

Fill in this information to identify the case:

Debtor name RATON HEALTH FACILITIES GP, LLC
 United States Bankruptcy Court for the: NORTHERN DISTRICT District of TEXAS
(State)
 Case number (If known): 18-42673 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. Real property: Copy line 88 from <i>Schedule A/B</i>.....</p>	\$ <u>0.00</u>
<p>1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>.....</p>	\$ <u>31,812.50</u>
<p>1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>.....</p>	\$ <u>31,812.50</u>

Part 2: Summary of Liabilities

<p>2. Schedule D: Creditors Who Have Claims Secured by Property (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>	\$ <u>0.00</u>
<p>3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)</p> <p>3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>.....</p>	\$ <u>0.00</u>
<p>3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>.....</p>	+ \$ <u>39,033,402.40</u>
<p>4. Total liabilities..... Lines 2 + 3a + 3b</p>	\$ <u>39,033,402.40</u>

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Debtor RATON HEALTH FACILITIES GP, LLC
 United States Bankruptcy Court for the: NORTHERN DISTRICT District of TEXAS
(State)
 Case number 18-42673
(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
<p>2.1 Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p>2.2 Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p>2.3 Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>

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 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address WELL FARGO BANK, N.A. _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 35,478,745.03
3.2	Nonpriority creditor's name and mailing address FSF DIP, LLC 5500 W. PLANO PARKWAY, SUITE 201 PLANO, TX 75093 _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 161,376.00
3.3	Nonpriority creditor's name and mailing address SEE ATTACHED SCHEDULE E _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,393,281.37
3.4	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	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	\$ _____
3.5	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	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	\$ _____
3.6	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	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	\$ _____

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

5a. Total claims from Part 1

5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 39,033,402.40

5c. Total of Parts 1 and 2

5c. \$ 39,033,402.40

Lines 5a + 5b = 5c.

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	ALPINE LUMBER COMPANY	445 NORTH 1ST STREET RATON, NM 87740	TRADE				\$806.38
3.2	AMANDA A BEARD	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$802.27
3.3	AMBER M GARCIA	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$128.28
3.4	ANDREW TRUJILLO	ADDRESS REDACTED	EXPENSE REIMBURSEMENT	X			\$307.31
3.5	ANGELA ARGUELLO	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$35.47
3.6	ANTHONY M CARDENAS	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$92.26
3.7	BADGER HEALTH CORP	1275 A SOUTH SECOND ST RATON, NM 87740	TRADE				\$1.55
3.8	BRENDA L ARMJO	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,663.70
3.9	BRENT J HORNER	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$463.20
3.10	BRISK RCR COFFEE COMPANY INC	402 N 22ND STREET TAMPA, FL 33605	TRADE				\$243.60
3.11	BURCO CHEMICAL, INC	1125 SOUTH 2ND STREET RATON, NM 87740	TRADE				\$180.14
3.12	CANDISE R URIOSTE	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$744.59
3.13	CARESOURCE PROGRAMS	2200 6TH AVE SUITE 833 SEATTLE, WA 98121	TRADE				\$299.00
3.14	CAROL L VALDEZ	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$256.76
3.15	CASS INFORMATION SYSTEM INC	CIS#92012, PO BOX 17617, ST. LOUIS, MO 63178	TRADE				\$270.00
3.16	CHRISTINA L COCA	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$819.55
3.17	CIT BANK, N.A	21146 NETWORK PLACE CHICAGO, IL 60673	TRADE				\$228.43
3.18	CONFIDENTIAL		PATIENT REFUND				\$66.75
3.19	CONFIDENTIAL		PATIENT REFUND				\$350.30
3.20	DIANA FERNANDEZ	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$482.29
3.21	DIRECT SUPPLY	PO BOX 88201 MILWAUKEE, WI 53288	TRADE				\$8,960.95
3.22	DIXON, SCHOLL, CARRILLO, P.A.	6700 JEFFERSON NE, BLDG. B, STE. 1 ALBUQUERQUE, NM 87109	TRADE				\$6,208.35
3.23	DOMINIQUE D ROMERO	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$100.35
3.24	ECOLAB INC	PO BOX 70343 CHICAGO, IL 60673	TRADE				\$223.80
3.25	ENCHANTED AIR INC	1128 STATE ST, PO BOX 638, RATON, NM 87740	TRADE				\$142.49
3.26	FACILITY SUPPORT FUNDING LLC	5420 W PLANO PKWY, PLANO, TX 75093	INTERCOMPANY				\$3,250,725.00
3.27	FEDERAL EXPRESS COPORATION	PO BOX 371461 PALATINE, IL 15250	TRADE				\$26.77
3.28	FIRST CHOICE MEDICAL SUPPLY HOLDING INC	PO BOX 3608 JACKSON, MS 39207	TRADE				\$9,164.76
3.29	FRANCES L MENDEZ	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$574.80
3.30	GLOBAL NUTRITION SERVICES, LLC	4425 JUAN TABO BLVD NE, STE 140 ALBUQUERQUE, NM 87111	TRADE				\$387.65
3.31	GLORIA M SANCHEZ	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$896.06
3.32	HD SUPPLY FACILITIES MAINTENANCE LTD	PO BOX 509058 SAN DIEGO, CA 92150	TRADE				\$4,757.02
3.33	IMPACT TELECOM	PO BOX 660344 DALLAS, TX 75266	TRADE				\$767.10
3.34	JEFFERSON JR JOE	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$463.20
3.35	JESSE MARTINEZ	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$199.97
3.36	JOERNS WOUNDCO HOLDINGS INC	KEYBANK-LCKBOX 713222, 895 CENTRAL AVENUE, CINCINNATI, OH 45202	TRADE				\$455.10
3.37	JUDE SEARS	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$254.25
3.38	JUSTO P AVILA	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$84.49
3.39	KAREN A HIGHTOWER	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$9.96
3.40	KONICA MINOLTA BUSINESS SOLUTIONS	USA INC, DEPT. CH 19188, PALATINE, IL 60055	TRADE				\$61.51
3.41	KRISTIE CORDOVA	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$43.46
3.42	LANA M GUARA	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,388.43
3.43	LAURA PALMER	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$157.56
3.44	LEGACY INNOVATIONS, INC	PO BOX 1904 EULESS, TX 76039	TRADE				\$250.00
3.45	LOCAL PAGES OF NEW MEXICO, LLC	4910 W. AMELIA EARHART DRIVE, # 1 SALT LAKE CITY, UT 84116	TRADE				\$320.38
3.46	LORETTA SANCHEZ	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$153.80
3.47	LUCY G VALADEZ	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$280.22
3.48	MARK LYLES	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$707.06
3.49	MEAGAN PACHECO	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$329.47
3.50	MED PASS, INC	L-3495 COLUMBUS, OH 43260	TRADE				\$44.58
3.51	MEDLINE INDUSTRIES	DEPT 1080, PO BOX 121080, DALLAS, TX 75312	TRADE				\$891.31
3.52	MIQUELA M TAPIA	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$620.90
3.53	NATIONAL DATACARE CORPORATION	PO BOX 222430 CHANTILLY, VA 20153	TRADE				\$146.95
3.54	NEW MEXICO DEPT OF REVENUE	PO BOX 8485 ALBUQUERQUE, NM 87198	TRADE				\$15,974.33
3.55	NEW MEXICO HEALTH CARE ASSOCIATION	4600A MONTGOMERY BLVD NE, STE 205 ALBUQUERQUE, NM 87109	TRADE				\$203.75
3.56	NEW MEXICO HUMAN SERVICES DEPARTMENT	PO BOX 2348, SANTA FE, NM 87504	PATIENT REFUND	X			\$12,115.19
3.57	NIKKI SALAZAR	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,173.48
3.58	O.C. TANNER COMPANY	1930 SOUTH STATE STREET SALT LAKE CITY, UT 84115	TRADE				\$77.39
3.59	ON HOLD MARKETING SERVICES	6840 WEST 70TH STREET SHREVEPORT, LA 71129	TRADE				\$39.95
3.60	PATRICIA ROMERO	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.61	PERFORMANCE HEALTH SUPPLY INC	PO BOX 93040 CHICAGO, IL 60673	TRADE				\$608.27
3.62	PETRA J. ARMIJO-BERTOLA	1448 TURNESA STREET RATON, NM 87740	TRADE				\$200.00
3.63	PHARMACY CORPORATION OF AMERICA	ATTN: MIKE RODRIGUEZ, 1900 S SUNSET UNIT 1A, LONGMONT, CO 80501	TRADE				\$17,428.08
3.64	PINCOMPUTING COMPANY LP	5500 W. PLANO PKWY SUITE 210 PLANO, TX 75093	TRADE				\$1,500.00
3.65	PORTER ONE DESIGN	37680 HILLS TECH DRIVE FARMINGTON HILLS, MI 48331	TRADE				\$169.90
3.66	RAYNA FAGUS	ADDRESS REDACTED	EXPENSE REIMBURSEMENT	X			\$305.39
3.67	REBEKAH RODIGHIERO	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$600.68
3.68	RELIENT REHABILITATION	PO BOX 671181 DALLAS, TX 75267	TRADE				\$29,778.78
3.69	RENA M BLEA	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$573.24
3.70	RF TECHNOLOGIES	PO BOX 8444 CAROL STREAM, IL 60197	TRADE				\$322.92
3.71	ROQUE A ZAMORA	ADDRESS REDACTED	EXPENSE REIMBURSEMENT	X			\$1,428.12
3.72	ROY FERNANDEZ, AS PERSONAL REPRESENTATIVE OF THE WRONGFUL DEATH ESTATE OF FELIX FERNANDEZ	MELANIE BOSSIE, ESQ., MARY ELLEN SPIECE, ESQ.WILKES & MCHUGH, 2355 E CAMELBACK, #910, PHOENIX, AZ 85016	LITIGATION	X	X	X	UNLIQUIDATED
3.73	SOUTHERN FOODS GRP,L.P. SOUTHWEST	REGION OF DEAN FOODS, PO BOX 710962, DENVER, CO 80271	TRADE				\$686.57
3.74	SPECIALIZED MEDICAL SERVICES INC	7237 SOLUTION CENTER CHICAGO, IL 60677	TRADE				\$665.75
3.75	STAPLES CONTRACT & COMMERCIAL INC	DEPT DAL, PO BOX 83689, CHICAGO, IL 60696	TRADE				\$614.50
3.76	STEPHANIE BURGOS	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED

3. List All Creditors with NONPRIORITY Unsecured Claims

Line Number	Creditor Name	Address	Basis for Claim	Contingent	Unliquidated	Disputed	Claim Amount
3.77	STEPHANIE BURGOS	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.78	STEPHANIE BURGOS	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$100.79
3.79	STERICYCLE	PO BOX 6578 CAROL STREAM, IL 60197	TRADE				\$150.96
3.80	SYSKO NEW MEXICO, LLC	601 COMANCHE ROAD NE ALBUQUERUE, NM 87107	TRADE				\$7,553.80
3.81	TAYLOR CORPOATION	PO BOX 840655 DALLAS, TX 75284	TRADE				\$321.13
3.82	TYLER HIGHTOWER	ADDRESS REDACTED	WORKERS COMP	X	X	X	UNLIQUIDATED
3.83	VERONICA GALLEGOS	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$1,874.15
3.84	WANDA L ROMERO	ADDRESS REDACTED	ACCRUED VACATION/PTO	X			\$774.72
TOTAL:							\$3,393,281.37

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

Debtor Name RATON HEALTH FACILITIES GP, LLC
United States Bankruptcy Court for the: NORTHERN DISTRICT District of TEXAS
(State)
Case number (if known): 18-42673 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 OFFICIAL FORM 206SUM and OFFICIAL FORM 206 E/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 09/06/2018
MM / DD / YYYY



Signature of individual signing on behalf of debtor

ROBERT J RIEK
Printed name

MANAGER
Position or relationship to debtor