HEALTH FACILITIES, L.P.  
(17-44665)**

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**COUNSEL TO DEBTORS  
AND DEBTORS-IN-POSSESSION**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

<b>In re:</b>	<b>§</b>	<b>Chapter 11</b>
	§	
<b>Preferred Care Inc.</b>	§	<b>Case No.: 17-44642</b>
<b>Bowling Green Health Facilities, L.P.</b>	§	<b>Case No.: 17-44641</b>
<b>Brandenburg Health Facilities, L.P.</b>	§	<b>Case No.: 17-44644</b>
<b>Cadiz Health Facilities, L.P.</b>	§	<b>Case No.: 17-44645</b>
<b>Campbellsville Health Facilities, L.P.</b>	§	<b>Case No.: 17-44646</b>
<b>Elizabethtown Health Facilities, L.P.</b>	§	<b>Case No.: 17-44647</b>
<b>Elsmere Health Facilities, L.P.</b>	§	<b>Case No.: 17-44648</b>
<b>Fordsville Health Facilities, L.P.</b>	§	<b>Case No.: 17-44649</b>
<b>Franklin Health Facilities, L.P.</b>	§	<b>Case No.: 17-44650</b>
<b>Hardinsburg Health Facilities, L.P.</b>	§	<b>Case No.: 17-44651</b>
<b>Henderson Health Facilities, L.P.</b>	§	<b>Case No.: 17-44652</b>
<b>Irvine Health Facilities, L.P.</b>	§	<b>Case No.: 17-44653</b>
<b>Morganfield Health Facilities, L.P.</b>	§	<b>Case No.: 17-44654</b>
<b>Owensboro Health Facilities, L.P.</b>	§	<b>Case No.: 17-44655</b>
<b>Paducah Health Facilities, L.P.</b>	§	<b>Case No.: 17-44656</b>
<b>Pembroke Health Facilities, L.P.</b>	§	<b>Case No.: 17-44657</b>
<b>Richmond Health Facilities - Kenwood, L.P.</b>	§	<b>Case No.: 17-44660</b>
<b>Richmond Health Facilities - Madison, L.P.</b>	§	<b>Case No.: 17-44661</b>
<b>Salyersville Health Facilities, L.P.</b>	§	<b>Case No.: 17-44663</b>
<b>Somerset Health Facilities, L.P.</b>	§	<b>Case No.: 17-44665</b>
<b>Springfield Health Facilities, L.P.</b>	§	<b>Case No.: 17-44666</b>
<b>Stanton Health Facilities, L.P.</b>	§	<b>Case No.: 17-44669</b>
<b>Artesia Health Facilities, L.P.</b>	§	<b>Case No.: 17-44659</b>
<b>Bloomfield Health Facilities, L.P.</b>	§	<b>Case No.: 17-44662</b>
<b>Clayton Health Facilities, L.P.</b>	§	<b>Case No.: 17-44664</b>
<b>Desert Springs Health Facilities, L.P.</b>	§	<b>Case No.: 17-44667</b>
<b>Espanola Health Facilities, L.P.</b>	§	<b>Case No.: 17-44670</b>
<b>Gallup Health Facilities, L.P.</b>	§	<b>Case No.: 17-44671</b>
<b>Lordsburg Health Facilities, L.P.</b>	§	<b>Case No.: 17-44673</b>

<b>Pinnacle Health Facilities XXXIII, L.P.</b>	§	<b>Case No.: 17-44674</b>
<b>Raton Health Facilities, L.P.</b>	§	<b>Case No.: 17-44675</b>
<b>SF Health Facilities, L.P.</b>	§	<b>Case No.: 17-44676</b>
<b>SF Health Facilities-Casa Real, L.P.</b>	§	<b>Case No.: 17-44677</b>
<b>Silver City Health Facilities, L.P.</b>	§	<b>Case No.: 17-44678</b>

**Debtors.**

**GLOBAL NOTES AND STATEMENT OF LIMITATIONS,  
METHODOLOGY, AND DISCLAIMER REGARDING  
AMENDMENTS TO THE DEBTORS' SCHEDULES AND STATEMENTS**

Preferred Care Inc. and each of its debtor affiliates, as debtors-in-possession (collectively, the “**Debtors**”)<sup>1</sup> filed their Schedules of Assets and Liabilities (the “**Schedules**”<sup>2</sup>) and Statement of Financial Affairs (the “**Statements**” and, collectively with the Schedules, the “**Schedules and Statements**”) on or about January 5, 2018 or January 7, 2018, both in each Debtor’s respective case and in Case No. 44642 (the “**Main Case**”). Attached to and incorporated into the Schedules and Statements were Global Notes intended to provide additional information regarding the limitations of and methodology used in the preparation of the Schedules and Statements (the “**Global Notes**”). The Global Notes comprise an integral part of the Schedules and Statements and should be referred to and considered in connection with any review of such Schedules and Statements. Additionally, though the Global Notes have not been attached to the amended Schedules and Statements in their entirety, the Debtors incorporate such Global Notes by reference as if fully set forth herein. The Global Notes should be referred to and considered in connection with any review of the Debtors’ amended Schedules and Statements filed concurrently herewith.<sup>3</sup>

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<sup>1</sup> A list of the Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, is attached hereto.

<sup>2</sup> The term “Schedules” includes: Schedules A/B, D, E/F, G, and H, along with the applicable summaries and all attachments appurtenant thereto.

<sup>3</sup> At this time, the Debtors are only amending Schedules E/F and H. The Debtors are amending and restating the entirety of their Statements.

Additional notes regarding methodology and limitations of the amended Schedules and Statements are set forth below:

- a. Amended Schedule Fs. Where necessary, the Debtors have added additional information to their amended Schedule Fs that is intended to supplement the information already provided in the Schedules and Statements. No existing entries on the Debtors' Schedule Fs were changed in these amended Schedule Fs. The Debtors' amendments merely added additional parties.
- b. Amended Schedule Hs. Where necessary, the Debtors have added additional information to their amended Schedule Hs that is intended to supplement the information already provided in the Schedules and Statements. No existing entries on the Debtors' Schedule Hs were changed in these amended Schedule Hs. The Debtors' amendments merely added additional co-debtors with respect to the notes payable added to the amended Schedule Fs.

**#END OF GLOBAL NOTES**

**Debtors**

<b>Debtor</b>	<b>Last Four Digits of Federal Tax I.D. No.</b>
Preferred Care Inc.	7040
<b><u>Kentucky LP Debtors</u></b>	
Bowling Green Health Facilities, L.P.	5787
Brandenburg Health Facilities, L.P.	6699
Cadiz Health Facilities, L.P.	7640
Campbellsville Health Facilities, L.P.	4207
Elizabethtown Health Facilities, L.P.	6127
Elsmere Health Facilities, L.P.	7843
Fordsville Health Facilities, L.P.	3299
Franklin Health Facilities, L.P.	7307
Hardinsburg Health Facilities, L.P.	3640
Henderson Health Facilities, L.P.	8067
Irvine Health Facilities, L.P.	7418
Morganfield Health Facilities, L.P.	8320
Owensboro Health Facilities, L.P.	8145
Paducah Health Facilities, L.P.	3350
Pembroke Health Facilities, L.P.	8209
Richmond Health Facilities - Kenwood, L.P.	8235
Richmond Health Facilities - Madison, L.P.	8216
Salyersville Health Facilities, L.P.	8263
Somerset Health Facilities, L.P.	8739
Springfield Health Facilities, L.P.	8310

Stanton Health Facilities, L.P.	8704
<b><u>New Mexico LP Debtors</u></b>	
Artesia Health Facilities, L.P.	5383
Bloomfield Health Facilities, L.P.	7640
Clayton Health Facilities, L.P.	3609
Desert Springs Health Facilities, L.P.	2707
Espanola Health Facilities, L.P.	2102
Gallup Health Facilities, L.P.	2562
Lordsburg Health Facilities, L.P.	1449
Pinnacle Health Facilities XXXIII, L.P.	1389
Raton Health Facilities, L.P.	6759
SF Health Facilities, L.P.	2323
SF Health Facilities-Casa Real, L.P.	0716
Silver City Health Facilities, L.P.	6972

**Fill in this information to identify the case:**

Debtor name SOMERSET HEALTH FACILITIES, L.P.  
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS  
 Case number (if known): 17-44665 MXM

Check if this is an amended filing

**Official Form 206Sum**

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

<p>1a. <b>Real property:</b>                  Copy line 88 from <i>Schedule A/B</i> .....</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">\$ <u>19,000.32</u></td> </tr> </table>	\$ <u>19,000.32</u>
\$ <u>19,000.32</u>		
<p>1b. <b>Total personal property:</b>                  Copy line 91A from <i>Schedule A/B</i> .....</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">\$ <u>1,684,768.32</u></td> </tr> </table>	\$ <u>1,684,768.32</u>
\$ <u>1,684,768.32</u>		
<p>1c. <b>Total of all property:</b>                  Copy line 92 from <i>Schedule A/B</i> .....</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">\$ <u>1,703,768.64</u></td> </tr> </table>	\$ <u>1,703,768.64</u>
\$ <u>1,703,768.64</u>		

**Part 2: Summary of Liabilities**

<p>2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)                  Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, from line 3 of <i>Schedule D</i> .....</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">\$ <u>39,041,872.52</u></td> </tr> </table>	\$ <u>39,041,872.52</u>
\$ <u>39,041,872.52</u>		
<p>3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)</p> <p>3a. <b>Total claim amounts of priority unsecured claims:</b>                  Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i> .....</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">\$ <u>0.00</u></td> </tr> </table>	\$ <u>0.00</u>
\$ <u>0.00</u>		
<p>3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b>                  Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> .....</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">+ \$ <u>3,561,921.32</u></td> </tr> </table>	+ \$ <u>3,561,921.32</u>
+ \$ <u>3,561,921.32</u>		
<p>4. <b>Total liabilities</b> .....</p> <p>Lines 2 + 3a + 3b</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">\$ <u>42,603,793.84</u></td> </tr> </table>	\$ <u>42,603,793.84</u>
\$ <u>42,603,793.84</u>		

**Fill in this information to identify the case:**

Debtor SOMERSET HEALTH FACILITIES, L.P.  
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS  
 Case number 17-44665 MXM  
 (If known)

Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1:** List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).  
 No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<b>2.1</b> Priority creditor's name and mailing address _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

<b>2.2</b> Priority creditor's name and mailing address _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
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<b>2.3</b> Priority creditor's name and mailing address _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
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**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<p><b>3.1</b> Nonpriority creditor's name and mailing address SEE ATTACHED - SCHEDULE F</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ _____ 461,921.32</p>
<p><b>3.2</b> Nonpriority creditor's name and mailing address THOMAS SCOTT OPERATING NOTE 5500 W. PLANO PKWY PLANO, TX 75093</p> <p>Date or dates debt was incurred <u>2/20/2013</u> Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>OPERATING NOTE</u></p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ _____ 3,100,000.00</p>
<p><b>3.3</b> Nonpriority creditor's name and mailing address A.....</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>3.4</b> Nonpriority creditor's name and mailing address</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>3.5</b> Nonpriority creditor's name and mailing address</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>3.6</b> Nonpriority creditor's name and mailing address</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>\$ _____</p>

**Part 4:**

Total Amounts of the Priority and Nonpriority Unsecured Claims

**5. Add the amounts of priority and nonpriority unsecured claims.**

**Total of claim amounts**

<b>5a. Total claims from Part 1</b>	5a.	\$	<u>0.00</u>
<b>5b. Total claims from Part 2</b>	5b.	+	\$ <u>3,561,921.32</u>
<b>5c. Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.	\$	<div style="border: 1px solid black; padding: 2px;"><u>3,561,921.32</u></div>

Schedule E/F

3. List All Creditors with NONPRIORITY Unsecured Claims

Line Number	Creditor Name	Address	Basis for Claim	Contingent	Unliquidated	Disputed	Claim Amount
3.1	ADVANCED TISSUE LLC	7003 VALLEY RANCH DRIVE, LITTLE ROCK, AR 72223	TRADE				\$137.52
3.2	ALISHA D TAYLOR	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$674.61
3.3	AMANDA J PIKE	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,502.09
3.4	AMERATHON LLC	671 OHIO PIKE B/C, CINCINNATI, OH 45245	TRADE				\$3,241.88
3.5	AMON'S SUGAR SHACK, INC	PO BOX 3776, WEST SOMERSET, KY 42564	TRADE				\$157.58
3.6	ANDREA R BAGWELL	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,375.27
3.7	ANNESIA S BURTON	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$359.34
3.8	ARLENE W WEDDLE	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$4,094.45
3.9	ARNOLD HARRIS	ADDRESS REDACTED	EXPENSE REIMBURSEMENT	X			\$527.81
3.10	BEAU SPURGEON	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$803.17
3.11	BOBBY LEE BROWN	ADDRESS REDACTED	LITIGATION	X	X	X	UNLIQUIDATED
3.12	BRITTANY MASON	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$353.08
3.13	CARESOURCE PROGRAMS	2200 6TH AVE SUITE 833, SEATTLE, WA 98121	TRADE				\$299.00
3.14	CASS INFORMATION SYSTEM INC	CIS#92012, PO BOX 17617, ST. LOUIS, MO 63178	TRADE				\$270.00
3.15	CITY OF SOMERSET	CITY CLERK'S OFFICE, PO BOX 989, SOMERSET, KY 42502	TRADE				\$1,537.41
3.16	CONFIDENTIAL		PATIENT REFUND				\$10.77
3.17	CRAIG WESLEY	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$569.80
3.18	CRYSTAL D BALL	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$316.93
3.19	CYNTHIA GILREATH	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$63.94
3.20	DANA L BROWN	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$78.71
3.21	DEBRA K BOWLING	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$5,813.03
3.22	DIRECT SUPPLY	PO BOX 88201, MILWAUKEE, WI 53288	TRADE				\$5,701.50
3.23	ECOLAB INC	26252 NETWORK PLACE, CHICAGO, IL 60673	TRADE				\$358.50
3.24	EDWARD AARON, AS ADMINISTRATOR PLAI OF THE ESTATE OF JANIS AARON	1602 JR'S DRIVE, SOMERSET, KY 42503	LITIGATION	X	X	X	UNLIQUIDATED
3.25	EMILEE YORK	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$547.83
3.26	EPPERSON INC	112 W. UNIVERSITY DR., SOMERSET, KY 42503	TRADE				\$837.46
3.27	ESSIELENE WAGERS	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$119.41
3.28	FAIRWAY LEASING	1155 SOUTH HWY 27, SOMERSET, KY 42501	TRADE				\$174.59
3.29	FEDERAL EXPRESS COPORATION	PO BOX 371461, PITTSBURGH, PA 15250	TRADE				\$65.76
3.30	FIRST CHOICE MEDICAL SUPPLY HOLDING INC	PO BOX 3608, JACKSON, MS 39207	TRADE				\$24,388.45
3.31	GARFIELD JR SMITH	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,833.53
3.32	GARY C MALICOAT	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$196.12
3.33	GEORGE R BULLOCK	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$909.69
3.34	GERALDINE MARSEE	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$2,235.09
3.35	GREGORY LYNN SMITH	ADDRESS REDACTED	EXPENSE REIMBURSEMENT	X			\$455.00
3.36	HANNAH M THOMPSON	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$204.92
3.37	HD SUPPLY FACILITIES MAINTENANCE LTD	PO BOX 509058, SAN DIEGO, CA 92150	TRADE				\$320.31
3.38	HEALTHCARE SERVICES GROUP	3220 TILLMAN DRIVE, SUITE 300, BENSLEM, PA 19020	TRADE				\$116,511.87
3.39	HERBERT M COOL	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$501.62
3.40	JADA GREGORY	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$65.88
3.41	JEANNE K BENGE	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$806.26
3.42	JEFF LEFLER	ADDRESS REDACTED	EXPENSE REIMBURSEMENT	X			\$435.00
3.43	JILL A SPURGEON	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$6,805.37
3.44	JOERNS WOUNDSCO HOLDINGS INC	KEYBANK-LCKBOX 713222, 895 CENTRAL AVENUE, CINCINNATI, OH 45202	TRADE				\$3,587.06
3.45	KAREN H DOCKERY	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,990.55
3.46	KENTUCKY STATE TREASURER (PROVIDER TAXES)	KENTUCKY DEPARTMENT OF REVENUE, FRANKFORT, KY 40620	TRADE				\$28,796.85
3.47	KILEY BRUMMETT	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.48	KILEY BRUMMETT	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.49	KONICA MINOLTA BUSINESS SOLUTIONS	USA INC, DEPT. CH 19188, PALATINE, IL 60055	TRADE				\$173.90
3.50	LARRY RIDNOUR	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,082.60
3.51	LEKEISHA N CARTER	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$396.14
3.52	LINDA M MARCUM	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$253.75
3.53	LINDA MCGOWAN	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.54	LINDA MCGOWAN	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$288.85
3.55	LISA J MORROW	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$97.38
3.56	LISA MORROW	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.57	LORETTA MORAN	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,227.05
3.58	LYDIA SHIFLET	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$840.36
3.59	MARISSA M KEITH	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$267.47
3.60	MEDLINE INDUSTRIES	DEPT 1080, PO BOX 121080, DALLAS, TX 75312	TRADE				\$872.46
3.61	MED-PASS INC	L-3495, COLUMBUS, OH 43260	TRADE				\$275.19
3.62	MED-PASS INC.	L-3495, COLUMBUS, OH 43260	TRADE				\$341.70
3.63	MELINDA K MILLER	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$121.11
3.64	MELINDA MILLER	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.65	MICHAEL SMITH	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$211.61
3.66	MICHELLE ROWE	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,247.79
3.67	MISTY EVANS	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$253.07
3.68	NEVADA ALEXANDER	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.69	NEWSPAPER HOLDINGS, INC	PO BOX 859, SOMERSET, KY 42502	TRADE				\$1,304.75
3.70	O.C. TANNER COMPANY	1930 SOUTH STATE STREET, SALT LAKE CITY, UT 84115	TRADE				\$207.73
3.71	ON HOLD MARKETING SERVICES	6840 WEST 70TH STREET, SHREVEPORT, LA 71129	TRADE				\$37.95
3.72	PERFORMANCE HEALTH SUPPLY INC	PO BOX 93040, CHICAGO, IL 60673	TRADE				\$81.43
3.73	PHARMACY CORPORATION OF AMERICA	ATTN: MIKE RODRIGUEZ, 1900 S SUNSET UNIT 1A, LONGMONT, CO 80501	TRADE				\$112,154.88
3.74	PHILLIP HAYS, AS EXECUTOR OF THE ESTATE OF EDITH HAYS	BUBALO GOODE SALES & CRONEN, PLC, 9300 SHELBYVILLE #210 LOUISVILLE, KY 40222	LITIGATION	X	X	X	UNLIQUIDATED
3.75	PINCOMPUTING COMPANY LP	5500 W. PLANO PKWY SUITE 210, PLANO, TX 75093	TRADE				\$2,500.00
3.76	PLUM GROVE PRINTERS INC	2160 STONINGTON AVENUE, HOFFMAN ESTATES, IL 60169	TRADE				\$27.25
3.77	PORTER ONE DESIGN	37680 HILLS TECH DRIVE, FARMINGTON HILLS, MI 48331	TRADE				\$908.75
3.78	QUINTAIROS,PRIETO,WOOD & BOYER,P.A.	9300 S. DADELAND BLVD., 4TH FLOOR, MIAMI, FL 33156	TRADE				\$8,136.77
3.79	RAEINA M HOGSTON	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$20.33
3.80	RELIANT REHABILITATION	PO BOX 671181, DALLAS, TX 75267	TRADE				\$85,753.22

Schedule E/F

3. List All Creditors with NONPRIORITY Unsecured Claims

Line Number	Creditor Name	Address	Basis for Claim	Contingent	Unliquidated	Disputed	Claim Amount
3.81	ROSE HUTCHINSON AS ATTORNEY IN FACT FOR JOHN HUTCHINSON	BRENT L. MOSS, BRIAN D. REDDICK,, FOR PLAINTIFF, ROSE HUTCHISON, AS ATTORNEY-IN-FACT FOR JOHN HUTCHISON; REDDICK MOSS, PLLC, ONE INFORMATION WAY, STE. 105, LITTLE ROCK, AR 72202 AND HUGHES & COLEMAN, 1256 CAMPBELL LN., STE. 201, BOWLING GREEN, KY 42104;	LITIGATION	X	X	X	UNLIQUIDATED
3.82	ROSETTA M ABNEY	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,887.77
3.83	ROSIE ALLEN	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$245.46
3.84	SCOTT PIERSON	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$211.22
3.85	SCOTTIE DYE	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.86	SHARON BINGHAM	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.87	SHARON BINGHAM	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$55.03
3.88	SHAUNAH S CLAYWELL	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,993.53
3.89	SHERYL D HUBBLE	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$386.00
3.90	SHRED IT US JV LLC	28883 NETWORK PLACE, CHICAGO, IL 60673	TRADE				\$28.50
3.91	SIMPLY THE BEST FLORIST	2835 SOUTH HWY 27, STE 176, SOMERSET, KY 42501	TRADE				\$130.36
3.92	SKY PIZZA INC.	ATTN: CRAIG ALLEN, 105 PLANTTION DR, SHELBYVILLE, KY 40065	TRADE				\$122.90
3.93	SPECIALIZED MEDICAL SERVICES INC	7237 SOLUTION CENTER, CHICAGO, IL 60677	TRADE				\$10,097.16
3.94	STACY SUTTON	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.95	STAPLES CONTRACT & COMMERCIAL INC	DEPT DAL, PO BOX 83689, CHICAGO, IL 60696	TRADE				\$1,251.28
3.96	STEPHANIE N JONES	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$780.13
3.97	SYMPHONY DIAGNOSTIC SERVICES NO 1 INC	PO BOX 17462, BALTIMORE, MD 21297	TRADE				\$3,640.00
3.98	TAMMY BELL	ADDRESS REDACTED	EXPENSE REIMBURSEMENT	X			\$353.10
3.99	TAYLOR CORPOATION	PO BOX 840655, DALLAS, TX 75284	TRADE				\$119.49
3.100	TONYA G NEWELL	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$497.64
3.101	TYLER COWAN	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$237.88
3.102	VICTOR D CORDELL	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$765.37
<b>TOTAL:</b>							<b>\$461,921.32</b>

**Fill in this information to identify the case:**

Debtor name SOMERSET HEALTH FACILITIES, L.P.  
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS  
 Case number (if known): 17-44665 MXM

Check if this is an amended filing

**Official Form 206H**

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	'5 bX' Mailing address	Name	Check all schedules that apply:
2.1	SEE ATTACHED - SCHEDULE H		<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Schedule H  
Codebtors

Codebtor Name	Address	Creditor
AUSTIN HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
BLOOMFIELD HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
BOWLING GREEN HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
BRANDENBURG HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
CADIZ HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
CAMPBELLSVILLE HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
CLAYTON HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
ELIZABETHTOWN HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
ESPANOLA HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
FACILITY SUPPORT FUNDING, LLC	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
FORDSVILLE HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
FRANKLIN HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
GALLUP HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
GOLDEN PALMS OPERATING COMPANY, LLC	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
HACIENDA CARE VI, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
HAMILTON HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
HARDINSBURG HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
HOBBS HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
IRVINE HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
LORDSBURG HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
MIAMI HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
MORGANFIELD HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
OWENSBORO HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PADUCAH HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PEMBROKE HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PHP MISSION CARE CENTERS - HOUSTON, L.P.,	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PHP MISSION CARE CENTERS - NEW COVENANT, L.P.,	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PHP MISSION CARE CENTERS - SHERMAN, L.P.,	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT

Schedule H  
Codebtors

Codebtor Name	Address	Creditor
PINNACLE HEALTH FACILITIES OF LOUISIANA, LLC	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS II, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS III, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS IV, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS IX, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS V, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS V, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS VI, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS VII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS VIII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS X, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XI, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XIV, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XIX, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XV, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XVI, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XVII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XVIII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XX, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXI, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXIII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXIV, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXIX, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXV, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXVI, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXVII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT

Schedule H  
Codebtors

Codebtor Name	Address	Creditor
PINNACLE HEALTH FACILITIES OF TEXAS XXVIII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXX, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXXI, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXXII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXXII, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES OF TEXAS XXXIV, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
PINNACLE HEALTH FACILITIES, XXXV, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
RATON HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
RICHMOND HEALTH FACILITIES - KENWOOD, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
RICHMOND HEALTH FACILITIES - MADISON, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
SALYERSVILLE HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
SF HEALTH FACILITIES - CASA REAL, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
SF HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
SILVER CITY HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
SOMERSET HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
SPRINGFIELD HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT
STANTON HEALTH FACILITIES, L.P.	5420 W. PLANO PARKWAY, PLANO, TX 75093	THOMAS SCOTT



**Fill in this information to identify the case and this filing:**

Debtor Name SOMERSET HEALTH FACILITIES, L.P.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): 17-44665 MXM

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud 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.**

**Declaration and signature**

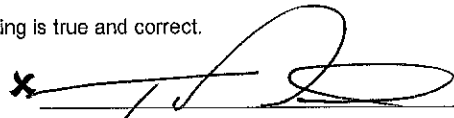
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule F
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/15/2018  
MM / DD / YYYY

X   
Signature of individual signing on behalf of debtor

Tom Patterson  
Printed name

Authorized Representative, CFO of PCPGM Consulting  
Position or relationship to debtor