

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

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

***AMENDED* STATEMENT OF FINANCIAL AFFAIRS FOR
PEMBROKE HEALTH FACILITIES, L.P.
(17-44657)**

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 AND DEBTORS-IN-POSSESSION**

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

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

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

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**”)¹ filed their Schedules of Assets and Liabilities (the “**Schedules**”)² 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.³

¹ 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.

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

³ 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

Debtor	Last Four Digits of Federal Tax I.D. No.
Preferred Care Inc.	7040
<u>Kentucky LP Debtors</u>	
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
<u>New Mexico LP Debtors</u>	
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 PEMBROKE HEALTH FACILITIES, L.P.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): 17-44657 MXM

☒ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 4/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>1/1/2017</u> MM / DD / YYYY	to Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,746,487.00</u>
For prior year:	From <u>1/1/2016</u> MM / DD / YYYY	to <u>12/31/2016</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>3,561,093.00</u>
For the year before that:	From <u>1/1/2015</u> MM / DD / YYYY	to <u>12/31/2015</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>3,502,783.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ MM / DD / YYYY	to Filing date	_____	\$ _____
For prior year:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____
For the year before that:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**Part 2:** List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. SEE ATTACHED - SOFA 3 AND SOFA 11 Creditor's name		\$ 459,232.81	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. SEE ATTACHED - SOFA 4 Insider's name		\$ 9,894.78	
Relationship to debtor			
4.2. Insider's name		\$	
Relationship to debtor			

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	 Creditor's name			\$
5.2.	 Creditor's name			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
 Creditor's name			\$

Last 4 digits of account number: XXXX- _ _ _ _

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	SEE ATTACHED - SOFA 7		 Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			
7.2.	Case title		Court or agency's name and address Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Case number			

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
 Custodian's name	 	\$
	Case title	Court name and address
	 	Name
	Case number	
	Date of order or assignment	

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name	 	 	\$
Recipient's relationship to debtor			
9.2. Recipient's name	 	 	\$
Recipient's relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
 	 	 	\$

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**Part 6:** Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1	SEE ATTACHED - SOFA 11			\$ 932,774.37
	Address			

Email or website address

Who made the payment, if not debtor?

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2				\$
	Address			

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
Trustee			

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
<div>Address</div> <div>_____</div>			
<div>Relationship to debtor</div> <div>_____</div>			
13.2. _____	_____	_____	\$ _____
<div>Address</div> <div>_____</div>			
<div>Relationship to debtor</div> <div>_____</div>			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**Part 8:** Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <u>CHRISTIAN HEIGHTS NURSING AND</u> Facility name	SKILLED NURSING OPERATION	103
REHABILITATION CENTER 124 W. NASHVILLE PEMBROKE, KY 42266	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. AMERICAN HEALTHTECH 574 HIGHLAND COLONY PARKWAY, SUITE 200 RIDGELAND, MS 39157	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2. _____ Facility name	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____	How are records kept? <i>Check all that apply:</i> <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. RETAINS SSN AND CREDIT CARD NUMBERS PROVIDED BY CUSTOMERS

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?☐ No. Go to Part 10.☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

☐ No☐ Yes

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**Part 10:** Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1	<u>Name</u>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2	<u>Name</u>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Name</u>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<u>Address</u>			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
IRON MOUNTAIN <u>Name</u> 1101 ENTERPRISE DR. ROYERSFORD, PA 19468	AUDREY FOWLER & ASHLEY WEST	MEDICAL RECORDS, BOM FILES, EMPLOYEE FILES	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Address</u>			

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**Part 11:** Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
 Name			\$

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
 Case number	 Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
 Name	 Name		

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1 Name		EIN: _____ Dates business existed From _____ To _____
25.2 Name		EIN: _____ Dates business existed From _____ To _____
25.3 Name		EIN: _____ Dates business existed From _____ To _____

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

	Name and address	Dates of service
26a.1	TOM PATTERSON Name 5420 PLANO PARKWAY 2ND FLOOR PLANO, TX 75093	From 10/17/2011 To PRESENT

	Name and address	Dates of service
26a.2	RYAN HERING Name 5420 PLANO PARKWAY 1ST FLOOR PLANO, TX 75093	From 9/19/2005 To PRESENT

26b List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

	Name and address	Dates of service
26b.1	BKD Name JON UNROE 2800 POST OAK BLVD. SUITE 3200 HOUSTON, TX 77056	From 2012 To PRESENT

	Name and address	Dates of service
26b.2	BKD Name CHRIS CLARK 14241 DALLAS PARKWAY SUITE 1100 DALLAS, TX 75254	From 2012 To PRESENT

26c List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

	Name and address	If any books of account and records are unavailable, explain why
26c.1	TOM PATTERSON Name 5420 PLANO PARKWAY 2ND FLOOR PLANO, TX 75093	

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44657 MXM**Name and address****If any books of account and records are unavailable, explain why**26c.2 RYAN HERINGName
5420 PLANO PARKWAY
1ST FLOOR
PLANO, TX 75093

26d List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**26d.1 SEE ATTACHED - SCHEDULE AB26DName**Name and address**

26d.2

Name**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**\$**Name and address of the person who has possession of inventory records**

27.1.

Name

Debtor PEMBROKE HEALTH FACILITIES, L.P.
NameCase number (if known) 17-44567 MXM

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2 Name _____	_____	_____	_____
Relationship to debtor _____		_____	_____

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No
☐ Yes. Identify below.

Name of the parent corporation _____ Employer Identification number of the parent corporation
EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No
☐ Yes. Identify below.

Name of the pension fund _____ Employer Identification number of the pension fund
EIN: _____

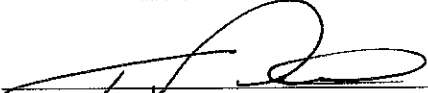
Part 14: Signature and Declaration

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.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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 the debtor

Printed name Tom Patterson

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

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No
☒ Yes

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3. Certain payments or transfers to creditors within 90 days before filing this case.

Line Number	Name	Address	Description	Date(s) of Payment	Amount
3.1	AETNA BETTER HEALTH OF KENTUCKY	9900 CORPORATE CAMPUS DRIVE, SUITE 1000, LOUISVILLE, KY 40223	REFUND	11/7/2017	\$1,288.00
				TOTAL:	\$1,288.00
3.2	ALPHONES PRATHER	124 W NASHVILLE STREET, PEMBROKE, KY 42286	EXPREPORT	11/7/2017	\$248.24
				TOTAL:	\$248.24
3.3	ARMOR FIRE PROTECTION LLC	PO BOX 522, HENDERSON, KY 42420	INV37223	9/28/2017	\$120.00
				TOTAL:	\$120.00
3.4	ASHLEY WEST	124 W NASHVILLE STREET, PEMBROKE, KY 42266	EXPREPORT	8/18/2017	\$38.08
				TOTAL:	\$38.08
3.5	AT&T	19, PO BOX 5019, CAROL STREAM, IL 60197	UTILITIES	8/30/2017	\$453.40
3.6	AT&T	19, PO BOX 5019, CAROL STREAM, IL 60197	UTILITIES	10/12/2017	\$453.40
3.7	AT&T	19, PO BOX 5019, CAROL STREAM, IL 60197	UTILITIES	11/7/2017	\$453.40
				TOTAL:	\$1,360.20
3.8	AUTOGOV	DEPT. 3867, PO BOX 123867, DALLAS, TX 75312	INV9122017	9/12/2017	\$119.33
3.9	AUTOGOV	DEPT. 3867, PO BOX 123867, DALLAS, TX 75312	INV9262017	9/26/2017	\$126.92
3.10	AUTOGOV	DEPT. 3867, PO BOX 123867, DALLAS, TX 75312	INV10242017	10/24/2017	\$126.92
				TOTAL:	\$373.17
3.11	BILLIE EDWARDS	124 W NASHVILLE STREET, PEMBROKE, KY 42266	EXPREPORT	9/12/2017	\$72.76
3.12	BILLIE EDWARDS	124 W NASHVILLE STREET, PEMBROKE, KY 42266	EXPREPORT	10/12/2017	\$54.35
3.13	BILLIE EDWARDS	124 W NASHVILLE STREET, PEMBROKE, KY 42266	EXPREPORT	11/7/2017	\$75.77
				TOTAL:	\$202.88
3.14	BRITTNEY FRAISER	ADDRESS REDACTED	EXPREPORT	10/12/2017	\$29.75
				TOTAL:	\$29.75
3.15	CARESOURCE PROGRAMS	2200 6TH AVE STE 833, SETTLE, WA 98121	INV92913	8/30/2017	\$314.00
3.16	CARESOURCE PROGRAMS	2200 6TH AVE STE 833, SETTLE, WA 98121	INV93178	9/28/2017	\$299.00
				TOTAL:	\$613.00
3.17	CASEY'S LAWN SERVICE INC	5045 CANTON PIKE, HOPKINSVILLE, KY 42240	INV9802	8/30/2017	\$610.00
3.18	CASEY'S LAWN SERVICE INC	5045 CANTON PIKE, HOPKINSVILLE, KY 42240	INV9901	9/28/2017	\$325.00
3.19	CASEY'S LAWN SERVICE INC	5045 CANTON PIKE, HOPKINSVILLE, KY 42240	INV9955	10/30/2017	\$195.00
				TOTAL:	\$1,130.00
3.20	CASS INFORMATION SYSTEMS INC	CIS # 92012, PO BOX 17617, ST. LOUIS, MO 63178	INV194035	8/30/2017	\$135.00
3.21	CASS INFORMATION SYSTEMS INC	CIS # 92012, PO BOX 17617, ST. LOUIS, MO 63178	INV199396	9/28/2017	\$135.00
				TOTAL:	\$270.00
3.22	CAYCE MILL SUPPLY COMPANY INC	PO BOX 689, HOPKINSVILLE, KY 42241	INV6270212	8/18/2017	\$814.24
3.23	CAYCE MILL SUPPLY COMPANY INC	PO BOX 689, HOPKINSVILLE, KY 42241	INV6275090	8/30/2017	\$533.61
3.24	CAYCE MILL SUPPLY COMPANY INC	PO BOX 689, HOPKINSVILLE, KY 42241	INV6286546	9/28/2017	\$220.20
3.25	CAYCE MILL SUPPLY COMPANY INC	PO BOX 689, HOPKINSVILLE, KY 42241	INV6289782	10/13/2017	\$270.07
				TOTAL:	\$1,838.12
3.26	CDW LLC	PO BOX 75723, CHICAGO, IL 60675	INVKDC0421	10/12/2017	\$68.49
				TOTAL:	\$68.49
3.27	CHRISTIAN HEIGHTS NURSING & REHAB-PC	124 W NASHVILLE STREET, PEMBROKE, KY 42266	INVPC073117	8/30/2017	\$529.77
3.28	CHRISTIAN HEIGHTS NURSING & REHAB-PC	124 W NASHVILLE STREET, PEMBROKE, KY 42266	INVPC091417	9/28/2017	\$464.37
				TOTAL:	\$994.14
3.29	CIT BANK, N.A.	21146 NETWORK PLACE, CHICAGO, IL 60673	INV30638634	8/18/2017	\$202.84
3.30	CIT BANK, N.A.	21146 NETWORK PLACE, CHICAGO, IL 60673	INV30778964	9/28/2017	\$202.84
3.31	CIT BANK, N.A.	21146 NETWORK PLACE, CHICAGO, IL 60673	INV30913634	10/12/2017	\$202.84
				TOTAL:	\$608.52
3.32	CITZENS SECURITY	ATTN: SCIP, PO BOX 436149, LOUISVILLE, KY 40253	REFUND	10/30/2017	\$205.00
				TOTAL:	\$205.00
3.33	CLARKSVILLE DISPOSAL LLC	A WASTE CONNECTIONS COMPANY, PO BOX 660177, DALLAS, TX 75266	UTILITIES	9/7/2017	\$1,248.00
3.34	CLARKSVILLE DISPOSAL LLC	A WASTE CONNECTIONS COMPANY, PO BOX 660177, DALLAS, TX 75266	UTILITIES	10/12/2017	\$1,248.00
				TOTAL:	\$2,496.00
3.35	COMMUNITY CARE SERVICES INC.	203 N PATRICK, DUBLIN, TX 76446	INV119048	8/18/2017	\$66.00
				TOTAL:	\$66.00
3.36	DEBORAH NUNN	124 W NASHVILLE ST, PEMBROKE, KY 42266	EXPREPORT	8/18/2017	\$277.58
3.37	DEBORAH NUNN	124 W NASHVILLE ST, PEMBROKE, KY 42266	EXPREPORT	8/30/2017	\$321.53
				TOTAL:	\$599.11
3.38	DIRECT SUPPLY INC.	PO BOX 88201, MILWAUKEE, WI 52388	INV24983072	8/18/2017	\$241.32
3.39	DIRECT SUPPLY INC.	PO BOX 88201, MILWAUKEE, WI 52388	INV25028661	8/30/2017	\$679.43
3.40	DIRECT SUPPLY INC.	PO BOX 88201, MILWAUKEE, WI 52388	INV25068960	9/12/2017	\$855.04
3.41	DIRECT SUPPLY INC.	PO BOX 88201, MILWAUKEE, WI 52388	INV25108621	9/28/2017	\$2,945.36
3.42	DIRECT SUPPLY INC.	PO BOX 88201, MILWAUKEE, WI 52388	INV25179631	10/12/2017	\$495.90
				TOTAL:	\$5,217.05
3.43	DR. MIKE DECARDENAS	6230 SW 144 STREET, MIAMI, FL 33158	INV8292017	8/29/2017	\$125.00
3.44	DR. MIKE DECARDENAS	6230 SW 144 STREET, MIAMI, FL 33158	INV9262017	9/26/2017	\$125.00
3.45	DR. MIKE DECARDENAS	6230 SW 144 STREET, MIAMI, FL 33158	INV10312017	10/31/2017	\$125.00
				TOTAL:	\$375.00
3.46	DRUGTESTSINBULK.COM	, 6520 PLATT AVE #933, WEST HILLS, CA 91307	INV44351	10/12/2017	\$86.25
				TOTAL:	\$86.25
3.47	EVAPAR	9000 N KENTUCKY AVE, EVANSVILLE, IN 47725	INV339680	8/30/2017	\$1,157.16
				TOTAL:	\$1,157.16
3.48	FEDERAL EXPRESS CORPORATION	PO BOX 371461, PITTSBURGH, PA 15250	INV587731123	8/30/2017	\$104.96
3.49	FEDERAL EXPRESS CORPORATION	PO BOX 371461, PITTSBURGH, PA 15250	INV590653219	9/12/2017	\$25.42
3.50	FEDERAL EXPRESS CORPORATION	PO BOX 371461, PITTSBURGH, PA 15250	INV591376353	10/12/2017	\$132.44
				TOTAL:	\$262.82
3.51	FIRST CHOICE MEDICAL SUPPLY HOLDING,INC.	PO BOX 3608, JACKSON, MS 39207	INV4-905238-00	8/18/2017	\$1,749.46

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3. Certain payments or transfers to creditors within 90 days before filing this case.

Line Number	Name	Address	Description	Date(s) of Payment	Amount
3.52	FIRST CHOICE MEDICAL SUPPLY HOLDING, INC.	PO BOX 3608, JACKSON, MS 39207	INV4-909496-00	8/30/2017	\$662.30
3.53	FIRST CHOICE MEDICAL SUPPLY HOLDING, INC.	PO BOX 3608, JACKSON, MS 39207	INV4-931662-00	9/12/2017	\$2,711.80
3.54	FIRST CHOICE MEDICAL SUPPLY HOLDING, INC.	PO BOX 3608, JACKSON, MS 39207	INV4-975877-00	9/28/2017	\$2,655.37
3.55	FIRST CHOICE MEDICAL SUPPLY HOLDING, INC.	PO BOX 3608, JACKSON, MS 39207	INV5-018229-00	10/30/2017	\$2,838.24
				TOTAL:	\$10,617.17
3.56	FORMATION CAPITAL	3500 LENOX ROAD NE, SUITE 510, ATLANTA, GA 30326	SECURITY DEPOSIT	8/14/2017	\$28,359.11
				TOTAL:	\$28,359.11
3.57	FRANK GREER	PO BOX 989, HOPKINSVILLE, KY 42241	INV101273	8/18/2017	\$130.00
3.58	FRANK GREER	PO BOX 989, HOPKINSVILLE, KY 42241	INV102462	9/12/2017	\$130.00
3.59	FRANK GREER	PO BOX 989, HOPKINSVILLE, KY 42241	INV103150	10/12/2017	\$130.00
				TOTAL:	\$390.00
3.60	GIST FLOWERS LLC	103 EAST MAIN STREET, ELKTON, KY 42220	INV3	9/28/2017	\$630.70
				TOTAL:	\$630.70
3.61	GRANITE TELECOMMUNICATIONS	CLIENT ID#311, PO BOX 983119, BOSTON, MA 22983	UTILITIES	9/12/2017	\$1,204.01
3.62	GRANITE TELECOMMUNICATIONS	CLIENT ID#311, PO BOX 983119, BOSTON, MA 22983	UTILITIES	10/12/2017	\$1,479.22
				TOTAL:	\$2,683.23
3.63	GUARDIANSHIP SERVICES	PO BOX 2200, HOPKISVILLE, KY 42241	REFUND	10/30/2017	\$710.00
				TOTAL:	\$710.00
3.64	HD SUPPLY FACILITIES MAINTENANCE LTD	PO BOX 509058, SAN DIEGO, CA 92150	INV9155868962	8/18/2017	\$1,636.12
3.65	HD SUPPLY FACILITIES MAINTENANCE LTD	PO BOX 509058, SAN DIEGO, CA 92150	INV9156257202	8/30/2017	\$577.36
3.66	HD SUPPLY FACILITIES MAINTENANCE LTD	PO BOX 509058, SAN DIEGO, CA 92150	INV9156689621	9/12/2017	\$276.11
3.67	HD SUPPLY FACILITIES MAINTENANCE LTD	PO BOX 509058, SAN DIEGO, CA 92150	INV9157103823	9/28/2017	\$748.31
3.68	HD SUPPLY FACILITIES MAINTENANCE LTD	PO BOX 509058, SAN DIEGO, CA 92150	INV9157791082	10/30/2017	\$380.46
				TOTAL:	\$3,618.36
3.69	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1239717	8/25/2017	\$20,111.05
3.70	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1239814	8/25/2017	\$6,651.93
3.71	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1239814	8/25/2017	\$4,434.62
3.72	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1248567	8/25/2017	\$39.80
3.73	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1256471	9/15/2017	\$393.14
3.74	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1256642	9/15/2017	\$4,434.62
3.75	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1256642	9/15/2017	\$6,651.93
3.76	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1256544	9/15/2017	\$20,311.28
3.77	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1239814	9/15/2017	\$44.35
3.78	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1239814	9/15/2017	\$66.52
3.79	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1239717	9/15/2017	\$201.11
3.80	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1268918	11/3/2017	\$20,311.28
3.81	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1269017	11/3/2017	\$4,434.62
3.82	HEALTHCARE SERVICES GROUP, INC	3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA 19020	INV1269017	11/3/2017	\$6,651.93
				TOTAL:	\$94,738.18
3.83	HOPKINSVILLE WATER ENVIRONMENT	AUTHORITY, 401 EAST 9TH STREET, HOPKINSVILLE, KY 42241	UTILITIES	9/7/2017	\$3,435.64
3.84	HOPKINSVILLE WATER ENVIRONMENT	AUTHORITY, 401 EAST 9TH STREET, HOPKINSVILLE, KY 42241	UTILITIES	10/6/2017	\$3,179.31
3.85	HOPKINSVILLE WATER ENVIRONMENT	AUTHORITY, 401 EAST 9TH STREET, HOPKINSVILLE, KY 42241	UTILITIES	11/3/2017	\$3,213.06
				TOTAL:	\$9,828.01
3.86	INSCCU	PO BOX 6219, INDIANAPOLIS, IN 46206	GARNISHMENT	10/12/2017	\$286.00
3.87	INSCCU	PO BOX 6219, INDIANAPOLIS, IN 46206	GARNISHMENT	10/30/2017	\$286.00
3.88	INSCCU	PO BOX 6219, INDIANAPOLIS, IN 46206	GARNISHMENT	11/7/2017	\$286.00
				TOTAL:	\$858.00
3.89	IRON MOUNTAIN INC,	PO BOX 915004, DALLAS, TX 75391	INVPAS2914	8/30/2017	\$211.70
3.90	IRON MOUNTAIN INC,	PO BOX 915004, DALLAS, TX 75391	INVPDS3767	9/28/2017	\$211.46
				TOTAL:	\$423.16
3.91	ITW FOOD EQUIPMENT GROUP	PO BOX 2517, CAROL STREAM, IL 60132	INV61166996	10/13/2017	\$70.47
				TOTAL:	\$70.47
3.92	JAMES KNIGHT APPLIANCE	SALE & SERVICE, 2418 FT CAMPBELL BLVD, HOPKINSVILLE, KY 42240	INV134232	9/28/2017	\$278.18
				TOTAL:	\$278.18
3.93	JAMES TUDOR	ADDRESS REDACTED	EXPREPORT	8/18/2017	\$109.92
3.94	JAMES TUDOR	ADDRESS REDACTED	EXPREPORT	9/12/2017	\$196.44
3.95	JAMES TUDOR	ADDRESS REDACTED	EXPREPORT	10/12/2017	\$128.83
				TOTAL:	\$435.19
3.96	JEANELL FOWLER		EXPREPORT	8/30/2017	\$54.57
				TOTAL:	\$54.57
3.97	JENNIE STUART MEDICAL CENTER	320 WEST 18TH STREET, PO BOX 2400, HOPKINVILLE, KY 42241	INV080217	8/18/2017	\$780.92
3.98	JENNIE STUART MEDICAL CENTER	320 WEST 18TH STREET, PO BOX 2400, HOPKINVILLE, KY 42241	INV090617	9/28/2017	\$294.90
3.99	JENNIE STUART MEDICAL CENTER	320 WEST 18TH STREET, PO BOX 2400, HOPKINVILLE, KY 42241	INV10211222060001	10/12/2017	\$815.35
3.100	JENNIE STUART MEDICAL CENTER	320 WEST 18TH STREET, PO BOX 2400, HOPKINVILLE, KY 42241	INV10211116000001	10/30/2017	\$133.68
				TOTAL:	\$2,024.85
3.101	JESSICA DULWORTH	437 CHERRY STREET, RUSSELLVILLE, KY 42276	REFUND	10/30/2017	\$107.78
				TOTAL:	\$107.78
3.102	KENTUCKY CHILD SUPPORT	PO BOX 14059, LEXINGTON, KY 40512	GARNISHMENT	8/15/2017	\$207.23
				TOTAL:	\$207.23
3.103	KENTUCKY NEW ERA, INC	PO BOX 729, HOPKINSVILLE, KY 42241	INV7175967	8/30/2017	\$675.92
3.104	KENTUCKY NEW ERA, INC	PO BOX 729, HOPKINSVILLE, KY 42241	INV8175967	9/28/2017	\$36.30
				TOTAL:	\$712.22
3.105	KENTUCKY STATE TREASURER	DEPT OF REVENUE, FRANKFORT, KY 40619	BEDTAXES	8/18/2017	\$14,944.55
3.106	KENTUCKY STATE TREASURER	501 HIGH STREET, PO BOX 491, FRANKFORT, KY 40602	GARNISHMENT	8/30/2017	\$54.32
3.107	KENTUCKY STATE TREASURER	DEPT OF REVENUE, FRANKFORT, KY 40619	BEDTAXES	9/12/2017	\$14,867.45

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3. Certain payments or transfers to creditors within 90 days before filing this case.

Line Number	Name	Address	Description	Date(s) of Payment	Amount
3.108	KENTUCKY STATE TREASURER	501 HIGH STREET, PO BOX 491, FRANKFORT, KY 40602	GARNISHMENT	10/12/2017	\$91.10
3.109	KENTUCKY STATE TREASURER	DEPT OF REVENUE, FRANKFORT, KY 40619	BEDTAXES	10/12/2017	\$13,569.60
3.110	KENTUCKY STATE TREASURER	501 HIGH STREET, PO BOX 491, FRANKFORT, KY 40602	GARNISHMENT	10/30/2017	\$96.43
3.111	KENTUCKY STATE TREASURER	501 HIGH STREET, PO BOX 491, FRANKFORT, KY 40602	GARNISHMENT	11/7/2017	\$80.39
				TOTAL:	\$43,703.84
3.112	KONICA MINOLTA BUSINESS SOLUTIONS	USA INC., DEPT CH 19188, PALATINE, IL 60055	INV246846616	8/30/2017	\$98.28
3.113	KONICA MINOLTA BUSINESS SOLUTIONS	USA INC., DEPT CH 19188, PALATINE, IL 60055	INV247309333	9/28/2017	\$67.44
				TOTAL:	\$165.72
3.114	LIVY LEAVELL JR	CHRISTIAN COUNTY SHERIFF, 216 W 7TH STREET, HOPKINSVILLE, KY 42240	PROPTAXES	10/12/2017	\$555.25
				TOTAL:	\$555.25
3.115	LLYOD & MCDANIEL, PLC	PO BOX 232200, LOUISVILLE, KY 40223	GARNISHMENT	8/15/2017	\$184.23
3.116	LLYOD & MCDANIEL, PLC	PO BOX 232200, LOUISVILLE, KY 40223	GARNISHMENT	8/30/2017	\$50.94
3.117	LLYOD & MCDANIEL, PLC	PO BOX 232200, LOUISVILLE, KY 40223	GARNISHMENT	9/12/2017	\$203.96
3.118	LLYOD & MCDANIEL, PLC	PO BOX 232200, LOUISVILLE, KY 40223	GARNISHMENT	9/28/2017	\$200.43
3.119	LLYOD & MCDANIEL, PLC	PO BOX 232200, LOUISVILLE, KY 40223	GARNISHMENT	10/12/2017	\$76.41
3.120	LLYOD & MCDANIEL, PLC	PO BOX 232200, LOUISVILLE, KY 40223	GARNISHMENT	10/30/2017	\$184.53
3.121	LLYOD & MCDANIEL, PLC	PO BOX 232200, LOUISVILLE, KY 40223	GARNISHMENT	11/7/2017	\$178.02
				TOTAL:	\$1,078.52
3.122	MADELINE ORTIZ	ADDRESS REDACTED	EXPREPORT	8/18/2017	\$185.00
				TOTAL:	\$185.00
3.123	MANOJ H MAJMUDAR	1724 KENTON ST STE 1B, HOPKINSVILLE, KY 42240	INVAUG2017	8/30/2017	\$2,000.00
3.124	MANOJ H MAJMUDAR	1724 KENTON ST STE 1B, HOPKINSVILLE, KY 42240	INVSEP2017	9/28/2017	\$2,000.00
				TOTAL:	\$4,000.00
3.125	MCKESSON MEDICAL-SURGICAL	MINNESOTA SUPPLY INC, PO BOX 204786, DALLAS, TX 75320	INV62864981	10/12/2017	\$903.00
				TOTAL:	\$903.00
3.126	MEDIACOM	PO BOX 5744, CAROL STREAM, IL 60197	UTILITIES	8/30/2017	\$995.37
3.127	MEDIACOM	PO BOX 5744, CAROL STREAM, IL 60197	UTILITIES	8/30/2017	\$305.90
3.128	MEDIACOM	PO BOX 5744, CAROL STREAM, IL 60197	UTILITIES	10/3/2017	\$995.37
3.129	MEDIACOM	PO BOX 5744, CAROL STREAM, IL 60197	UTILITIES	10/3/2017	\$305.90
3.130	MEDIACOM	PO BOX 5744, CAROL STREAM, IL 60197	UTILITIES	10/31/2017	\$995.37
3.131	MEDIACOM	PO BOX 5744, CAROL STREAM, IL 60197	UTILITIES	10/31/2017	\$305.90
				TOTAL:	\$3,903.81
3.132	MEDLINE INDUSTRIES INC	DEPT 1080, PO BOX 121080, DALLAS, TX 75312	INV1830918343	8/30/2017	\$233.52
3.133	MEDLINE INDUSTRIES INC	DEPT 1080, PO BOX 121080, DALLAS, TX 75312	INV1832556616	9/28/2017	\$298.39
				TOTAL:	\$531.91
3.134	MED-PASS INC	L-3495, COLUMBUS, OH 43260	INV1826190	8/30/2017	\$67.14
3.135	MED-PASS INC	L-3495, COLUMBUS, OH 43260	INV1828683	9/12/2017	\$73.19
3.136	MED-PASS INC	L-3495, COLUMBUS, OH 43260	INV1836710	10/12/2017	\$93.62
				TOTAL:	\$233.95
3.137	NATIONAL DATACARE CORPORATION	PO BOX 222430, CHANTILLY, VA 20153	INV873688	8/18/2017	\$106.05
3.138	NATIONAL DATACARE CORPORATION	PO BOX 222430, CHANTILLY, VA 20153	INV880725	9/12/2017	\$106.05
3.139	NATIONAL DATACARE CORPORATION	PO BOX 222430, CHANTILLY, VA 20153	INV941502	10/12/2017	\$211.05
				TOTAL:	\$423.15
3.140	NYS CHILD SUPPORT	PROCESSING CENTER, PO BOX 15363, ALBANY, NY 12212	GARNISHMENT	8/15/2017	\$90.00
3.141	NYS CHILD SUPPORT	PROCESSING CENTER, PO BOX 15363, ALBANY, NY 12212	GARNISHMENT	8/30/2017	\$90.00
3.142	NYS CHILD SUPPORT	PROCESSING CENTER, PO BOX 15363, ALBANY, NY 12212	GARNISHMENT	9/12/2017	\$90.00
3.143	NYS CHILD SUPPORT	PROCESSING CENTER, PO BOX 15363, ALBANY, NY 12212	GARNISHMENT	9/28/2017	\$90.00
3.144	NYS CHILD SUPPORT	PROCESSING CENTER, PO BOX 15363, ALBANY, NY 12212	GARNISHMENT	10/12/2017	\$90.00
3.145	NYS CHILD SUPPORT	PROCESSING CENTER, PO BOX 15363, ALBANY, NY 12212	GARNISHMENT	10/30/2017	\$90.00
3.146	NYS CHILD SUPPORT	PROCESSING CENTER, PO BOX 15363, ALBANY, NY 12212	GARNISHMENT	11/7/2017	\$90.00
				TOTAL:	\$630.00
3.147	O.C. TANNER COMPANY	1930 SOUTH STATE STREET, SALT LAKE CITY, UT 84115	INV000003825063	8/30/2017	\$109.64
3.148	O.C. TANNER COMPANY	1930 SOUTH STATE STREET, SALT LAKE CITY, UT 84115	INV000003890257	9/28/2017	\$94.51
				TOTAL:	\$204.15
3.149	ON HOLD MARKETING SERVICES, INC	6840 WEST 70TH STREET, SHREVEPORT, LA 71129	INV235289	8/18/2017	\$37.95
3.150	ON HOLD MARKETING SERVICES, INC	6840 WEST 70TH STREET, SHREVEPORT, LA 71129	INV237839	9/12/2017	\$37.95
3.151	ON HOLD MARKETING SERVICES, INC	6840 WEST 70TH STREET, SHREVEPORT, LA 71129	INV240471	10/12/2017	\$37.95
				TOTAL:	\$113.85
3.152	PAMELA HESTER	25640 LOUISVILLE ROAD, PARK CITY, KY 42160	EXPREPORT	11/8/2017	\$385.20
				TOTAL:	\$385.20
3.153	PEMBROKE SELF STORAGE, LLC	142 N. MAIN ST, PEMBROKE, KY 42266	INVSEP2017	8/18/2017	\$100.00
3.154	PEMBROKE SELF STORAGE, LLC	142 N. MAIN ST, PEMBROKE, KY 42266	INVOC2017	9/12/2017	\$100.00
				TOTAL:	\$200.00
3.155	PENNYRILE RURAL ELECTRIC COOP CORP	PO BOX 2900, HOPKINSVILLE, KY 42241	UTILITIES	8/18/2017	\$26.49
3.156	PENNYRILE RURAL ELECTRIC COOP CORP	PO BOX 2900, HOPKINSVILLE, KY 42241	UTILITIES	8/18/2017	\$4,988.07
3.157	PENNYRILE RURAL ELECTRIC COOP CORP	PO BOX 2900, HOPKINSVILLE, KY 42241	UTILITIES	9/12/2017	\$26.56
3.158	PENNYRILE RURAL ELECTRIC COOP CORP	PO BOX 2900, HOPKINSVILLE, KY 42241	UTILITIES	9/12/2017	\$4,218.71
3.159	PENNYRILE RURAL ELECTRIC COOP CORP	PO BOX 2900, HOPKINSVILLE, KY 42241	UTILITIES	10/12/2017	\$3,798.80
3.160	PENNYRILE RURAL ELECTRIC COOP CORP	PO BOX 2900, HOPKINSVILLE, KY 42241	UTILITIES	10/18/2017	\$25.47
				TOTAL:	\$13,084.10
3.161	PERFORMANCE HEALTH SUPPLY INC	PO BOX 93040, CHICAGO, IL 60673	INVIN89415975	9/28/2017	\$288.10
				TOTAL:	\$288.10
3.162	PFS, LLC	1411 WEST 7TH STREET, HOPKINSVILLE, KY 42240	INV69655	8/30/2017	\$135.68
				TOTAL:	\$135.68
3.163	PHARMACY CORPORATION OF AMERICA	ATTN: MIKE RODRIGUEZ, 1900 S SUNSET UNIT 1A, LONGMONT, CO 80501	INV705908070430	8/30/2017	\$6,356.51

SOFA 3

3. Certain payments or transfers to creditors within 90 days before filing this case.

Line Number	Name	Address	Description	Date(s) of Payment	Amount
3.164	PHARMACY CORPORATION OF AMERICA	ATTN: MIKE RODRIGUEZ, 1900 S SUNSET UNIT 1A, LONGMONT, CO 80501	INV705908070531	9/28/2017	\$5,863.05
3.165	PHARMACY CORPORATION OF AMERICA	ATTN: MIKE RODRIGUEZ, 1900 S SUNSET UNIT 1A, LONGMONT, CO 80501	INV705908070630	10/30/2017	\$7,098.28
				TOTAL:	\$19,317.84
3.166	PINCOMPUTING COMPANY, LP	5500 W PLANO PARKWAY, PLANO, TX 75093	PINCOMPUTING	8/30/2017	\$700.00
3.167	PINCOMPUTING COMPANY, LP	5500 W PLANO PARKWAY, PLANO, TX 75093	PINCOMPUTING	9/28/2017	\$750.00
3.168	PINCOMPUTING COMPANY, LP	5500 W PLANO PARKWAY, PLANO, TX 75093	PINCOMPUTING	10/30/2017	\$700.00
				TOTAL:	\$2,150.00
3.169	PORTER ONE DESIGN LLC	37680 HILLS TECH DRIVE, FARMINGTON HILLS, MI 48331	INV31546	8/30/2017	\$102.90
3.170	PORTER ONE DESIGN LLC	37680 HILLS TECH DRIVE, FARMINGTON HILLS, MI 48331	INV31818	9/28/2017	\$151.40
				TOTAL:	\$254.30
3.171	QUALITY PROVDER SERVICES INC	229 CHURCHILL DRIVE, RICHMOND, KY 40475	INV96317100	9/12/2017	\$535.67
				TOTAL:	\$535.67
3.172	QUINTAIROS,PRIETO,WOOD & BOYER,P.A.	9300 SOUTH DADELAND BLVD 4TH FLR, MIAMI, FL 33156	INV539247	9/12/2017	\$559.50
3.173	QUINTAIROS,PRIETO,WOOD & BOYER,P.A.	9300 SOUTH DADELAND BLVD 4TH FLR, MIAMI, FL 33156	INV555363	10/12/2017	\$2,374.50
				TOTAL:	\$2,934.00
3.174	RELIANT PRO REHAB LLC	PO BOX 671181, DALLAS, TX 75267	INV472521	8/30/2017	\$24,604.52
3.175	RELIANT PRO REHAB LLC	PO BOX 671181, DALLAS, TX 75267	INV478341	9/28/2017	\$21,532.90
3.176	RELIANT PRO REHAB LLC	PO BOX 671181, DALLAS, TX 75267	INV48448	10/30/2017	\$15,805.07
				TOTAL:	\$61,942.49
3.177	REM CO. INC	PO BOX 455, VERSAILLES, KY 40383	INV1096610	8/18/2017	\$381.09
3.178	REM CO. INC	PO BOX 455, VERSAILLES, KY 40383	INV1097551	9/28/2017	\$157.20
3.179	REM CO. INC	PO BOX 455, VERSAILLES, KY 40383	INV1098004	10/12/2017	\$273.94
				TOTAL:	\$812.23
3.180	RF TECHNOLOGIES INC	PO BOX 8444, CAROL STREAM, IL 60197	INV622730	8/30/2017	\$326.24
				TOTAL:	\$326.24
3.181	SILVER SWAN ASSISTED TRANSPORT LLC	104 FENTON COURT, HOPKINSVILLE, KY 42240	INV073117	8/18/2017	\$2,795.00
3.182	SILVER SWAN ASSISTED TRANSPORT LLC	104 FENTON COURT, HOPKINSVILLE, KY 42240	INV083117	9/28/2017	\$3,915.00
3.183	SILVER SWAN ASSISTED TRANSPORT LLC	104 FENTON COURT, HOPKINSVILLE, KY 42240	INV092917	10/12/2017	\$3,080.00
				TOTAL:	\$9,790.00
3.184	SIMPLE LTC (SOFTWARE)	2435 N. CENTRAL EXPRESSWAY, STE 1510, RICHARDSON, TX 75080	INV9062017	9/6/2017	\$88.77
3.185	SIMPLE LTC (SOFTWARE)	2435 N. CENTRAL EXPRESSWAY, STE 1510, RICHARDSON, TX 75080	INV10032017	10/3/2017	\$88.77
3.186	SIMPLE LTC (SOFTWARE)	2435 N. CENTRAL EXPRESSWAY, STE 1510, RICHARDSON, TX 75080	INV11072017	11/7/2017	\$88.77
				TOTAL:	\$266.31
3.187	SOUTHERN STATES	SOUTHERN STATES HOPKINSVILLE, 5475 CANTON PIKE, HOPKINSVILLE, KY 42240	UTILITIES	9/12/2017	\$1,376.01
3.188	SOUTHERN STATES	SOUTHERN STATES HOPKINSVILLE, 5475 CANTON PIKE, HOPKINSVILLE, KY 42240	UTILITIES	10/12/2017	\$1,974.56
				TOTAL:	\$3,350.57
3.189	SPECIALIZED MEDICAL SERVICES, INC.	7237 SOLUTION CENTER, CHICAGO, IL 60677	INV1274887	8/30/2017	\$3,118.80
3.190	SPECIALIZED MEDICAL SERVICES, INC.	7237 SOLUTION CENTER, CHICAGO, IL 60677	INV716231	9/12/2017	\$2,254.90
3.191	SPECIALIZED MEDICAL SERVICES, INC.	7237 SOLUTION CENTER, CHICAGO, IL 60677	INV1279968	9/28/2017	\$2,632.72
				TOTAL:	\$8,006.42
3.192	SPECTRUM CONTRACTING SERVICES, INC	108 WIND HAVEN DR. STE B, NICHOLASVILLE, KY 40356	ASSET	10/12/2017	\$36,742.66
				TOTAL:	\$36,742.66
3.193	STAPLES CONTRACT & COMMERCIAL, INC.	DEPT DAL, PO BOX 83689, CHICAGO, IL 60696	INV3346064275	8/30/2017	\$245.37
3.194	STAPLES CONTRACT & COMMERCIAL, INC.	DEPT DAL, PO BOX 83689, CHICAGO, IL 60696	INV3349670043	9/28/2017	\$414.78
				TOTAL:	\$660.15
3.195	STEPHANIE HOUCHENS	124 W NASHVILLE STREET, CAMPBELLSVILLE, KY 42718	EXPREPORT	8/18/2017	\$102.72
3.196	STEPHANIE HOUCHENS	124 W NASHVILLE STREET, CAMPBELLSVILLE, KY 42718	EXPREPORT	9/12/2017	\$83.46
3.197	STEPHANIE HOUCHENS	124 W NASHVILLE STREET, CAMPBELLSVILLE, KY 42718	EXPREPORT	9/28/2017	\$50.00
3.198	STEPHANIE HOUCHENS	124 W NASHVILLE STREET, CAMPBELLSVILLE, KY 42718	EXPREPORT	10/12/2017	\$107.00
3.199	STEPHANIE HOUCHENS	124 W NASHVILLE STREET, CAMPBELLSVILLE, KY 42718	EXPREPORT	10/30/2017	\$266.89
				TOTAL:	\$610.07
3.200	STERICYCLE	PO BOX 6575, CAROL STREAM, IL 60197	INV4007256143	8/18/2017	\$129.08
3.201	STERICYCLE	PO BOX 6575, CAROL STREAM, IL 60197	INV4007318893	9/28/2017	\$173.78
3.202	STERICYCLE	PO BOX 6575, CAROL STREAM, IL 60197	INV4007382291	10/12/2017	\$140.67
				TOTAL:	\$443.53
3.203	SYMPHONY DIAGNOSTIC SERVICES NO1 INC.	PO BOX 17462, BALTIMORE, MD 21297	INV33075-07-2017	8/30/2017	\$80.00
3.204	SYMPHONY DIAGNOSTIC SERVICES NO1 INC.	PO BOX 17462, BALTIMORE, MD 21297	INV33075-08-2017	9/28/2017	\$251.81
				TOTAL:	\$331.81
3.205	TAMMY WORKMAN	124 W NASHVILLE STREET, PEMBROKE, KY 42266	EXPREPORT	8/30/2017	\$1,458.26
3.206	TAMMY WORKMAN	124 W NASHVILLE STREET, PEMBROKE, KY 42266	EXPREPORT	10/30/2017	\$602.63
				TOTAL:	\$2,060.89
3.207	TAYLOR CORPORATION	PO BOX 840655, DALLAS, TX 75284	INVV7564594	8/18/2017	\$94.61
3.208	TAYLOR CORPORATION	PO BOX 840655, DALLAS, TX 75284	INVV7573314	8/30/2017	\$24.26
3.209	TAYLOR CORPORATION	PO BOX 840655, DALLAS, TX 75284	INVV7576526	9/28/2017	\$146.39
3.210	TAYLOR CORPORATION	PO BOX 840655, DALLAS, TX 75284	INVV7610117	10/12/2017	\$97.07
				TOTAL:	\$362.33
3.211	TEAM TSI (QAPI COMPLIANCE)	PO BOX 1547, ALBERTVILLE, AL 35950	INV8292017	8/29/2017	\$330.00
3.212	TEAM TSI (QAPI COMPLIANCE)	PO BOX 1547, ALBERTVILLE, AL 35950	INV9262017	9/26/2017	\$330.00
3.213	TEAM TSI (QAPI COMPLIANCE)	PO BOX 1547, ALBERTVILLE, AL 35950	INV10312017	10/31/2017	\$330.00
				TOTAL:	\$990.00
3.214	THE SHERWIN WILLIAMS CO.	2100 LAKESIDE BLVD, SUITE 400, RICHARDSON, TX 75082	INV57063110860717	8/18/2017	\$130.31
3.215	THE SHERWIN WILLIAMS CO.	2100 LAKESIDE BLVD, SUITE 400, RICHARDSON, TX 75082	INV71383154250817	9/12/2017	\$119.92
				TOTAL:	\$250.23
3.216	PCPMG CONSULTING	5420 W. PLANO PKWY, PLANO, TX 75093	MGMT FEES	8/29/2017	\$11,766.02
3.217	PCPMG CONSULTING	5420 W. PLANO PKWY, PLANO, TX 75093	MGMT FEES	9/27/2017	\$10,852.01

SOFA 3

3. Certain payments or transfers to creditors within 90 days before filing this case.

Line Number	Name	Address	Description	Date(s) of Payment	Amount
3.218	PCPMG CONSULTING	5420 W. PLANO PKWY, PLANO, TX 75093	MGMT FEES	10/31/2017	\$10,237.91
3.219	PCPMG CONSULTING	5420 W. PLANO PKWY, PLANO, TX 75093	MGMT FEES	11/10/2017	\$11,323.35
				TOTAL:	\$44,179.29
3.220	UNITED STATES POSTAL SERVICE	PO BOX FEE PAYMENT, POSTMASTER, PEMBROKE, KY 42266	INV090117	9/28/2017	\$92.00
				TOTAL:	\$92.00
3.221	VANGUARD SALES OF EVANSVILLE, INC	816 MAXWELL AVE, EVANSVILLE, IN 47711	INV26468	10/12/2017	\$495.00
				TOTAL:	\$495.00
3.222	VENILIA SMITH	ADDRESS REDACTED	EXPREPORT	11/7/2017	\$33.06
				TOTAL:	\$33.06
3.223	WATERCO OF THE CENTRAL STATES INC.	3900 WILMINGTON PIKE, KETTERING, OH 45429	INV390714	9/28/2017	\$312.43
3.224	WATERCO OF THE CENTRAL STATES INC.	3900 WILMINGTON PIKE, KETTERING, OH 45429	INV387685	10/12/2017	\$109.18
				TOTAL:	\$421.61
3.225	WILSON,ELSER,MOSKOWITZ,	ELDELMAN & DICKER, LLP, 150 EAST 42ND STREET, NEW YORK, NY 10017	INV2797466	9/12/2017	\$1,845.53
3.226	WILSON,ELSER,MOSKOWITZ,	ELDELMAN & DICKER, LLP, 150 EAST 42ND STREET, NEW YORK, NY 10017	INV2809604	9/28/2017	\$6,009.66
3.227	WILSON,ELSER,MOSKOWITZ,	ELDELMAN & DICKER, LLP, 150 EAST 42ND STREET, NEW YORK, NY 10017	INV2823156	10/30/2017	\$6,900.30
				TOTAL:	\$14,755.49
				SUB TOTAL:	\$459,232.81

AMENDED SOFA 4

Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Line Number	Insider Name	Insider Address	Date	Total Amount of Value
4.1	PINCOMPUTING COMPANY (1619)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	1/30/2017	\$388.96
4.2	PINCOMPUTING COMPANY (1619)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	3/9/2017	\$497.58
			TOTAL:	\$886.54
4.3	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	11/28/2016	\$700.00
4.4	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	12/28/2016	\$700.00
4.5	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	1/30/2017	\$700.00
4.6	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	2/27/2017	\$750.00
4.7	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	3/29/2017	\$750.00
4.8	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	4/26/2017	\$750.00
4.9	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	5/30/2017	\$750.00
4.10	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	6/29/2017	\$700.00
4.11	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	7/28/2017	\$650.00
4.12	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	8/30/2017	\$700.00
4.13	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	9/28/2017	\$750.00
4.14	PINCOMPUTING COMPANY, LP (1600)	5500 W PLANO PKWY STE 210, PLANO, TX 75093	10/30/2017	\$700.00
			TOTAL:	\$8,600.00
4.15	THOMAS SCOTT	5500 W PLANO PKWY, PLANO, TX 75093	12/1/2016	\$33.84
4.16	THOMAS SCOTT	5500 W PLANO PKWY, PLANO, TX 75093	6/1/2017	\$170.94
4.17	THOMAS SCOTT	5500 W PLANO PKWY, PLANO, TX 75093	11/10/2017	\$203.46
			TOTAL:	\$408.24
			SUB TOTAL:	\$9,894.78

SOFA 7

Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

Line Number	Case Title	Case Number	Nature of Case	Court or Agency's Name and Address	Status of Case
7.1	DOROTHY KELLER	2084779	WORKERS COMPENSATION	STATE OF KENTUCKY	CLOSED
7.2	NANCY FORD AND TAMMY JONES AS ADMINISTRATORS OF THE ESTATE OF ONDICE FORD V. PEMBROKE HEALTH FACILITIES, L.P., D/B/A CHRISTIAN HEIGHTS NURSING & REHABILITATION CENTER, ET AL.	16-CI-0846	NEGLIGENCE- DEATH	CIRCUIT COURT OF CHRISTIAN COUNTY	PENDING
7.3	PEMBROKE HEALTH FACILITIES, L.P. D/B/A CHRISTIAN HEIGHTS NURSING & REHABILITATION CENTER; KENTUCKY PARTNERS MANAGEMENT LLC; PREFERRED CARE PARTNERS MANAGEMENT GROUP, LP; PREFERRED CARE OF DELAWARE, INC. D/B/A PREFERRED CARE, INC.; KENTUCKY PARTNERS MANAGEMENT GROUP, LLC; PCPMG, LLC; PEMBROKE HEALTH FACILITIES GP, LLC; DENISE KAYE JORDAN A/K/A DENISE KAYE HALPINE; AND JOHN DOES 1-10	15-CI-1240	MED ERROR- DEATH	CIRCUIT COURT OF CHRISTIAN COUNTY DIVISION I	PENDING
7.4	SANDRA MCGREGOR, AS ADMINISTRATRIX OF THE ESTATE OF LILLIAN MCGREGOR, DECEASED V. PEMBROKE HEALTH FACILITIES, L.P. D/B/A CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTER, ET AL.	17-CI-00172	NEGLIGENCE- DEATH	CHRISTIAN CIRCUIT COURT	PENDING
7.5	TONYA SYMPSON	2093178	WORKERS COMPENSATION	STATE OF KENTUCKY	CLOSED
7.6	WILLIAM SIMON, AS ADMINISTRATOR OF THE ESTATE OF SARAH BLACK, DECEASED V. PEMBROKE HEALTH FACILITIES, L.P. D/B/A CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTER, PEMBROKE HEALTH FACILITIES GP, LLC, PREFERRED CARE OF DELAWARE, INC. D/B/A PREFERRED CARE, INC., PCPMG, LLC, PREFERRED CARE PARTNERS MANAGEMENT GROUP, L.P., KENTUCKY PARTNERS MANAGEMENT, LLC, THOMAS D. SCOTT, WAYNE KARCZEWSKI, IN HIS CAPACITY AS ADMINISTRATOR OF CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTER, TAMMY WORKMAN, IN HER CAPACITY AS ADMINISTRATOR OF CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTER, KATHERINE EVANS, IN HER CAPACITY AS ADMINISTRATOR OF CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTER, TRINA DAVES, IN HER CAPACITY AS ADMINISTRATOR OF CHRISTIAN HEIGHTS NURSING AND REHABILITATION CENTER AND JOHN DOES 1 THROUGH 3, UNKNOWN DEFENDANTS	17-CI-208	NEGLIGENCE- DEATH	CIRCUIT COURT OF CHRISTIAN COUNTY	PENDING

SOFA 11

Payments related to bankruptcy

Name	Address	Dates	Total Amount	
GARDERE WYNNE SEWELL LLP	2021 MCKINNEY AVE, STE 1600, DALLAS, TX 75201	1/17/2017	\$2,940.00	
GARDERE WYNNE SEWELL LLP	2021 MCKINNEY AVE, STE 1600, DALLAS, TX 75201	2/14/2017	\$11,638.70	
GARDERE WYNNE SEWELL LLP	2021 MCKINNEY AVE, STE 1600, DALLAS, TX 75201	3/21/2017	\$1,897.77	
GARDERE WYNNE SEWELL LLP	2021 MCKINNEY AVE, STE 1600, DALLAS, TX 75201	5/23/2017	\$110,573.83	
GARDERE WYNNE SEWELL LLP	2021 MCKINNEY AVE, STE 1600, DALLAS, TX 75201	7/18/2017	\$56,370.07	
GARDERE WYNNE SEWELL LLP	2021 MCKINNEY AVE, STE 1600, DALLAS, TX 75201	7/25/2017	\$4,354.00	
GARDERE WYNNE SEWELL LLP	2021 MCKINNEY AVE, STE 1600, DALLAS, TX 75201	11/1/2017	\$515,000.00	
FOCUS MANAGEMENT GROUP	5001 LEMON ST, TAMPA FL 33609	11/1/2017	\$200,000.00	
JNDLA	8269 E 23RD AVE, STE 275, DENVER, CO 80238	11/1/2017	\$30,000.00	
		TOTAL:	\$932,774.37	¹
1 -THESE FEES AND EXPENSES WERE ALLOCATED EQUALLY TO EACH OF THE THIRTY-FOUR (34) DEBTORS.				

SOFA 26d

List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case

Line Number	Name	Address 1	Address 2	City	State	Zip
26d. 1	CIT	ATTN: ED SHUSTER, DIRECTOR	11 WEST 42ND STREET	NEW YORK	NY	10036
26d. 2	CIT	ATTN: MIKE COILEY, MANAGING DIRECTOR	305 FELLOWSHIP ROAD, SUITE 300	MOUNT LAUREL	NJ	08054
26d. 3	WELLS FARGO	ATTN: ERIC MORSE, PORTFOLIO MANAGER	14241 DALLAS PARKWAY	DALLAS	TX	75254