

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

In re:)	Chapter 11 Case
)	
FOREST PARK MEDICAL CENTER AT)	Case No. 16-40198-rfn-11
FORT WORTH, LLC)	
)	
Debtor.)	

**GLOBAL NOTES, METHODOLOGY, AND SPECIFIC
DISCLOSURES REGARDING THE DEBTOR'S SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

Introduction

Forest Park Medical Center at Fort Worth LLC ("Forest Park" or the "Debtor") as debtor in possession in the above-captioned chapter 11 case, with the assistance of their advisors, has filed their Schedules of Assets and Liabilities (the "Schedules") and Statement of Financial Affairs (the "Statement") and together with the Schedules, (the "Statement and Schedules") with the United States Bankruptcy Court for the Northern District of Texas, Fort Worth Division (the "Bankruptcy Court"), pursuant to section 521 of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the "Bankruptcy Code"), Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules").

These *Global Notes, Methodology, and Specific Disclosures Regarding the Debtor's Schedules of Assets and Liabilities and Statement of Financial Affairs* (the "Global Notes") pertain to, are incorporated by reference in, and comprise an integral part of all of the Debtor's Statement and Schedules. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Statement and Schedules.

The Statement and Schedules do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP"), nor are they intended to be fully reconciled with the financial statements of the Debtor. Additionally, the Statement and Schedules contain unaudited information that is subject to further review, potential adjustment, and reflect the Debtor's commercially reasonable efforts to report the assets and liabilities of the Debtor.

The Debtor and their agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information contained herein. While commercially reasonable efforts have been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. The Debtor and their agents, attorneys and financial advisors expressly do not undertake

any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or re-categorized. In no event shall the Debtor or their agents, attorneys and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtor or their agents, attorneys, and financial advisors are advised of the possibility of such damages.

Ms. Preshie Wilson, the Debtor's Chief Financial Officer, has signed the Statement and Schedules. Ms. Wilson is an authorized signatory for the Debtor. In reviewing and signing the Statement and Schedules, Ms. Wilson has relied upon the efforts, statements, and representations of various personnel employed by the Debtor and their advisors. Ms. Wilson has not (and could not have) personally verified the accuracy of each statement and representation contained in the Statement and Schedules, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

Global Notes and Overview of Methodology

1. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Statement and Schedules; however, inadvertent errors or omissions may exist. The Debtor reserves all rights to (i) amend or supplement the Statement and Schedules from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Statement and Schedules with respect to claim ("Claim") description, designation, or Debtor against which the Claim is asserted; (ii) dispute or otherwise assert offsets or defenses to any Claim reflected in the Statement and Schedules as to amount, liability, priority, status or classification; (iii) subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority or avoidability of any Claim. Any failure to designate a Claim in the Statement and Schedules as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed. Furthermore, nothing contained in the Statement and Schedules shall constitute a waiver of rights with respect to the Debtor's chapter 11 case, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation or rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtor shall not be required to update the Statement and Schedules except as may be required by applicable law.
2. **Description of Case and "As Of" Information Date.** On January 10, 2016 (the "Petition Date"), the Debtor filed its voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtor is operating its business as a debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.

The asset information provided herein represents the asset data as of the close of business on December 31, 2015. The liability information represents the liability data of the Debtor as of the close of business on January 9, 2016, except as otherwise noted.

3. **Net Book Value of Assets.** Unless otherwise indicated, the asset data contained in the Debtor's Statement and Schedules reflect net book values as of December 31, 2015. Book values of assets prepared in accordance with GAAP generally do not reflect the current performance of the assets and may differ materially from the actual value of the underlying assets.
4. **Recharacterization.** Notwithstanding the Debtor's commercially reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Statement and Schedules, the Debtor may nevertheless have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtor's business. Accordingly, the Debtor reserves all of their rights to re-characterize, reclassify, recategorize, redesignate, add, or delete items reported in the Statement and Schedules at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition. Disclosure of information in one or more Schedules, one or more Statement question, or one or more exhibits or attachments to the Statement and Schedules, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits, or attachments.
5. **Liabilities.** The Debtor has sought to allocate liabilities between the prepetition and postpetition periods based on the information and research conducted in connection with the preparation of the Statement and Schedules. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and postpetition periods may change. Accordingly, the Debtor reserves all of their rights to amend, supplement, or otherwise modify the Statement and Schedules as is necessary or appropriate.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtor reserves all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

6. **Excluded Assets and Liabilities.** The Debtor has excluded certain categories of assets, tax accruals, and liabilities from the Statement and Schedules, including, without limitation, goodwill, accrued salaries, employee benefit accruals, and accrued accounts payable. The Debtor has also excluded rejection damage Claims of counterparties to executory contracts and unexpired leases that may or may not be rejected, to the extent such damage Claims exist. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized (but not directed) the Debtor to pay, in their discretion, certain outstanding Claims on a postpetition basis. Prepetition liabilities that have been paid postpetition or those that the Debtor plans to pay via this authorization have been designated as unliquidated in the Schedules. Please see the notes to Schedule E/F for additional information.

7. **Insiders**. For purposes of the Statement and Schedules, the Debtor defined "insiders" pursuant to section 101(31) of the Bankruptcy Code as: (a) directors; (b) officers; (c) persons in control of the Debtor; (d) relatives of the Debtor's directors, officers or persons in control of the Debtor; and (e) debtor/non-debtor affiliates of the foregoing. Persons listed as "insiders" have been included for informational purposes only and by including them in the Statement and Schedules, shall not constitute an admission that those persons are insiders for purposes of section 101(31) of the Bankruptcy Code. Moreover, the Debtor does not take any position with respect to: (a) any insider's influence over the control of the Debtor; (b) the management responsibilities or functions of any such insider; (c) the decision making or corporate authority of any such insider; or (d) whether the Debtor or any such insider could successfully argue that he or she is not an "insider" under applicable law or with respect to any theories of liability or for any other purpose.
8. **Intellectual Property Rights**. Exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction.
9. **Classifications**. Listing (a) a Claim on Schedule D as "secured," (b) a Claim on Schedule E/F as "priority," (c) a Claim on Schedule E/F as "unsecured," or (d) a contract on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtor of the legal rights of the claimant or a waiver of the Debtor's rights to re-characterize or reclassify such Claims or contracts or to setoff of such Claims.
10. **Claims Description**. Schedules D and E/F permit the Debtor to designate a Claim as "disputed," "contingent," and/or "unliquidated." Any failure to designate a Claim on the Debtor's Statement and Schedules as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent," or "unliquidated," or that such Claim is not subject to objection. The Debtor reserves all of their rights to dispute, or assert offsets or defenses to, any Claim reflected on their respective Statement and Schedules on any grounds, including liability or classification. Additionally, the Debtor expressly reserves all of their rights to subsequently designate such Claims as "disputed," "contingent" or "unliquidated." Moreover, listing a Claim does not constitute an admission of liability by the Debtor.
11. **Causes of Action**. Despite their commercially reasonable efforts to identify all known assets, the Debtor may not have listed all of their causes of action or potential causes of action against third-parties as assets in the Statement and Schedules, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtor reserves all of their rights with respect to any cause of action (including avoidance

actions), controversy, right of setoff, cross claim, counterclaim, or recoupment and any claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law or in equity, or pursuant to any other theory of law (collectively, "Causes of Action") they may have, and neither these Global Notes nor the Statement and Schedules shall be deemed a waiver of any claims or Causes of Action or in any way prejudice or impair the assertion of such claims or Causes of Action.

12. **Summary of Significant Reporting Policies.** The following is a summary of significant reporting policies:
- **Undetermined Amounts.** The description of an amount as "unknown," "TBD" or "undetermined" is not intended to reflect upon the materiality of such amount.
 - **Totals.** All totals that are included in the Statement and Schedules represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
 - **Paid Claims.** The Debtor was authorized (but not directed) to pay certain outstanding prepetition Claims pursuant to various orders entered by the Bankruptcy Court. The Debtor reserves all of their rights to amend or supplement the Statement and Schedules or take other action as is necessary or appropriate to avoid over-payment of or duplicate payments for any such liabilities. Please see notes to Schedule E/F for any additional information.
 - **Liens.** Property and equipment listed in the Statement and Schedules are presented without consideration of any liens that may attach (or have attached) to such property and equipment.
13. **Currency.** Unless otherwise indicated, all amounts are reflected in U.S. dollars.
14. **Intercompany Payables and Receivables.** Intercompany payables and receivables are set forth on Schedule E/F or Schedule A/B.77, as applicable. The listing by the Debtor of any account between a Debtor and another affiliate is a statement of what appears in the Debtor's books and records and does not reflect any admission or conclusion of the Debtor regarding the allowance, classification, characterization, validity, or priority of such account. The Debtor takes no position in these Statement and Schedules as to whether such accounts would be allowed as a Claim, an Interest, or not allowed at all. The Debtor and all parties in interest reserve all rights with respect to such accounts.
15. **Setoffs.** The Debtor periodically incurs certain setoffs in the ordinary course of business. Setoffs in the ordinary course can result from various items including, but not limited to, intercompany transactions, pricing discrepancies, returns, refunds, negotiations and/or

disputes between the Debtor and their customers and/or suppliers. These normal setoffs are consistent with the ordinary course of business in the Debtor's industry and can be particularly voluminous, making it unduly burdensome and costly for the Debtor to list such ordinary course setoffs. Therefore, although such setoffs and other similar rights may have been accounted for when scheduling certain amounts, these ordinary course setoffs are not independently accounted for, and as such, are or may be excluded from the Debtor's Statement and Schedules.

16. **Employee Addresses.** Current employee, former employee and director addresses have been removed from entries listed throughout the Statement and Schedules, where applicable.
17. **Global Notes Control.** In the event that the Statement and Schedules differ from these Global Notes, the Global Notes shall control.

Specific Disclosures with Respect to the Debtor's Schedules

The Schedules do not purport to represent financial statements prepared in accordance with GAAP, nor are they intended to be fully reconciled with the financial statements of the Debtor. Additionally, the Schedules contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtor's reasonable best efforts to report the assets and liabilities of the Debtor. Moreover, given, among other things, the uncertainty surrounding the collection and ownership of certain assets and the valuation and nature of certain liabilities, to the extent that the Debtor shows more assets than liabilities, this is not an admission that the Debtor was solvent as of the Petition Date or at any time before the Petition Date. Likewise, to the extent the Debtor shows more liabilities than assets, this is not an admission that the Debtor was insolvent as of the Petition Date or at any time before the Petition Date.

Schedule A/B.15. Equity interests in subsidiaries and affiliates primarily arise from common stock ownership or member or partnership interests. For purposes of these Schedules, the Debtor has listed an undetermined value for the equity interests. The book values of certain assets may materially differ from their fair market values.

Schedule D. Except as specifically stated herein, real property lessors, utility companies and other parties which may hold security deposits have not been listed on Schedule D. The Debtor has not included parties that may believe their Claims are secured through setoff rights or inchoate statutory lien rights, including certain parties from whom the Debtor has received lien notices but whose notices the Debtor understands have not yet been filed or recorded. While reasonable efforts have been made, determination of the date upon which each claim in Schedule D was incurred or arose would be unduly burdensome or cost prohibitive, and therefore the Debtor may not list a date for each claim listed on Schedule D.

Finally, the Debtor is taking no position on the extent or priority of a particular creditor's lien in this document.

Schedule E/F. Certain of the claims of state and local taxing authorities set forth in Schedule E/F, ultimately may be deemed to be secured claims pursuant to state or local laws. In addition, certain of the claims owing to various taxing authorities to which the Debtor may be liable may be subject to ongoing audits. The Debtor reserves their right to dispute or challenge whether claims owing to various taxing authorities are entitled to priority, and the listing of any claim on Schedule E/F does not constitute an admission that such claim is entitled to priority treatment pursuant to section 507 of the Bankruptcy Code.

The claims of individual creditors for, among other things, goods, products, services, or taxes are listed as the amounts entered on the Debtor's books and records and may not reflect credits, allowances, or other adjustments due from such creditors to the Debtor. The Debtor reserves all of their rights with regard to such credits, allowances, and other adjustments, including the right to assert claims objections and/or setoffs with respect to the same.

Pursuant to the *Order Authorizing Payment of Prepetition Wages, Employee Benefits, and Insurance Premiums and Granting Related Relief* [Docket No. 42] (the "Wages Order"), the Bankruptcy Court granted the Debtor authority to pay or honor certain prepetition obligations for employee wages, salaries, and other compensation, and employee medical and similar benefits. The Debtor has not listed on Schedule E/F any wage or wage-related obligations that the Debtor has been granted authority to pay pursuant to any order that has been entered by the Bankruptcy Court, including the Wages Order. The Debtor believes that all such claims have been, or will be, satisfied in the ordinary course during their chapter 11 case pursuant to the authority granted in the Wages Order.

Schedule E/F does not include certain deferred charges, deferred liabilities, accruals, or general reserves. Such amounts are, however, reflected on the Debtor's books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific Claims as of the Petition Date. The Debtor has made every effort to include as contingent, unliquidated, or disputed the Claim of any vendor not included on the Debtor's open accounts payable that is associated with an account that has an accrual or receipt not invoiced.

Schedule G. Certain of the instruments reflected on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional lands, and other miscellaneous rights. Such rights, powers, duties, and obligations are not separately set forth on Schedule G. The Debtor hereby expressly reserves the right to assert that any instrument listed on Schedule G is an executory contract or unexpired lease within the meaning of section 365 of the Bankruptcy Code. In addition, the Debtor reserves all of their rights, claims, and causes of action with respect to claims associated with any contracts and agreements listed on Schedule A/B, including their right to dispute or challenge the characterization or the structure of any transaction, document, or instrument (including any intercompany agreement).

Certain confidentiality and non-compete agreements may not be listed on Schedule G. The Debtor reserves all of their rights with respect to such agreements.

Certain of the contracts and agreements listed on Schedule G may consist of several parts, including, purchase orders, amendments, restatements, waivers, letters and other documents that may not be listed on Schedule G or that may be listed as a single entry.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtor's use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, it is the Debtor's intent that each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider.

Fill in this information to identify the case:

Debtor name FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
 United States Bankruptcy Court for the Northern District of Texas
(State)
 Case number (if known): 16-40198-RFN-11

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>778,638.93</u>
<p>1b. Total personal property: Copy line 91A from <i>Schedule A/B</i></p>	\$ <u>36,919,941.56</u> + undetermined amounts
<p>1c. Total of all property: Copy line 92 from <i>Schedule A/B</i></p>	\$ <u>37,698,580.49</u> + undetermined amounts

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

	\$ <u>41,194,433.00</u> + undetermined amounts
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3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

<p>3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i></p>	\$ <u>0.00</u> + undetermined amounts
<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 6b of <i>Schedule E/F</i></p>	+ \$ <u>18,638,573.11</u> + undetermined amounts

<p>4. Total liabilities</p> <p>Lines 2 + 3a + 3b</p>	\$ <u>59,833,006.11</u> + undetermined amounts
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Fill in this information to identify the case:

Debtor name FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
 United States Bankruptcy Court for the Northern District of Texas
(State)
 Case number (if known): 16-40198-RFN-11

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. **Cash on hand** \$ 0.00

3. **Checking, savings, money market, or financial brokerage accounts** *(Identify all)*

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>See attached rider</u>			\$ <u>503,266.29</u>
3.2. _____			\$ _____

4. **Other cash equivalents** *(Identify all)*

4.1. <u>See attached rider</u>	\$ <u>0.00</u>
4.2. _____	\$ _____

5. **Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 503,266.29

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Current value of debtor's interest

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	Current value of debtor's interest
7.1. <u>None</u>	\$ <u>0.00</u>
7.2. _____	\$ _____

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8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. See attached rider \$ 473,099.24
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 473,099.24

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: 5,007,870.68 - 5,418.39 = → \$ 5,002,452.29
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 2,367,419.07 - 895,206.03 = → \$ 1,472,213.04
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 6,474,665.33

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
 14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: _____ % of ownership: _____

15.1. See attached rider _____ % _____ \$ Undetermined
 15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
 16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00
 + undetermined amounts

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Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies See attached rider	_____ MM / DD / YYYY	\$ _____	_____	\$ 2,023,804.90
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ 2,023,804.90

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value 103,083.30 Valuation method _____ Cost Current value 103,083.30

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$	0.00
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34. **Is the debtor a member of an agricultural cooperative?**

- No
 Yes. Is any of the debtor's property stored at the cooperative?
 No
 Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No
 Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- No
 Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No
 Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture _____	\$ _____	_____	\$ _____
40. Office fixtures _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software See attached rider _____	\$ 3,242,854.80	_____	\$ 3,242,854.80
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$	3,242,854.80
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44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No
 Yes

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Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

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

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
See attached rider _____	\$ 23,094,782.88	_____	\$ 23,094,782.88
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 23,094,782.88

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 See attached rider		\$		\$ 778,638.93
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 778,638.93

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
- Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ Total face amount — _____ doubtful or uncollectible amount = → \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

See attached rider _____ \$ Undetermined

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

OTHER ASSETS _____ \$ 1,107,468.12

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 1,107,468.12
+ undetermined amounts

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 503,266.29	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 473,099.24	
82. Accounts receivable. Copy line 12, Part 3.	\$ 6,474,665.33	
83. Investments. Copy line 17, Part 4.	\$ 0.00 + undetermined amounts	
84. Inventory. Copy line 23, Part 5.	\$ 2,023,804.90	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 3,242,854.80	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 23,094,782.88	
88. Real property. Copy line 56, Part 9. →		\$ 778,638.93
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	+ \$ 1,107,468.12 + undetermined amounts	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 36,919,941.56 + undetermined amounts	+ 91b. \$ 778,638.93
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 37,698,580.49 + undetermined amounts

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 1, Question 3: Checking, savings, money market, or financial brokerage accounts

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
TEXAS CAPITAL BANK	Operating Account		\$295,313.69
TEXAS CAPITAL BANK	Disbursement Account		\$207,952.60
		TOTAL	\$503,266.29

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 1, Question 4: Other cash equivalents

Description	Current value of debtor's interest
CASH RECEIPTS - CHECK	\$0.00
CASH RECEIPTS CREDIT CARD	\$0.00
TOTAL	\$0.00

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 2, Question 8: Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description	Name of holder of prepayment	Current value of debtor's interest
OTHR PREPAID EXPS	BUCCANEER FINANCIAL GROUP INC	\$31,313.67
OTHR PREPAID EXPS	BUCCANEER FINANCIAL GROUP INC	\$23,910.60
OTHR PREPAID EXPS	BUCCANEER FINANCIAL GROUP INC	\$23,504.08
OTHR PREPAID EXPS	BUCCANEER FINANCIAL GROUP INC	\$13,648.00
OTHR PREPAID EXPS	CLINICAL DRUG INFORMATION	\$6,544.00
OTHR PREPAID EXPS	COREPOINT HEALTH	\$1,312.54
OTHR PREPAID EXPS	FORWARD ADVANTAGE INC	\$-1,088.14
OTHR PREPAID EXPS		\$9,246.34
OTHR PREPAID EXPS	HEALTHSTREAM INC	\$12,665.24
OTHR PREPAID EXPS		\$-45,916.65
OTHR PREPAID EXPS	MCKESSON TECHNOLOGIES INC	\$4,539.21
OTHR PREPAID EXPS	MCKESSON TECHNOLOGIES INC	\$2,139.55
OTHR PREPAID EXPS	MICROSOFT LICENSING GP	\$33,216.53
OTHR PREPAID EXPS	MOBILITY EXCHANGE LLC	\$988.50
OTHR PREPAID EXPS		\$-12,535.02
OTHR PREPAID EXPS	SURGICAL INFORMATION SYSTEMS LLC	\$48,268.38
OTHR PREPAID EXPS	TECHNIFAX CORPORATION	\$5,946.21
OTHR PREPAID EXPS	THE SSI GROUP INC	\$3,628.01
PREPAID INSURANCE	IMPERIAL PFS	\$311,768.19
	TOTAL	\$473,099.24

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 4, Question 15: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity	% of ownership	Valuation method used for current value	Current value of debtor's interest
FPMC SERVICES, LLC			Undetermined
		TOTAL	\$0.00 + undetermined amounts

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 5, Question 22: Other inventory or supplies

General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
INVENTORY SURGERY				\$1,682,609.15
INVENTORY-MED/SURG SUPPLIES				\$5,154.33
INVENTORY GENERAL STORES				\$182,614.28
INVENTORY - PHARMACY SUPPLIES				\$136,001.83
INVENTORY - ER				\$5,430.46
INVENTORY - PACU				\$4,214.96
INVENTORY- 2 SOUTH PH III				\$5,771.40
INVENTORY - 3 SOUTH PH III				\$2,008.49
			TOTAL	\$2,023,804.90

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 5, Question 25: Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

Description	Book value	Valuation method	Current value of debtor's interest
ORCORE/ORCOREPOD2/ORSUTURE	\$63,333.58	Cost	\$63,333.58
STOREROOM	\$39,749.72	Cost	\$39,749.72
		TOTAL	\$103,083.30

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.27	Net Book Value	\$673.27
DELL LATITUDE 15 50	\$621.60	Net Book Value	\$621.60
DELL LATITUDE 15 50	\$621.60	Net Book Value	\$621.60
DELL LATITUDE 15 50	\$621.60	Net Book Value	\$621.60
DELL LATITUDE 15 50	\$621.60	Net Book Value	\$621.60
DELL LATITUDE 15 50	\$621.60	Net Book Value	\$621.60
NETWORK EQUIPMENT INSTALL EXPEDITED	\$36,604.50	Net Book Value	\$36,604.50
TEMPORARY NETWORK EQUIPMENT	\$4,025.00	Net Book Value	\$4,025.00
SMART SUITE FAX SERVER	\$7,374.52	Net Book Value	\$7,374.52
ESIGNATURE PADS	\$719.21	Net Book Value	\$719.21
ESIGNATURE PADS	\$719.21	Net Book Value	\$719.21
ESIGNATURE PADS	\$719.21	Net Book Value	\$719.21
ESIGNATURE PADS	\$719.21	Net Book Value	\$719.21
ESIGNATURE PADS	\$719.21	Net Book Value	\$719.21
ESIGNATURE PADS	\$719.21	Net Book Value	\$719.21

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
ESIGNATURE PADS	\$719.21	Net Book Value	\$719.21
VLA SQL SERVER	\$2,366.36	Net Book Value	\$2,366.36
MARK II DT LABEL PRINTER	\$972.91	Net Book Value	\$972.91
MARK II DT LABEL PRINTER	\$972.91	Net Book Value	\$972.91
MARK II DT LABEL PRINTER	\$972.91	Net Book Value	\$972.91
MARK II DT LABEL PRINTER	\$972.91	Net Book Value	\$972.91
MARK II DT LABEL PRINTER	\$972.91	Net Book Value	\$972.91
DELL COMPUTER CONFIGURATION	\$5,292.85	Net Book Value	\$5,292.85
ENTERPRISE RIGHT FAX SERVER	\$39,162.10	Net Book Value	\$39,162.10
VLA SQL SERVER	\$2,417.80	Net Book Value	\$2,417.80
VLA SQL SERVER	\$2,417.80	Net Book Value	\$2,417.80
VLA SQL SERVER	\$2,417.80	Net Book Value	\$2,417.80
VLA SQL SERVER	\$2,417.80	Net Book Value	\$2,417.80
HC CORDLESS SCANNER	\$573.08	Net Book Value	\$573.08
MONITORS/KEYBOARDS/MOUSE - 40	\$1,655.87	Net Book Value	\$1,655.87
DELL LATITUDE E7440	\$856.13	Net Book Value	\$856.13
DELL LATITUDE E7440	\$856.13	Net Book Value	\$856.13
NETWORK PERFORMANCE MONITOR SL2000	\$7,911.69	Net Book Value	\$7,911.69
ZEBRA PRINTER	\$228.73	Net Book Value	\$228.73
VPN CONNECTIVITY	\$3,966.33	Net Book Value	\$3,966.33
WIRELESS NETWORK	\$56,626.90	Net Book Value	\$56,626.90
DISTRIBUTED ANTENNA SYSTEM	\$15,017.20	Net Book Value	\$15,017.20
VM WARE HOSTS FOR THE SIS SOFTWARE	\$5,093.34	Net Book Value	\$5,093.34
VIRTUAL STAGING NETWORK	\$1,659.86	Net Book Value	\$1,659.86
BACKUP TAPE LIBRARY - MSL4048 ODR 4U RM	\$4,040.04	Net Book Value	\$4,040.04
BACKUP TAPE LIBRARY - MSL4048 ODR 4U RM	\$3,070.38	Net Book Value	\$3,070.38
LINEAR TAPE OPEN 1.5TB	\$2,931.18	Net Book Value	\$2,931.18
MSL LTOS ULTRIUM 3000 FC	\$2,806.95	Net Book Value	\$2,806.95
LTOS LINEAR TAPE OPEN	\$265.94	Net Book Value	\$265.94
NETBACKUP BUNDLE 5230	\$32,584.76	Net Book Value	\$32,584.76

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
MOBILE COMPUTER	\$7,545.67	Net Book Value	\$7,545.67
MONITOR	\$595.82	Net Book Value	\$595.82
LABELING SOFTWARE	\$395.01	Net Book Value	\$395.01
POWERPATH SOFTWARE - SERVERS	\$73,257.59	Net Book Value	\$73,257.59
COREPOINT ENGINE-20 CONNECTIONS	\$8,616.87	Net Book Value	\$8,616.87
EFORMS/SIGNATURE SOFTWARE	\$23,510.67	Net Book Value	\$23,510.67
ECHO CREDENTIALING MGMT SYSTEM SOFTWARE	\$9,263.21	Net Book Value	\$9,263.21
MEDITECH SOFTWARE	\$847,885.05	Net Book Value	\$847,885.05
SURGICAL SYSTEM SOFTWARE	\$630,835.03	Net Book Value	\$630,835.03
CALL ACCOUNTING SOFTWARE	\$2,113.87	Net Book Value	\$2,113.87
ONBASE SOFTWARE	\$166,955.79	Net Book Value	\$166,955.79
ONBASE SOFTWARE	\$22,541.91	Net Book Value	\$22,541.91
DIGITIZE CHECK FORM IMAGE	\$366.63	Net Book Value	\$366.63
RALS LICENSE	\$1,020.54	Net Book Value	\$1,020.54
PROVATION SOFTWARE	\$59,807.69	Net Book Value	\$59,807.69
CALL ACCOUNTING SOFTWARE	\$988.32	Net Book Value	\$988.32
CLIENT LICENSES TO ACCESS SIS	\$11,405.66	Net Book Value	\$11,405.66
PACS/NUANCE POWERSCRIBE	\$73,773.48	Net Book Value	\$73,773.48
TEMP TRAK SOFTWARE	\$5,749.79	Net Book Value	\$5,749.79
RALS LICENSE	\$1,206.11	Net Book Value	\$1,206.11
RALS - PLUS I-STAT LICENSE	\$1,542.67	Net Book Value	\$1,542.67
COREPOINT INTEGRATION ENGINE W/A2	\$4,658.61	Net Book Value	\$4,658.61
B/AR INTERFACE	\$104.17	Net Book Value	\$104.17
MEDITECH SOFTWARE	\$76,700.00	Net Book Value	\$76,700.00
SOFTWARE/LICENSING/PROGRAMMING FOR 30 HEARTBEAT DEVICES	\$29,185.71	Net Book Value	\$29,185.71
Charge Value Inbound IF	\$5,000.00	Net Book Value	\$5,000.00
NURSING SCANNERS - 70	\$9,888.06	Net Book Value	\$9,888.06
ZEBRA THERMAL PRINTER	\$1,342.81	Net Book Value	\$1,342.81
CORDLESS IMAGER	\$531.13	Net Book Value	\$531.13
CORDLESS IMAGER	\$531.13	Net Book Value	\$531.13

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
DIGI PORSERVER	\$765.90	Net Book Value	\$765.90
DELL LATITUDE E5420 LAPTOP	\$1,273.51	Net Book Value	\$1,273.51
DELL LATITUDE E5420 LAPTOP	\$1,250.37	Net Book Value	\$1,250.37
DELL LATITUDE E5420 LAPTOP	\$1,250.37	Net Book Value	\$1,250.37
HP DL380 GEN 8 MEDITECH SERVERS	\$82,136.87	Net Book Value	\$82,136.87
HP DL380 GEN 8 MEDITECH SERVERS- PROF SERVICES	\$34,575.15	Net Book Value	\$34,575.15
VMWARE SERVERS	\$62,353.61	Net Book Value	\$62,353.61
6 OUTLET SURGE PROTECTOR	\$31.35	Net Book Value	\$31.35
21.5 P2214H MONITOR/MS111 USB OPTICAL MOUSE""	\$128.59	Net Book Value	\$128.59
21.5 P2214H MONITOR/MS111 USB OPTICAL MOUSE""	\$128.59	Net Book Value	\$128.59
21.5 P2214H MONITOR/MS111 USB OPTICAL MOUSE""	\$128.59	Net Book Value	\$128.59
21.5 P2214H MONITOR/MS111 USB OPTICAL MOUSE""	\$128.59	Net Book Value	\$128.59
21.5 P2214H MONITOR/MS111 USB OPTICAL MOUSE""	\$128.59	Net Book Value	\$128.59
21.5 P2214H MONITOR/MS111 USB OPTICAL MOUSE""	\$128.59	Net Book Value	\$128.59
21.5 P2214H MONITOR/MS111 USB OPTICAL MOUSE""	\$128.59	Net Book Value	\$128.59
21.5 P2214H MONITOR/MS111 USB OPTICAL MOUSE""	\$128.59	Net Book Value	\$128.59
21.5 P2214H MONITOR/MS111 USB OPTICAL MOUSE""	\$128.58	Net Book Value	\$128.58
LATITUDE 15 5000 SERIES LAPTOP	\$663.08	Net Book Value	\$663.08
LATITUDE 15 5000 SERIES LAPTOP	\$663.08	Net Book Value	\$663.08
LATITUDE 15 5000 SERIES LAPTOP	\$663.08	Net Book Value	\$663.08
LATITUDE 15 5000 SERIES LAPTOP	\$663.08	Net Book Value	\$663.08
LATITUDE 15 5000 SERIES LAPTOP	\$663.06	Net Book Value	\$663.06
50 - CITRIX XENDT PLAT ED X1 + SA- REMOTE ACCESS	\$21,049.82	Net Book Value	\$21,049.82
HP TERMINAL SERVER HARDWARE FOR SIS SOFTWARE	\$3,955.40	Net Book Value	\$3,955.40
UPS & PDU'S FOR IT EQUIPMENT ROOMS	\$29,678.40	Net Book Value	\$29,678.40
VMWARE EXPANSION-NETWORK EQUIPMENT	\$95,926.37	Net Book Value	\$95,926.37
HP SB DL380P GEN8 E5-2690 SERVER	\$3,671.47	Net Book Value	\$3,671.47

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
DISTRIBUTED ANTENNA SYSTEM	\$127,544.57	Net Book Value	\$127,544.57
DIGI PORTSERVER TS 16	\$708.89	Net Book Value	\$708.89
DIGI PORTSERVER TS 16	\$708.89	Net Book Value	\$708.89
DIGI 4 PK TS DB9M MODEM - 9	\$134.78	Net Book Value	\$134.78
NETWORK EQUIPMENT	\$154,977.36	Net Book Value	\$154,977.36
WIRELESS NETWORK EQUIPMENT	\$100,932.22	Net Book Value	\$100,932.22
NETWORK EQUIPMENT	\$18,739.27	Net Book Value	\$18,739.27
DATAMAX I-4212E MARK II THERMAL PRINTERS	\$968.77	Net Book Value	\$968.77
DATAMAX I-4212E MARK II THERMAL PRINTERS	\$968.77	Net Book Value	\$968.77
DATAMAX I-4212E MARK II THERMAL PRINTERS	\$968.77	Net Book Value	\$968.77
DATAMAX I-4212E MARK II THERMAL PRINTERS	\$968.77	Net Book Value	\$968.77
DATAMAX I-4212E MARK II THERMAL PRINTERS	\$968.79	Net Book Value	\$968.79
OPTIPLEX 9020	\$552.35	Net Book Value	\$552.35
OPTIPLEX 9020	\$552.35	Net Book Value	\$552.35
OPTIPLEX 3020 SMALL FORM	\$379.72	Net Book Value	\$379.72
OPTIPLEX 3020 SMALL FORM	\$379.71	Net Book Value	\$379.71
NETWORK EQUIPMENT FOR SIS SOFTWARE	\$9,078.39	Net Book Value	\$9,078.39
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$595.64	Net Book Value	\$595.64
OPTIPLEX 3020/MONITOR/KEYBOARD/MOUSE	\$596.05	Net Book Value	\$596.05
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT
WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 7, Question 41: Office equipment, including all computer equipment and communication systems equipment and software

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
LATITUDE 14 500 LAPTOP	\$673.45	Net Book Value	\$673.45
		TOTAL	\$3,242,854.80

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
NURSE CALL SYSTEM	\$368,495.95	Net Book Value	\$368,495.95
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
LOW VOLTAGE TECHNOLOGY CAD DRAWINGS	\$11,855.54	Net Book Value	\$11,855.54
PROFESSIONAL MGMT SERVICES	\$63,800.00	Net Book Value	\$63,800.00
ONSITE WORK TRAILER	\$4,966.63	Net Book Value	\$4,966.63
ACCESS CONTROL SYSTEM CABLING	\$17,844.32	Net Book Value	\$17,844.32
EQUIPMENT PLANNING 8/20/12-8/17/14	\$146,762.53	Net Book Value	\$146,762.53
PNEUMATIC TUBE	\$136,395.32	Net Book Value	\$136,395.32
EMERGENCY ASSISTANCE STATIONS IN GARAGE	\$20,960.13	Net Book Value	\$20,960.13
STRUCTURED CABLING	\$291,296.22	Net Book Value	\$291,296.22
NURSE CALL & RTLS CABLING	\$44,354.75	Net Book Value	\$44,354.75
GARAGE SIGNAGE	\$7,507.56	Net Book Value	\$7,507.56
INTERIOR SIGNAGE	\$13,640.54	Net Book Value	\$13,640.54
EXTERIOR SIGNAGE	\$28,341.99	Net Book Value	\$28,341.99
STRUCTURED CABLING FOR CCTV SYSTEM IN GARAGE	\$24,345.30	Net Book Value	\$24,345.30
EQUIPMENT PLANNING	\$45,610.48	Net Book Value	\$45,610.48
ASSET TAGGING PROJECT	\$19,675.82	Net Book Value	\$19,675.82
STRUCTURED CABLING	\$58,192.31	Net Book Value	\$58,192.31
ACCESS CONTROL CABLING	\$830.87	Net Book Value	\$830.87
STRUCTURED CABLING	\$30,179.45	Net Book Value	\$30,179.45
CABLING AV ACCESS CONTROL	\$67,342.05	Net Book Value	\$67,342.05
Signage (10 YEAR)	\$4,477.05	Net Book Value	\$4,477.05
SIGNS GARAGE/INTERIOR/EXTERIOR (10 YEAR)	\$34,560.88	Net Book Value	\$34,560.88
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT
WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.36	Net Book Value	\$3,504.36
TV'S/MOUNTS	\$123,031.27	Net Book Value	\$123,031.27
PATIENT MONITORS	\$796,419.43	Net Book Value	\$796,419.43
BARIATRIC ELECTRIC PATIENT LIFT	\$1,513.59	Net Book Value	\$1,513.59
ELECTRO THERAPY CART	\$175.86	Net Book Value	\$175.86
BARIATRIC TRAPEZE	\$593.21	Net Book Value	\$593.21
BARIATRIC TRAPEZE	\$593.21	Net Book Value	\$593.21
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.30	Net Book Value	\$273.30
3 SHELF LARGE CART	\$273.26	Net Book Value	\$273.26
BLADDER SCANNER	\$7,507.87	Net Book Value	\$7,507.87
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
BLADDER SCANNER	\$7,507.87	Net Book Value	\$7,507.87
BLADDER SCANNER CALIBRATION KIT	\$712.73	Net Book Value	\$712.73
EXAM TABLES	\$1,051.79	Net Book Value	\$1,051.79
EXAM TABLES	\$1,051.79	Net Book Value	\$1,051.79
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$527.36	Net Book Value	\$527.36
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$527.36	Net Book Value	\$527.36
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$527.36	Net Book Value	\$527.36
WATERLOO CART	\$527.36	Net Book Value	\$527.36
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$527.29	Net Book Value	\$527.29
WATERLOO CART	\$527.29	Net Book Value	\$527.29
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$1,038.66	Net Book Value	\$1,038.66
WATERLOO CART	\$1,103.82	Net Book Value	\$1,103.82
WATERLOO CART	\$1,942.95	Net Book Value	\$1,942.95
WATERLOO CART	\$750.46	Net Book Value	\$750.46
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$1,134.59	Net Book Value	\$1,134.59
WATERLOO CART	\$685.63	Net Book Value	\$685.63
WATERLOO CART	\$935.83	Net Book Value	\$935.83
ECG MACHINE & ACCESSORIES	\$27,207.19	Net Book Value	\$27,207.19
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
DEFIBRILLATOR - LP20E PACKAGE	\$9,732.53	Net Book Value	\$9,732.53
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
3005 MEDICAL BED	\$7,298.62	Net Book Value	\$7,298.62
TREATMENT RECLINER	\$2,865.11	Net Book Value	\$2,865.11
TREATMENT RECLINER	\$2,865.11	Net Book Value	\$2,865.11
TREATMENT RECLINER	\$2,865.11	Net Book Value	\$2,865.11
TREATMENT RECLINER	\$2,865.11	Net Book Value	\$2,865.11
TREATMENT RECLINER	\$2,865.11	Net Book Value	\$2,865.11
PEDIATRIC CRIB	\$5,801.78	Net Book Value	\$5,801.78
PEDIATRIC CRIB	\$5,801.78	Net Book Value	\$5,801.78
OR SURGICAL LIGHTS & BOOMS	\$1,207,344.29	Net Book Value	\$1,207,344.29
CAST CUTTER	\$666.27	Net Book Value	\$666.27
VACUUM & STAND	\$829.98	Net Book Value	\$829.98
STEALTH S7 NAVIGATION SYSTEM & INSTRUMENTS	\$81,886.32	Net Book Value	\$81,886.32
ORAE-RADIAL ELECTRONIC SCOPE	\$57,386.45	Net Book Value	\$57,386.45
EVIS EXERA II ULTRASOUND CURVILINEAR ENDOSCOPE	\$49,415.81	Net Book Value	\$49,415.81
VIDEO CHANNEL CLA SCOPE	\$54,188.53	Net Book Value	\$54,188.53
VIDEO CHANNEL CLA SCOPE	\$54,188.53	Net Book Value	\$54,188.53
EVIS EXERA III HD GASTROSCOPE	\$22,000.00	Net Book Value	\$22,000.00

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
EVIS EXERA III HD GASTROSCOPE	\$22,000.00	Net Book Value	\$22,000.00
EVIS EXERA III HD GASTROSCOPE	\$22,000.00	Net Book Value	\$22,000.00
EVIS EXERA III HD GASTROSCOPE	\$22,000.00	Net Book Value	\$22,000.00
EVIS EXERA III HD PEDIATRIC COLONOSCOPE	\$25,300.00	Net Book Value	\$25,300.00
EVIS EXERA III HD PEDIATRIC COLONOSCOPE	\$25,300.00	Net Book Value	\$25,300.00
EVIS EXERA III HD PEDIATRIC COLONOSCOPE	\$25,300.00	Net Book Value	\$25,300.00
EVIS EXERA III HD PEDIATRIC COLONOSCOPE	\$25,300.00	Net Book Value	\$25,300.00
EVIS EXERA III HD DUAL COLONOSCOPE	\$25,300.00	Net Book Value	\$25,300.00
EVIS EXERA III HD DUAL COLONOSCOPE	\$25,300.00	Net Book Value	\$25,300.00
EVIS EXERA III HD DUAL COLONOSCOPE	\$25,300.00	Net Book Value	\$25,300.00
EVIS EXERA III HD DUAL COLONOSCOPE	\$25,300.00	Net Book Value	\$25,300.00
VIDEO DUODENOSCOPE	\$22,000.00	Net Book Value	\$22,000.00
VIDEO DUODENOSCOPE	\$22,000.00	Net Book Value	\$22,000.00
VIDEO SIG MOIDOSCOPE	\$10,890.00	Net Book Value	\$10,890.00
DETACHABLE CABLE FOR SCOPES	\$5,474.46	Net Book Value	\$5,474.46
HALOFLEX ENERGY GENERATOR	\$68,643.73	Net Book Value	\$68,643.73
XENON LIGHT SOURCE/POWER SUPPLY	\$9,435.19	Net Book Value	\$9,435.19
XENON LIGHT SOURCE/POWER SUPPLY	\$9,435.19	Net Book Value	\$9,435.19
XENON LIGHT SOURCE/POWER SUPPLY	\$9,435.19	Net Book Value	\$9,435.19
XENON LIGHT SOURCE/POWER SUPPLY	\$9,435.19	Net Book Value	\$9,435.19
XENON LIGHT SOURCE/POWER SUPPLY	\$9,435.19	Net Book Value	\$9,435.19
XENON LIGHT SOURCE/POWER SUPPLY	\$9,435.19	Net Book Value	\$9,435.19
XENON LIGHT SOURCE/POWER SUPPLY	\$9,435.19	Net Book Value	\$9,435.19
XENON LIGHT SOURCE/POWER SUPPLY	\$9,435.18	Net Book Value	\$9,435.18
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
SUCTION ASPIRATOR	\$222.45	Net Book Value	\$222.45
PULSAR PLASMA GENERATOR	\$19,107.87	Net Book Value	\$19,107.87
PULSAR PLASMA GENERATOR	\$19,107.87	Net Book Value	\$19,107.87
PULSAR PLASMA GENERATOR	\$19,107.88	Net Book Value	\$19,107.88
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
ANESTHESIA MACHINE W/ROLLING STAND	\$15,374.81	Net Book Value	\$15,374.81
NEURO THERM NT-2000 LESION GENERATOR	\$26,881.15	Net Book Value	\$26,881.15
PAIN TABLE	\$8,713.95	Net Book Value	\$8,713.95
EVIS EXERA III VIDEO PROCESSOR	\$17,940.00	Net Book Value	\$17,940.00
EVIS EXERA III VIDEO PROCESSOR	\$17,940.00	Net Book Value	\$17,940.00
EVIS EXERA III LIGHT SOURCE	\$10,350.00	Net Book Value	\$10,350.00

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
EVIS EXERA III LIGHT SOURCE	\$10,350.00	Net Book Value	\$10,350.00
HD OLYMPUS PRINTER	\$5,562.26	Net Book Value	\$5,562.26
HD OLYMPUS PRINTER	\$5,562.26	Net Book Value	\$5,562.26
FLUSHING PUMP	\$1,349.31	Net Book Value	\$1,349.31
FLUSHING PUMP	\$1,349.31	Net Book Value	\$1,349.31
EUS PROCESSOR PLATFORM	\$159,986.05	Net Book Value	\$159,986.05
VIDEOSCOPE CABLE	\$1,794.00	Net Book Value	\$1,794.00
VIDEOSCOPE CABLE	\$1,794.00	Net Book Value	\$1,794.00
VIDEOSCOPE DETACHABLE CABLE	\$6,417.00	Net Book Value	\$6,417.00
STANDARD CART W/CO2	\$5,858.79	Net Book Value	\$5,858.79
STANDARD CART W/CO2	\$5,858.79	Net Book Value	\$5,858.79
HD LED LCD MONITOR	\$5,244.00	Net Book Value	\$5,244.00
HD LED LCD MONITOR	\$5,244.00	Net Book Value	\$5,244.00
EVIS EXERA III VIDEO PROCESSOR	\$16,081.74	Net Book Value	\$16,081.74
EVIS EXERA III VIDEO PROCESSOR	\$16,081.73	Net Book Value	\$16,081.73
EVIS EXERA III LIGHT SOURCE	\$8,809.00	Net Book Value	\$8,809.00
EVIS EXERA III LIGHT SOURCE	\$8,809.00	Net Book Value	\$8,809.00
24 FLAT SCREEN MEDICAL MONITOR""	\$6,834.78	Net Book Value	\$6,834.78
24 FLAT SCREEN MEDICAL MONITOR""	\$6,834.78	Net Book Value	\$6,834.78
EVIS EXERA III HD GASTROSCOPE	\$8,756.00	Net Book Value	\$8,756.00
EVIS EXERA III HD GASTROSCOPE	\$8,756.00	Net Book Value	\$8,756.00
SONY PRINTER	\$1,058.75	Net Book Value	\$1,058.75
SONY PRINTER	\$1,058.75	Net Book Value	\$1,058.75
FLUSHING PUMP	\$1,041.21	Net Book Value	\$1,041.21
FLUSHING PUMP	\$1,041.21	Net Book Value	\$1,041.21
HIGHFLOW INSUFFLATION UNIT	\$6,651.31	Net Book Value	\$6,651.31
HIGHFLOW INSUFFLATION UNIT	\$6,651.31	Net Book Value	\$6,651.31
WORKSTATION GI CO2 STD SET	\$3,570.29	Net Book Value	\$3,570.29
WORKSTATION GI CO2 STD SET	\$3,570.29	Net Book Value	\$3,570.29
CO2 REGULATOR	\$3,542.80	Net Book Value	\$3,542.80
CO2 REGULATOR	\$3,542.80	Net Book Value	\$3,542.80

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
3085 SURGICAL TABLES	\$20,606.03	Net Book Value	\$20,606.03
3085 SURGICAL TABLES	\$20,606.03	Net Book Value	\$20,606.03
3085 SURGICAL TABLES	\$20,606.03	Net Book Value	\$20,606.03
3085 SURGICAL TABLES	\$20,606.03	Net Book Value	\$20,606.03
3085 SURGICAL TABLES	\$20,606.03	Net Book Value	\$20,606.03
3085 SURGICAL TABLES	\$20,606.03	Net Book Value	\$20,606.03
5085 SURGICAL TABLES	\$35,488.65	Net Book Value	\$35,488.65
5085 SURGICAL TABLES	\$35,488.65	Net Book Value	\$35,488.65
5085 SURGICAL TABLES	\$35,488.65	Net Book Value	\$35,488.65
5085 SURGICAL TABLES	\$35,488.65	Net Book Value	\$35,488.65
5085 SURGICAL TABLES	\$35,488.65	Net Book Value	\$35,488.65
5085 SURGICAL TABLES	\$35,488.65	Net Book Value	\$35,488.65
5085 SURGICAL TABLES	\$35,488.65	Net Book Value	\$35,488.65
1488 HD CAMERAL HEAD - 24	\$233,715.34	Net Book Value	\$233,715.34
NEPTUNE 2 ROVER ULTRA	\$11,400.35	Net Book Value	\$11,400.35
NEPTUNE 2 ROVER ULTRA	\$11,400.35	Net Book Value	\$11,400.35
NEPTUNE 2 ROVER ULTRA	\$11,400.35	Net Book Value	\$11,400.35
NEPTUNE 2 ROVER ULTRA	\$11,400.35	Net Book Value	\$11,400.35
NEPTUNE 2 ROVER ULTRA	\$11,400.35	Net Book Value	\$11,400.35
NEPTUNE 2 ROVER ULTRA	\$11,400.35	Net Book Value	\$11,400.35
NEPTUNE 2 ROVER ULTRA	\$11,400.35	Net Book Value	\$11,400.35
NEPTUNE 2 ROVER ULTRA	\$11,400.35	Net Book Value	\$11,400.35
NEPTUNE 2 ROVER ULTRA DOCKING STATION	\$9,483.62	Net Book Value	\$9,483.62
NEPTUNE 2 ROVER ULTRA DOCKING STATION	\$9,483.62	Net Book Value	\$9,483.62
TOURNIQUET PUMP	\$7,021.42	Net Book Value	\$7,021.42
TOURNIQUET PUMP	\$7,021.42	Net Book Value	\$7,021.42
TOURNIQUET PUMP	\$7,021.42	Net Book Value	\$7,021.42
CITOW CERVICAL VISUALIZER	\$11,768.35	Net Book Value	\$11,768.35
HALO CART	\$3,995.88	Net Book Value	\$3,995.88
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.76	Net Book Value	\$13,587.76
FORCETRIAD GENERATOR	\$13,587.77	Net Book Value	\$13,587.77
BIS VISTA MONITOR	\$3,066.62	Net Book Value	\$3,066.62
BIS VISTA MONITOR	\$3,066.62	Net Book Value	\$3,066.62
ARGON PLASMA COAGULATORS	\$15,421.14	Net Book Value	\$15,421.14
ARGON PLASMA COAGULATORS	\$15,421.14	Net Book Value	\$15,421.14
ELECTROSURGICAL UNIT	\$13,837.95	Net Book Value	\$13,837.95
ELECTROSURGICAL UNIT	\$13,837.95	Net Book Value	\$13,837.95
MAYFIELD HEAD POSITIONER SYSTEM	\$83,381.86	Net Book Value	\$83,381.86
ULTRASONIC TISSUE ALBATION SYSTEM & INSTRUMENTS	\$174,329.56	Net Book Value	\$174,329.56
SPINE TABLE & ACCESSORIES	\$60,690.79	Net Book Value	\$60,690.79
SPINE TABLE & ACCESSORIES	\$60,690.79	Net Book Value	\$60,690.79
SPINE TABLE & ACCESSORIES	\$60,690.79	Net Book Value	\$60,690.79
OH5 MICROSCOPE W/STAND & ACCESSORIES	\$236,207.70	Net Book Value	\$236,207.70
MAZOR SURGICAL ROBOT	\$624,695.35	Net Book Value	\$624,695.35
NERVE INTEGRITY MONITOR BUNDLE	\$32,283.89	Net Book Value	\$32,283.89
RADIOLUCENT WILSON FRAME	\$3,845.16	Net Book Value	\$3,845.16
CO2 REGULATOR	\$3,542.80	Net Book Value	\$3,542.80
CO2 REGULATOR	\$3,542.79	Net Book Value	\$3,542.79
FLUID & BLOOD WARMER	\$9,813.35	Net Book Value	\$9,813.35
STRYKER ENDO PACKAGE	\$596,119.65	Net Book Value	\$596,119.65

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,230.38	Net Book Value	\$9,230.38
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,230.38	Net Book Value	\$9,230.38
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,230.38	Net Book Value	\$9,230.38
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,230.38	Net Book Value	\$9,230.38
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
1488 HD 3 CHIP CAMERA CONTROL UNIT	\$9,005.19	Net Book Value	\$9,005.19
KMAT PENTERO 900 HD MICROSCOPE	\$212,740.11	Net Book Value	\$212,740.11
KMAT PENTERO 900 HD MICROSCOPE	\$212,740.11	Net Book Value	\$212,740.11
NOVASURE RADIOFREQUENCY CONTROLLER	\$13,491.28	Net Book Value	\$13,491.28
IS 4000 DA VINCI XI SYSTEM	\$1,416,800.00	Net Book Value	\$1,416,800.00
CART & UTENSIL DISINFECTOR	\$156,477.20	Net Book Value	\$156,477.20
FH05042 VISION STEAMER/RACK RETURN	\$68,948.90	Net Book Value	\$68,948.90
CAVIWAVE PRO ULTRASONIC CLEANER	\$56,028.00	Net Book Value	\$56,028.00
ERGOSTAT PREP/PACK WORKSTATION	\$3,891.96	Net Book Value	\$3,891.96
ERGOSTAT PREP/PACK WORKSTATION	\$3,891.96	Net Book Value	\$3,891.96
ERGOSTAT PREP/PACK WORKSTATION	\$3,891.96	Net Book Value	\$3,891.96
ERGOSTAT PREP/PACK WORKSTATION	\$3,891.96	Net Book Value	\$3,891.96
VARIOUS STERILIZERS	\$517,663.08	Net Book Value	\$517,663.08
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD GLASS DUAL	\$5,954.69	Net Book Value	\$5,954.69
WARMING CABINET STD SOLID SINGLE	\$3,153.07	Net Book Value	\$3,153.07
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$4,931.89	Net Book Value	\$4,931.89
FLEXMATIC WATER CONTROL SENSOR	\$3,474.11	Net Book Value	\$3,474.11
FLEXMATIC WATER CONTROL SENSOR	\$3,474.11	Net Book Value	\$3,474.11
FH05042 VISION STEAMER	\$65,537.85	Net Book Value	\$65,537.85
FH05042 VISION STEAMER	\$65,537.85	Net Book Value	\$65,537.85
ELGA LAB CENTRA R200 HI FLOW UNIT	\$26,749.64	Net Book Value	\$26,749.64
STERILE PROCESSING SYSTEM INSTALLATION	\$106,199.25	Net Book Value	\$106,199.25
SCOPE WASHER	\$29,129.71	Net Book Value	\$29,129.71

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
SCOPE WASHER	\$29,129.70	Net Book Value	\$29,129.70
GROSS LAB WORKSTATION	\$23,666.05	Net Book Value	\$23,666.05
HOODS	\$12,681.72	Net Book Value	\$12,681.72
X WIDE PADDED BLOOD DRAW CHAIR	\$498.35	Net Book Value	\$498.35
X WIDE PADDED BLOOD DRAW CHAIR	\$498.35	Net Book Value	\$498.35
PLATELET FUNCTION LAB ANALYZER	\$10,733.35	Net Book Value	\$10,733.35
WATER PURIFIER W/BOOSTER PUMP	\$5,457.15	Net Book Value	\$5,457.15
DxH 600 UNICELL HEMATOLOGY ANALYZER	\$43,700.00	Net Book Value	\$43,700.00
PLASMA THAWING BATH	\$4,454.35	Net Book Value	\$4,454.35
IMMUNOASSAY ANALYZER	\$16,375.20	Net Book Value	\$16,375.20
CLINITEK STATUS PLUS ANALYZER	\$693.68	Net Book Value	\$693.68
EBA 20S CENTRIFUGE	\$1,801.32	Net Book Value	\$1,801.32
EBA 20 CENTRIFUGE	\$1,033.06	Net Book Value	\$1,033.06
ROTOFIX 32A CENTRIFUGE	\$1,874.50	Net Book Value	\$1,874.50
HEMOTEMP II ACTIVATOR	\$755.95	Net Book Value	\$755.95
TUBE ROCKER VARI-MIX	\$521.74	Net Book Value	\$521.74
MTS INTEGRATED WORKSTATION	\$4,194.07	Net Book Value	\$4,194.07
AGGLUTINATION VIEWER	\$425.12	Net Book Value	\$425.12
OHAUS PORTABLE BALANCE	\$431.74	Net Book Value	\$431.74
HEMAT AUTO STAINER	\$8,932.03	Net Book Value	\$8,932.03
HEMOTOLOGY ANALYZER	\$1,796.33	Net Book Value	\$1,796.33
I-STAT SYSTEM	\$21,574.17	Net Book Value	\$21,574.17
COUNTERTOP PLATELET INCUBATOR	\$5,672.00	Net Book Value	\$5,672.00
CRYOSTAT	\$20,838.72	Net Book Value	\$20,838.72
CYTOLOGY CART & ACCESSORIES	\$1,191.69	Net Book Value	\$1,191.69
MICROSCOPE FRAME W/TRANSMITTED ARM	\$1,623.68	Net Book Value	\$1,623.68
TILTING BINOCULAR OBS TUBE MICROSCOPE	\$3,474.05	Net Book Value	\$3,474.05
MICROSCOPE FRAME W/TRANSMITTED ARM	\$1,632.73	Net Book Value	\$1,632.73
DUAL OBSERVATION UNIT MICROSCOPE	\$1,389.87	Net Book Value	\$1,389.87
TILTING BINOCULAR OBS TUBE MICROSCOPE	\$2,749.03	Net Book Value	\$2,749.03

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
TILTING BINOCULAR OBS TUBE MICROSCOPE	\$2,749.03	Net Book Value	\$2,749.03
MICROSCOPE FRAME W/TRANSMITTED ARM	\$1,623.68	Net Book Value	\$1,623.68
TILTING BINOCULAR OBS TUBE MICROSCOPE	\$2,887.19	Net Book Value	\$2,887.19
MICROSCOPE FRAME W/TRANSMITTED ARM	\$1,623.68	Net Book Value	\$1,623.68
TILTING BINOCULAR OBS TUBE MICROSCOPE	\$4,189.45	Net Book Value	\$4,189.45
DxH 600 UNICELL HEMATOLOGY ANALYZER	\$98,900.00	Net Book Value	\$98,900.00
HEMOTEMP II ACTIVATOR	\$614.95	Net Book Value	\$614.95
OPTIMA CT660 SYSTEM	\$416,299.25	Net Book Value	\$416,299.25
1.5T MRI/COIL CART	\$918,387.00	Net Book Value	\$918,387.00
MRI EXPRESSION PATIENT MONITOR	\$36,382.88	Net Book Value	\$36,382.88
M7 ULTRASOUND SYSTEM & ACCESSORIES	\$34,647.70	Net Book Value	\$34,647.70
FLAT DETECOT MINI C-ARM	\$57,500.00	Net Book Value	\$57,500.00
MRI 18 WHEELCHAIR"	\$1,703.05	Net Book Value	\$1,703.05
MRI STRETCHER	\$1,956.05	Net Book Value	\$1,956.05
DC-8 ULTRASOUND	\$53,291.99	Net Book Value	\$53,291.99
PRECISION 500D MOBILE DIGITAL X-RAY	\$402,152.96	Net Book Value	\$402,152.96
VISION RFD 20 VASCULAR PACAKGE	\$555,833.35	Net Book Value	\$555,833.35
SERVO-I VENTILATOR	\$23,815.05	Net Book Value	\$23,815.05
SERVO-I VENTILATOR	\$23,815.05	Net Book Value	\$23,815.05
SERVO-I VENTILATOR	\$23,815.05	Net Book Value	\$23,815.05
CAPNOCHECK II CAPNOGRAPH	\$1,592.69	Net Book Value	\$1,592.69
CAPNOCHECK II CAPNOGRAPH	\$1,592.69	Net Book Value	\$1,592.69
BIPAP VENTILATOR	\$28,306.96	Net Book Value	\$28,306.96
MRI SAFE VENTILATOR	\$6,770.93	Net Book Value	\$6,770.93
PHARMACY MEDICATION DISPENSER - INSTALLATION/FREIGHT	\$35,184.27	Net Book Value	\$35,184.27
51.1 CF PHARMACY REFRIGERATOR	\$6,297.54	Net Book Value	\$6,297.54
23 CF GLASS REFRIGERATOR	\$4,111.19	Net Book Value	\$4,111.19
51.1 CF BB REFRIGERATOR	\$8,467.47	Net Book Value	\$8,467.47
50 CF GLASS REFRIGERATOR	\$5,926.20	Net Book Value	\$5,926.20

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
23.3 CF FREEZER	\$4,404.11	Net Book Value	\$4,404.11
UNDERCOUNTER REFRIGERATOR	\$1,171.74	Net Book Value	\$1,171.74
16 GAL WET-CRY VAC	\$1,207.73	Net Book Value	\$1,207.73
SAFETY ANALYZER	\$1,245.85	Net Book Value	\$1,245.85
DEFIBRILLATOR ANALYZER	\$3,154.85	Net Book Value	\$3,154.85
HIGH ACCURACY ESU ANALYZER	\$7,436.62	Net Book Value	\$7,436.62
ESU-2400 FORCE TRIAD PM KIT	\$345.00	Net Book Value	\$345.00
DIGITAL TACHOMETER	\$302.85	Net Book Value	\$302.85
BASIC RESISTANCE DECADE BOX	\$164.02	Net Book Value	\$164.02
INFUSION PUMP ANALYZER	\$2,027.85	Net Book Value	\$2,027.85
VARIOUS SIMULATORS	\$4,240.42	Net Book Value	\$4,240.42
KITCHEN EQUIPMENT	\$568,394.40	Net Book Value	\$568,394.40
AVAYA AURA PHONE SYSTEM	\$167,370.72	Net Book Value	\$167,370.72
ACCESS CONTROL SYSTEM	\$150,050.45	Net Book Value	\$150,050.45
PHONE SYSTEM EXPEDITED	\$11,883.35	Net Book Value	\$11,883.35
HOSPITAL ARTWORK	\$76,518.34	Net Book Value	\$76,518.34
HOSPITAL/DINING FURNITURE	\$737,951.30	Net Book Value	\$737,951.30
CUBICLE CURTAINS	\$20,408.88	Net Book Value	\$20,408.88
VIDEO SURVEILLANCE SYSTEM	\$89,009.96	Net Book Value	\$89,009.96
PAGING SYSTEM	\$38,218.73	Net Book Value	\$38,218.73
OFFICE FURNITURE	\$53,258.05	Net Book Value	\$53,258.05
EXAM TABLE	\$2,835.44	Net Book Value	\$2,835.44
INSTRUMENT WALL STORAGE UNIT	\$1,415.82	Net Book Value	\$1,415.82
PHANTOM CERVICAL RETRACTOR 2 COMPLETE SYSTEMS	\$35,680.29	Net Book Value	\$35,680.29
EQUIPMENT ELECTRICAL TESTING	\$4,000.00	Net Book Value	\$4,000.00
SS 3 SHELF UTILITY CART - 6	\$4,050.67	Net Book Value	\$4,050.67
3005 MEDICAL BED - FREIGHT	\$12,675.91	Net Book Value	\$12,675.91
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT WHITE BOTTOM FREEZER REFRIGERATOR	\$904.95	Net Book Value	\$904.95
20.3 CU FT SS BOTTOM FREEZER REFRIGERATOR	\$1,058.13	Net Book Value	\$1,058.13
BOSCH SS DISHWASHER	\$876.96	Net Book Value	\$876.96
5.5 CU FT FF REFRIGERATOR	\$837.87	Net Book Value	\$837.87
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.39	Net Book Value	\$767.39
5.5 CU FT FF LOW LEAD REFRIGERATOR	\$767.24	Net Book Value	\$767.24
SYMPHONY ICE/WATER DISPENSER	\$4,257.40	Net Book Value	\$4,257.40
SYMPHONY ICE/WATER DISPENSER	\$4,655.31	Net Book Value	\$4,655.31
SYMPHONY ICE/WATER DISPENSER	\$4,655.31	Net Book Value	\$4,655.31
SYMPHONY ICE/WATER DISPENSER	\$4,655.31	Net Book Value	\$4,655.31
SYMPHONY ICE/WATER DISPENSER	\$4,655.31	Net Book Value	\$4,655.31
SYMPHONY ICE/WATER DISPENSER	\$4,655.31	Net Book Value	\$4,655.31
CUSTOM REFRIGERATOR	\$816.92	Net Book Value	\$816.92
CUSTOM REFRIGERATOR	\$816.92	Net Book Value	\$816.92
2.2 CU FT COUNTERTOP SS REFRIGERATOR	\$302.85	Net Book Value	\$302.85
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.80	Net Book Value	\$248.80
2.2 CU FT COUNTERTOP WHITE REFRIGERATOR	\$248.74	Net Book Value	\$248.74
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
3 SIDED SUPPLY CART	\$310.96	Net Book Value	\$310.96
SUTURE CART	\$305.73	Net Book Value	\$305.73
SUTURE CART	\$305.73	Net Book Value	\$305.73
SS LAKESIDE CART	\$394.11	Net Book Value	\$394.11
SS LAKESIDE CART	\$394.11	Net Book Value	\$394.11
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
CHROME SUPPLY CART	\$277.41	Net Book Value	\$277.41
24x72 SUPPLY CART	\$341.34	Net Book Value	\$341.34
24x72 SUPPLY CART	\$341.34	Net Book Value	\$341.34
24x72 SUPPLY CART	\$341.34	Net Book Value	\$341.34
24x72 SUPPLY CART	\$341.34	Net Book Value	\$341.34
MOBILE CART	\$270.93	Net Book Value	\$270.93
MOBILE CART	\$270.93	Net Book Value	\$270.93
MOBILE CART	\$270.93	Net Book Value	\$270.93
CHART RACK	\$929.29	Net Book Value	\$929.29
CHART RACK	\$929.29	Net Book Value	\$929.29
PORTABLE CAMINO NEUROMONITOR	\$44,616.20	Net Book Value	\$44,616.20
EES GENERATOR/CART/FOOTSWITCH	\$19,140.75	Net Book Value	\$19,140.75
URINE METER ANALYZER	\$1,413.40	Net Book Value	\$1,413.40
URINE METER ANALYZER	\$1,413.40	Net Book Value	\$1,413.40
DIFFICULT AIRWAY FLEX INTUBATION SCOPE - 5.2MM	\$7,123.06	Net Book Value	\$7,123.06
DIFFICULT AIRWAY FLEX INTUBATION SCOPE - 5.2MM	\$7,123.06	Net Book Value	\$7,123.06
DIFFICULT AIRWAY FLEX INTUBATION SCOPE - 2.8MM	\$7,075.14	Net Book Value	\$7,075.14

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
DIFFICULT AIRWAY FLEX INTUBATION SCOPE - 3.7MM	\$7,123.32	Net Book Value	\$7,123.32
CMAC VIDEO SYSTEM	\$24,830.22	Net Book Value	\$24,830.22
ENDOSCOPIC ENDONASAL SCOPE SET	\$83,213.62	Net Book Value	\$83,213.62
FULL SIZE ERCP CART	\$2,749.49	Net Book Value	\$2,749.49
ENDOSCOPY DILATOR STORAGE CART	\$2,261.78	Net Book Value	\$2,261.78
METAL EXCHANGE CART	\$3,631.89	Net Book Value	\$3,631.89
METAL EXCHANGE CART	\$2,298.83	Net Book Value	\$2,298.83
INSTALLATION OF SCOPE BUDDY WASHERS	\$3,046.92	Net Book Value	\$3,046.92
STEALTH SURGICAL SYSTEM	\$305,276.75	Net Book Value	\$305,276.75
O-ARM	\$313,967.05	Net Book Value	\$313,967.05
INSTALLATION OF ANESTHESIA MACHINES	\$106,143.15	Net Book Value	\$106,143.15
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.04	Net Book Value	\$2,395.04
SS CASE CART-2 DOOR	\$2,395.00	Net Book Value	\$2,395.00
ERGONOMIC ANESTHESIA CHAIR	\$440.25	Net Book Value	\$440.25
ERGONOMIC ANESTHESIA CHAIR	\$440.25	Net Book Value	\$440.25
ERGONOMIC ANESTHESIA CHAIR	\$440.25	Net Book Value	\$440.25
ERGONOMIC ANESTHESIA CHAIR	\$440.26	Net Book Value	\$440.26
CONDUCTIVE ANESTHESIA CHAIR	\$390.71	Net Book Value	\$390.71

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
CONDUCTIVE ANESTHESIA CHAIR	\$390.71	Net Book Value	\$390.71
DOUBLE GLASS SCOPE CABINET	\$3,794.53	Net Book Value	\$3,794.53
DOUBLE GLASS SCOPE CABINET	\$3,794.53	Net Book Value	\$3,794.53
PLATELET ROCKER AGIATOR - PFL 5i	\$1,469.12	Net Book Value	\$1,469.12
ACL ELITE ANALYZER	\$14,100.00	Net Book Value	\$14,100.00
1.5T MRI/COIL CART	\$104,261.28	Net Book Value	\$104,261.28
WAVEFORM GENERATOR	\$1,573.36	Net Book Value	\$1,573.36
ELECTRIC PALLET JACK	\$2,467.00	Net Book Value	\$2,467.00
HOSPITAL ARTWORK	\$72,223.29	Net Book Value	\$72,223.29
STEEL SHELVING	\$203,680.03	Net Book Value	\$203,680.03
REMAINING OFFICE FURNITURE	\$12,896.14	Net Book Value	\$12,896.14
OFFICE FURNITURE (12 YEAR)	\$3,098.57	Net Book Value	\$3,098.57
STOOLS	\$3,739.62	Net Book Value	\$3,739.62
IPC SYSTEM AND ENDOSCRUB	\$18,893.77	Net Book Value	\$18,893.77
M5 MICRODEBRIDER W/INST TRAY	\$10,491.17	Net Book Value	\$10,491.17
SLANTED SHELF CART (20 YEAR)	\$579.24	Net Book Value	\$579.24
TV/MOUNTS LABOR	\$15,112.50	Net Book Value	\$15,112.50
SPINE TABLE & ACCESSORIES (15 year)	\$73,077.75	Net Book Value	\$73,077.75
SPINE TABLE & ACCESSARIES (15 YEAR)	\$3,749.25	Net Book Value	\$3,749.25
SPINE TABLE & ACCESSORIES FREIGHT (15 YEAR)	\$1,500.00	Net Book Value	\$1,500.00
DEPUY SYTHES DRILL (20 YEAR)	\$49,244.82	Net Book Value	\$49,244.82
NEOPROBE DRILL (20 YEAR)	\$32,344.89	Net Book Value	\$32,344.89
CLINITEK UPGRADE KIT	\$892.04	Net Book Value	\$892.04
INSTRUMENT TABLE (15 YEAR)	\$539.14	Net Book Value	\$539.14
6 SHELF CARTS/SS SHELVES (10 YEAR)	\$11,283.38	Net Book Value	\$11,283.38
POWER ASSISTED LIPOPLASTY	\$17,122.26	Net Book Value	\$17,122.26
HIGH DEF DIAGNOSTIC BRONCH	\$19,234.10	Net Book Value	\$19,234.10
FREIGHT	\$37.50	Net Book Value	\$37.50
Vacuum Curettage System (10 YEAR)	\$5,425.82	Net Book Value	\$5,425.82
Tissue Oximeter and Hardware (7 YEAR)	\$32,131.70	Net Book Value	\$32,131.70
SPLIT LEG POSITIONER	\$4,976.42	Net Book Value	\$4,976.42

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
OR SURGICAL LIGHTS & BOOMS (10 YEAR)	\$324,782.09	Net Book Value	\$324,782.09
CORE CONSOLE W/IRRIGATION PUMP (10 YEAR)	\$28,938.23	Net Book Value	\$28,938.23
CAMERA FOR LARYNGOSCOPES	\$10,020.05	Net Book Value	\$10,020.05
PHARMACY MEDICATION DISPENSER (15 YEAR)	\$133,242.50	Net Book Value	\$133,242.50
PHARMACY MEDICATION DISPENSOR (15 YEAR)	\$2,533.32	Net Book Value	\$2,533.32
PHARMACY MEDICATION DISPENSOR (15 YEAR)	\$941.67	Net Book Value	\$941.67
FURNITURE (10 YEAR)	\$32,429.47	Net Book Value	\$32,429.47
OFFICE FURNITURE	\$477.50	Net Book Value	\$477.50
OFFICE FURNITURE	\$10,862.00	Net Book Value	\$10,862.00
FURNITURE	\$61,401.97	Net Book Value	\$61,401.97
FURNITURE	\$2,124.06	Net Book Value	\$2,124.06
FURNITURE	\$8,985.46	Net Book Value	\$8,985.46
TABLE W SHELF DRAWER (15 YEAR)	\$5,527.69	Net Book Value	\$5,527.69
SS 3-SHELF CART (10 YEAR)	\$768.31	Net Book Value	\$768.31
MICROSCOPE, FLOOR MOUNTED, ENT, MOBILE (7 YEAR)	\$17,369.86	Net Book Value	\$17,369.86
MEDIVATOR HOOKUPS	\$1,017.13	Net Book Value	\$1,017.13
LARGE REAMER	\$1,124.26	Net Book Value	\$1,124.26
FREIGHT FOR SOAP DISPENSERS	\$4.73	Net Book Value	\$4.73
ANESTHESIA MACHINE ANTENNAS	\$332.30	Net Book Value	\$332.30
MONITOR WALL MOUNTS	\$18,596.19	Net Book Value	\$18,596.19
BODY COMPOSITION ANALYZER	\$2,243.19	Net Book Value	\$2,243.19
PATIENT PAGER SYSTEM	\$5,858.82	Net Book Value	\$5,858.82
PNEUMATIC EXAM STOOL	\$88.11	Net Book Value	\$88.11
PNEUMATIC EXAM STOOL	\$88.11	Net Book Value	\$88.11
PNEUMATIC EXAM STOOL	\$88.11	Net Book Value	\$88.11
PNEUMATIC EXAM STOOL	\$88.11	Net Book Value	\$88.11
PNEUMATIC EXAM STOOL	\$88.11	Net Book Value	\$88.11
PNEUMATIC EXAM STOOL	\$88.11	Net Book Value	\$88.11
18 IN HAMPERS - 71	\$3,141.34	Net Book Value	\$3,141.34

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
IV POLES - 55	\$14,592.51	Net Book Value	\$14,592.51
PEDIATRIC WHEELCHAIR	\$246.78	Net Book Value	\$246.78
PEDIATRIC WHEELCHAIR	\$246.78	Net Book Value	\$246.78
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
20 WHEELCHAIR""	\$144.90	Net Book Value	\$144.90
BARIATRIC SHUTTLE WHEELCHAIR	\$562.24	Net Book Value	\$562.24
BARIATRIC SHUTTLE WHEELCHAIR	\$562.24	Net Book Value	\$562.24
BARIATRIC SHUTTLE WHEELCHAIR	\$562.24	Net Book Value	\$562.24
TRANSFER BOARD	\$85.54	Net Book Value	\$85.54
TRANSFER BOARD	\$85.54	Net Book Value	\$85.54
STACKING STEP STOOL - 26	\$2,431.10	Net Book Value	\$2,431.10
MOB STAND	\$391.70	Net Book Value	\$391.70
MOB STAND	\$391.70	Net Book Value	\$391.70
MISC WELCH ALLYN INSTRUMENTW	\$3,654.95	Net Book Value	\$3,654.95
ORAL THERMOMETERS - 7	\$1,297.85	Net Book Value	\$1,297.85
PNEUMATIC EXAM STOOLS	\$159.84	Net Book Value	\$159.84
PNEUMATIC EXAM STOOLS	\$159.84	Net Book Value	\$159.84
PNEUMATIC EXAM STOOLS	\$159.84	Net Book Value	\$159.84
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.26	Net Book Value	\$260.26
SS INSTRUMENT TABLE	\$260.34	Net Book Value	\$260.34
SS INSTRUMENT TABLE	\$417.98	Net Book Value	\$417.98
SS INSTRUMENT TABLE	\$417.98	Net Book Value	\$417.98
SS INSTRUMENT TABLE	\$353.61	Net Book Value	\$353.61
SUCTION REGULATOR	\$190.40	Net Book Value	\$190.40
FLOWMETERS - 28	\$1,292.39	Net Book Value	\$1,292.39
FACE MASK DISPENSERS	\$986.15	Net Book Value	\$986.15
GLOVE BOX HOLDERS - 21	\$2,024.30	Net Book Value	\$2,024.30
WIRE SHELVING ASSEMBLY LABOR	\$1,260.43	Net Book Value	\$1,260.43
WORK TABLE	\$1,947.85	Net Book Value	\$1,947.85
WALL BRACKET MOUNT - 14	\$206.24	Net Book Value	\$206.24
TEMPORAL THERMOMETER-16/STERILE CABLES-16	\$4,580.88	Net Book Value	\$4,580.88
QUICK RELEASE THERMOMETER - 34	\$10,505.13	Net Book Value	\$10,505.13
STRYKER FURNITURE FREIGHT	\$8,958.36	Net Book Value	\$8,958.36
SURGISTOOL	\$1,682.07	Net Book Value	\$1,682.07
SURGISTOOL	\$1,682.07	Net Book Value	\$1,682.07
SURGISTOOL	\$1,962.13	Net Book Value	\$1,962.13
SURGISTOOL	\$1,962.13	Net Book Value	\$1,962.13
30 PRIME BIG WHEEL STRETCHER""	\$5,203.29	Net Book Value	\$5,203.29

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
30 PRIME BIG WHEEL STRETCHER""	\$5,203.29	Net Book Value	\$5,203.29
30 PRIME BIG WHEEL STRETCHER""	\$5,844.15	Net Book Value	\$5,844.15
30 PRIME BIG WHEEL STRETCHER""	\$5,844.36	Net Book Value	\$5,844.36
VARIOUS TRASH CANS	\$16,979.76	Net Book Value	\$16,979.76
BARIATRIC COMMODES - 2	\$324.62	Net Book Value	\$324.62
ALARIS PUMPS - 199	\$401,495.62	Net Book Value	\$401,495.62
POWERED WHEELED STAND	\$483.00	Net Book Value	\$483.00
VEIN ILLUMINATION SYSTEM	\$3,305.82	Net Book Value	\$3,305.82
CAMINO ADAPTER	\$297.93	Net Book Value	\$297.93
TILTERS SULLPY CART	\$930.35	Net Book Value	\$930.35
TILTERS SULLPY CART	\$819.95	Net Book Value	\$819.95
TILTERS SULLPY CART	\$819.95	Net Book Value	\$819.95
PATIENT TSFR ROLLER/SANDBAGS/WEDGES	\$628.91	Net Book Value	\$628.91
GARDNER WELLS TRACTION TONGS	\$287.87	Net Book Value	\$287.87
PERC PIN UPGRADE	\$4,157.85	Net Book Value	\$4,157.85
METRX QUADRANT INSTRUMENTS	\$26,198.81	Net Book Value	\$26,198.81
METRX II INSTRUMENTS	\$68,097.58	Net Book Value	\$68,097.58
LEGEND METAL CUTTER	\$3,272.50	Net Book Value	\$3,272.50
WEIGHT CARRIER	\$46.00	Net Book Value	\$46.00
TRACTION WEIGHTS	\$194.31	Net Book Value	\$194.31
POWER STRIP MEDICAL OUTLET - 18	\$816.49	Net Book Value	\$816.49
HEAT SEALED HOVERMATT	\$1,756.36	Net Book Value	\$1,756.36
HOVERMATT CART	\$293.65	Net Book Value	\$293.65
ENDO DECOMPRESSION INTERMETARSAL NEUROMA	\$3,378.21	Net Book Value	\$3,378.21
ENDO PLANTAR FASCIOTOMY	\$3,153.35	Net Book Value	\$3,153.35
13 QT KICK BUCKETS - 14	\$1,124.08	Net Book Value	\$1,124.08
LARYNGOSCOPE BLADES - 60	\$3,788.97	Net Book Value	\$3,788.97
LARYNGOSCOPE BLADES - 3	\$156.56	Net Book Value	\$156.56
LARYNGOSCOPE BLADES - 179	\$10,743.80	Net Book Value	\$10,743.80
MIDAS REX INSTRUMENTS	\$101,519.93	Net Book Value	\$101,519.93

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
LEGEND TAPERED CURVED TUBE - 6	\$2,334.75	Net Book Value	\$2,334.75
LEGEND METAL CUTTER - 2	\$1,636.25	Net Book Value	\$1,636.25
MIDAS REX INSTRUMENTS	\$43,082.69	Net Book Value	\$43,082.69
STERILE PROCESSING INSTRUMENT SYSTEM	\$2,026.62	Net Book Value	\$2,026.62
SCRUB STATION SAFETY MAT - 4	\$246.64	Net Book Value	\$246.64
SMOKE EVACUATION FOOT SWITCH	\$528.00	Net Book Value	\$528.00
SMOKE EVACUATION FOOT SWITCH	\$528.00	Net Book Value	\$528.00
ULTRASONIC DOPPLERS - 18	\$4,199.48	Net Book Value	\$4,199.48
HYSTEROSCOPY INSTRUMENTS	\$1,768.03	Net Book Value	\$1,768.03
HYSTEROSCOPY INSTRUMENTS	\$24,294.93	Net Book Value	\$24,294.93
HYSTEROSCOPY INSTRUMENTS	\$4,791.37	Net Book Value	\$4,791.37
VARIOUS INSTRUMENTS	\$2,451.86	Net Book Value	\$2,451.86
CYSTO INSTRUMENT TRAY	\$6,769.64	Net Book Value	\$6,769.64
GYNOCOLGY LAP TRAY INSTRUMENTS	\$2,885.58	Net Book Value	\$2,885.58
FLUID COLLECTOR SYSTEM	\$217.75	Net Book Value	\$217.75
FLUID COLLECTOR SYSTEM	\$217.75	Net Book Value	\$217.75
MISC INSTRUMENTS	\$85,538.52	Net Book Value	\$85,538.52
GYN INSTRUMENTS	\$61,720.54	Net Book Value	\$61,720.54
BARIATRIC INSTRUMENTS	\$47,569.38	Net Book Value	\$47,569.38
ARTHROSCOPY INSTRUMENTS	\$62,590.55	Net Book Value	\$62,590.55
SMALL JOINT ARTHROSCOPY INSTRUMENTS	\$19,399.17	Net Book Value	\$19,399.17
SAFELIGHT SCOPE ADAPTERS	\$2,235.53	Net Book Value	\$2,235.53
CROSSFIRE CONSOLES	\$11,556.24	Net Book Value	\$11,556.24
BONE MILL/STERILIZATION CASE	\$4,018.84	Net Book Value	\$4,018.84
SYSTEM 7 INSTRUMENTS	\$228,086.03	Net Book Value	\$228,086.03
FLYTE HELMETS/CHARGER - 6	\$7,247.20	Net Book Value	\$7,247.20
KNEE GRIP SET	\$1,232.45	Net Book Value	\$1,232.45
GYN ABDOMINAL HYSTERECTOMY A - 2	\$223,668.07	Net Book Value	\$223,668.07
BOOKWALTER BLADES - 4	\$49,341.77	Net Book Value	\$49,341.77
GYN ABDOMINAL HYSTERECTOMY A - 2	\$2,028.07	Net Book Value	\$2,028.07

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
NEURO CASPAR DISTRACTOR - 4	\$74,483.39	Net Book Value	\$74,483.39
NEURO CRANIOTOMY - 2	\$10,655.81	Net Book Value	\$10,655.81
ORTHO MAJOR SET - 2	\$3,054.92	Net Book Value	\$3,054.92
ORTHO MINOR SET - 2	\$4,272.06	Net Book Value	\$4,272.06
PEDI ACCESSORY TRAY	\$1,385.89	Net Book Value	\$1,385.89
COOKIE CUTTER SET - 2	\$56.85	Net Book Value	\$56.85
GYN OCONNOR OSULLIVAN RETRACTOR	\$806.55	Net Book Value	\$806.55
NON STICK BIPOLARS - 6	\$3,067.13	Net Book Value	\$3,067.13
NEURO MICROSECT SETS - 3	\$950.95	Net Book Value	\$950.95
NEURO BASIC SET - 6	\$26,412.76	Net Book Value	\$26,412.76
ENT NASAL SET	\$2,773.01	Net Book Value	\$2,773.01
NASAL PACKING SET - 2	\$713.68	Net Book Value	\$713.68
MYRINGOTOMY SET - 2	\$1,061.13	Net Book Value	\$1,061.13
MINOR VASCULAR SET - 2	\$5,619.35	Net Book Value	\$5,619.35
MINOR VASCULAR CLAMP SET - 2	\$16,085.64	Net Book Value	\$16,085.64
MINOR UROLOGY SET	\$616.11	Net Book Value	\$616.11
MIDDLE EAR TRAY	\$3,263.15	Net Book Value	\$3,263.15
MICRO SCISSOR & TISSUE FORECPS - 4	\$21,285.62	Net Book Value	\$21,285.62
MINOR TRAY ENT	\$749.79	Net Book Value	\$749.79
GENERAL MINOR SET - 6	\$6,445.43	Net Book Value	\$6,445.43
GENERAL MAJOR SET - 6	\$4,828.83	Net Book Value	\$4,828.83
MICRO INSTRUMENT ENT	\$719.36	Net Book Value	\$719.36
MCCULLOCH RETRACTOR - 2	\$596.96	Net Book Value	\$596.96
GENERAL LONG SET - 2	\$2,395.98	Net Book Value	\$2,395.98
LIPOSUCTION SET	\$710.92	Net Book Value	\$710.92
DR SIADATI CUSTOM RETRACTOR SET - 2	\$777.28	Net Book Value	\$777.28
GYN LONG INSTRUMENT SET - 2	\$1,224.40	Net Book Value	\$1,224.40
GYN HANK DILATORS - 2	\$566.20	Net Book Value	\$566.20
NEURO LEYLA RETRACTORS	\$4,120.95	Net Book Value	\$4,120.95
LIGHTED BREAST RETRACTOR - 2	\$668.51	Net Book Value	\$668.51
LARGE BONE SET - 2	\$3,437.64	Net Book Value	\$3,437.64

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
GENERAL LAPAROSCOPIC BARIATRIC A SET - 6	\$44,869.75	Net Book Value	\$44,869.75
NEURO LAMINECTOMY SET - 6	\$11,308.49	Net Book Value	\$11,308.49
NEURO LAMINECTOMY RETRACTOR SET - 6	\$15,457.61	Net Book Value	\$15,457.61
NEURO KERRISONS BANANA & BAYONET - 3	\$10,427.89	Net Book Value	\$10,427.89
GENERAL IRON INTERN SET - 6	\$4,718.87	Net Book Value	\$4,718.87
LAMBOTTE OSTEOTOMES SET - 2	\$966.95	Net Book Value	\$966.95
ENT HEAD & NECK SET	\$1,534.38	Net Book Value	\$1,534.38
ALIF INSTRUMENT SET - 2	\$3,612.07	Net Book Value	\$3,612.07
GENERAL BACKUP INSTRUMENTS	\$13,133.22	Net Book Value	\$13,133.22
GENERAL BALFOUR W/REMOVABLE BLADES - 2	\$642.91	Net Book Value	\$642.91
GYN ABDOMINAL HYSTERECTOMY B - 2	\$897.93	Net Book Value	\$897.93
BONE CLAMPS SET - 2	\$4,156.77	Net Book Value	\$4,156.77
BIPOLAR GENERATOR SET	\$12,709.49	Net Book Value	\$12,709.49
BOOKWALTER BLADES - 4	\$1,214.47	Net Book Value	\$1,214.47
GENERAL BOWEL SET - 2	\$2,082.28	Net Book Value	\$2,082.28
BOOKWALTER SET - 4	\$2,077.12	Net Book Value	\$2,077.12
BRUNS CURETTE SET - 3	\$795.11	Net Book Value	\$795.11
CASPAR DISTRACTOR SET - 4	\$1,285.78	Net Book Value	\$1,285.78
CERVICAL RETRACTOR SET - 4	\$9,549.60	Net Book Value	\$9,549.60
CHARNLEY HIP RETRACTOR - 2	\$2,774.32	Net Book Value	\$2,774.32
CERVICAL INSTRUMENT SET - 4	\$6,624.12	Net Book Value	\$6,624.12
COBB CURETTE SET STRAIGHT ANGLED - 2	\$642.91	Net Book Value	\$642.91
COOKIE CUTTER SET - 2	\$910.04	Net Book Value	\$910.04
ALIF RETRACTOR - 2	\$7,123.79	Net Book Value	\$7,123.79
GYN D&C SET - 2	\$1,781.80	Net Book Value	\$1,781.80
DURA REPAIR SET - 3	\$23,239.15	Net Book Value	\$23,239.15
DR SIADATI NEURO SET - 2	\$8,375.76	Net Book Value	\$8,375.76
FACELIFT SET - 2	\$2,559.22	Net Book Value	\$2,559.22
FLAP SET NOT FREEFLAP	\$1,227.71	Net Book Value	\$1,227.71
FUKUSHIMA SUCTION TIPS - 2	\$3,003.55	Net Book Value	\$3,003.55

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
GENERAL LAPAROSCOPIC SET - 10	\$21,672.53	Net Book Value	\$21,672.53
GYN LAPAROSCOPIC SET - 4	\$9,670.06	Net Book Value	\$9,670.06
GENERAL ORAL SET	\$2,767.24	Net Book Value	\$2,767.24
GYN LASER SET - 2	\$981.76	Net Book Value	\$981.76
GYN MICROSURGICAL SET - 2	\$4,883.42	Net Book Value	\$4,883.42
PODIATRY BASIC - 2	\$4,938.21	Net Book Value	\$4,938.21
STERILE CONTAINERS	\$38,521.75	Net Book Value	\$38,521.75
PLASTIC RETRACTOR SET - 2	\$2,392.67	Net Book Value	\$2,392.67
VAGINAL HYSTERECTOMY RETRACTOR SET - 2	\$1,801.52	Net Book Value	\$1,801.52
PEDI LAP BASIC INSTRUMENT TRAY	\$1,260.20	Net Book Value	\$1,260.20
KRISHT TRANSPHENOIDAL SET	\$20,097.99	Net Book Value	\$20,097.99
PLASTIC HAND SET	\$4,435.90	Net Book Value	\$4,435.90
PEDI TRACHEOSTOMY SET	\$751.39	Net Book Value	\$751.39
SKIN DERMATOME SET	\$18,214.12	Net Book Value	\$18,214.12
PRATT DILATORS - 2	\$772.06	Net Book Value	\$772.06
VAGINAL HYSTERECTOMY SET - 2	\$2,086.55	Net Book Value	\$2,086.55
TRACH TRAY FOR CRASH CARTS - 9	\$2,155.25	Net Book Value	\$2,155.25
TRANSPHENOIDAL SPECULUM	\$1,274.35	Net Book Value	\$1,274.35
THYROID EXTRAS - 2	\$1,561.19	Net Book Value	\$1,561.19
TRACH SET - 2	\$1,192.07	Net Book Value	\$1,192.07
VASCULAR THORACOTOMY SET	\$2,390.62	Net Book Value	\$2,390.62
ENT T&A SET - 2	\$2,284.97	Net Book Value	\$2,284.97
RIB RESECTION TRAY - 2	\$2,557.39	Net Book Value	\$2,557.39
GENERAL RECTAL SET - 4	\$2,281.50	Net Book Value	\$2,281.50
SINUS TRAY	\$2,399.43	Net Book Value	\$2,399.43
SUTURE REMOVAL SET - 4	\$825.04	Net Book Value	\$825.04
PLASTIC SET - 2	\$3,457.24	Net Book Value	\$3,457.24
SHOULDER RETRACTOR SET - 2	\$1,076.26	Net Book Value	\$1,076.26
REVERSE ANGLE CURETTE SET - 3	\$687.38	Net Book Value	\$687.38
RIGHT ANGLE GELPIES & ZELPIES - 3	\$1,168.36	Net Book Value	\$1,168.36
TUBAL LIGATION TRAY	\$605.16	Net Book Value	\$605.16

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
CHARNLEY HIP RETRACTOR - 2	\$2,302.44	Net Book Value	\$2,302.44
RAINBOW CURETTES - 3	\$2,081.39	Net Book Value	\$2,081.39
MISC INSTRUMENTS	\$4,981.13	Net Book Value	\$4,981.13
UNIVERSAL SPINE SET - 6	\$32,351.99	Net Book Value	\$32,351.99
PLASTIC RHINO SET - 2	\$4,573.74	Net Book Value	\$4,573.74
PEDI GENERAL LAPAROTOMY SET	\$1,185.68	Net Book Value	\$1,185.68
KERRISON THINK 130 DEG	\$707.77	Net Book Value	\$707.77
MISC INSTRUMENTS	\$33,527.30	Net Book Value	\$33,527.30
YELLOW FIN ELITE POSITIONERS	\$5,368.98	Net Book Value	\$5,368.98
ALLEN STIRRUP CART	\$506.20	Net Book Value	\$506.20
ALLEN STIRRUP CART	\$506.20	Net Book Value	\$506.20
YELLOW FIN ELITE POSITIONERS	\$4,359.98	Net Book Value	\$4,359.98
CARBON LIGHTS RETANGULA TABLE	\$1,861.62	Net Book Value	\$1,861.62
LIFT ASSIST BEACH CHAIR	\$6,448.64	Net Book Value	\$6,448.64
LIFT ASSIST BEACH CHAIR	\$6,448.64	Net Book Value	\$6,448.64
EASY NIRRIGATION TOWER	\$4,570.71	Net Book Value	\$4,570.71
YELLOW FIN ELITE POSITIONERS	\$1,148.93	Net Book Value	\$1,148.93
YELLOW FIN ELITE POSITIONERS	\$1,628.58	Net Book Value	\$1,628.58
UNIVERSAL STRESS POST	\$506.72	Net Book Value	\$506.72
ECONOMY SPO2 MONITOR KIT - 10	\$9,166.63	Net Book Value	\$9,166.63
OXIMAX N65 PULSE OXIMETER - 3	\$1,035.00	Net Book Value	\$1,035.00
BUDDE/MAYFIELD/UNIVERSAL RETRACTORS	\$39,245.61	Net Book Value	\$39,245.61
AESULAP INSTRUMENT SCANNER	\$1,484.23	Net Book Value	\$1,484.23
IRON INTERN/NATHANSON HOOK LIVER RETRACTORS - 8	\$14,575.10	Net Book Value	\$14,575.10
VARIOUS RETRACTORS	\$6,800.87	Net Book Value	\$6,800.87
SS MAYO STAND - 31	\$15,597.35	Net Book Value	\$15,597.35
LARYNGOSCOPE HANDLES - 68	\$4,109.77	Net Book Value	\$4,109.77
PERC PIN UPGRADE	\$4,157.85	Net Book Value	\$4,157.85
MISC INSTRUMENTS	\$1,695.42	Net Book Value	\$1,695.42
PLASTIC RHINO SET - 2	\$196.26	Net Book Value	\$196.26

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
T&A SET - 2	\$57.75	Net Book Value	\$57.75
PLASTIC RETRACTOR SET - 2	\$35.38	Net Book Value	\$35.38
NEURO BASIC SET - 6	\$3,181.53	Net Book Value	\$3,181.53
ORTHO MINOR SET - 2	\$146.94	Net Book Value	\$146.94
NASAL SET	\$41.69	Net Book Value	\$41.69
MINOR VASCULAR SET - 2	\$131.82	Net Book Value	\$131.82
MINOR VASCULAR CLAMP SET - 2	\$122.80	Net Book Value	\$122.80
MICRO SCISSOR & TISSUE FORCEPS - 4	\$8,196.87	Net Book Value	\$8,196.87
LARGE BONE SET - 2	\$146.94	Net Book Value	\$146.94
LAMINECTOMY RETRACTOR SET - 6	\$1,521.79	Net Book Value	\$1,521.79
LAMINECTOMY SET - 6	\$762.19	Net Book Value	\$762.19
KRISHT TRANSPHENOIDAL SET	\$309.86	Net Book Value	\$309.86
CERVICAL INSTRUMENT SET - 4	\$265.24	Net Book Value	\$265.24
DURA REPAIR SET - 3	\$2,961.86	Net Book Value	\$2,961.86
ALIF INSTRUMENT SET - 2	\$156.50	Net Book Value	\$156.50
BONE CLAMPS SET - 2	\$940.39	Net Book Value	\$940.39
FACELIFT SET - 2	\$950.30	Net Book Value	\$950.30
MISC SURGICAL INSTRUMENTS	\$6,176.69	Net Book Value	\$6,176.69
BECKMANN-ADSON RETRACTOR	\$366.39	Net Book Value	\$366.39
MISC SURGICAL INSTRUMENTS	\$2,251.01	Net Book Value	\$2,251.01
BECKMANN-ADSON RETRACTOR	\$1,099.31	Net Book Value	\$1,099.31
MISC SURGICAL INSTRUMENTS	\$7,162.42	Net Book Value	\$7,162.42
FERRIS SMITH TISSUE FORCEPS	\$130.13	Net Book Value	\$130.13
KERRISON THIN 130 DEG	\$707.77	Net Book Value	\$707.77
BASKETS/STORAGE RACKS	\$2,841.79	Net Book Value	\$2,841.79
STERILE CONTAINER	\$2,861.87	Net Book Value	\$2,861.87
MICROSHEARS - 2	\$1,914.00	Net Book Value	\$1,914.00
POINT & SHOOT BULLET	\$894.63	Net Book Value	\$894.63
CSS INSTRUMENT TRAY - 2	\$498.63	Net Book Value	\$498.63
FORCE TRIAD UNIT FOOTSWITCH - 7	\$1,393.55	Net Book Value	\$1,393.55
MORPH BOARD/DEMAYO KNEE POSITIONERS	\$18,589.41	Net Book Value	\$18,589.41

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
ATTEST AUTOREADER	\$843.35	Net Book Value	\$843.35
ATTEST AUTOREADER	\$843.35	Net Book Value	\$843.35
ATTEST AUTOREADER	\$843.35	Net Book Value	\$843.35
ATTEST AUTOREADER	\$843.35	Net Book Value	\$843.35
LABEL APPLICATOR	\$137.99	Net Book Value	\$137.99
LABEL APPLICATOR	\$137.99	Net Book Value	\$137.99
LABEL APPLICATOR	\$137.99	Net Book Value	\$137.99
LABEL APPLICATOR	\$137.99	Net Book Value	\$137.99
HEAVY DUTY DISPENSER - 8	\$253.00	Net Book Value	\$253.00
STERILIZATION TRAY - 6	\$6,855.29	Net Book Value	\$6,855.29
MOBILE EXAM LIGHT	\$986.83	Net Book Value	\$986.83
8100 PUMP MODULE	\$1,234.35	Net Book Value	\$1,234.35
8100 PUMP MODULE	\$1,234.35	Net Book Value	\$1,234.35
8110 SYRINGE MODULE	\$2,295.40	Net Book Value	\$2,295.40
8110 SYRINGE MODULE	\$2,295.40	Net Book Value	\$2,295.40
8120 PCA MODULE	\$2,399.62	Net Book Value	\$2,399.62
8120 PCA MODULE	\$2,399.62	Net Book Value	\$2,399.62
8015LS PCU DOM	\$1,889.85	Net Book Value	\$1,889.85
8015LS PCU DOM	\$1,889.85	Net Book Value	\$1,889.85
SURGE PROTECTORS - 117	\$678.55	Net Book Value	\$678.55
GLUCOMETERS/CARRYING CASES	\$668.35	Net Book Value	\$668.35
GLUCOMETERS/CARRYING CASES	\$668.35	Net Book Value	\$668.35
GLUCOMETERS/CARRYING CASES	\$668.35	Net Book Value	\$668.35
GLUCOMETERS/CARRYING CASES	\$668.35	Net Book Value	\$668.35
GLUCOMETERS/CARRYING CASES	\$668.35	Net Book Value	\$668.35
GLUCOMETERS/CARRYING CASES	\$668.33	Net Book Value	\$668.33
THERMOMETERS - 3	\$145.56	Net Book Value	\$145.56
MAXIUM VARIABLE LIGHTING LEVEL SYSTEM	\$1,778.62	Net Book Value	\$1,778.62
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.47	Net Book Value	\$566.47
FILM ILLUMINATOR	\$566.49	Net Book Value	\$566.49
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$74.00	Net Book Value	\$74.00
WALL MOUNTED LEAD APRON RACK-8 PEG	\$73.95	Net Book Value	\$73.95
LEAD APRONS - SAFETY GLASSES	\$15,075.64	Net Book Value	\$15,075.64
RADIOLOGY BARRIER	\$3,078.12	Net Book Value	\$3,078.12
RADIOLOGY BARRIER	\$3,078.12	Net Book Value	\$3,078.12
MAXIUM VARIABLE LIGHTING LEVEL SYSTEM	\$2,223.35	Net Book Value	\$2,223.35
MAXIUM VARIABLE LIGHTING LEVEL SYSTEM	\$444.62	Net Book Value	\$444.62
LASER LABELING SYSTEM	\$104.83	Net Book Value	\$104.83
MINOR CLEANING EQUIPMENT	\$9,922.77	Net Book Value	\$9,922.77
TRASH CANS - 6	\$3,753.04	Net Book Value	\$3,753.04
VACUUM	\$220.13	Net Book Value	\$220.13
VACUUM	\$220.13	Net Book Value	\$220.13
20 FLOOR MACHINE""	\$418.77	Net Book Value	\$418.77
20 FLOOR MACHINE""	\$418.77	Net Book Value	\$418.77
20 BURNISHER""	\$695.01	Net Book Value	\$695.01
3 SPEED AIR MOVER	\$151.50	Net Book Value	\$151.50
3 SPEED AIR MOVER	\$151.50	Net Book Value	\$151.50
3 SPEED AIR MOVER	\$151.50	Net Book Value	\$151.50
3 SPEED AIR MOVER	\$151.50	Net Book Value	\$151.50
10 GAL EXTRACTOR	\$1,334.86	Net Book Value	\$1,334.86
38CM SCRUBBER	\$1,463.94	Net Book Value	\$1,463.94
38CM SCRUBBER	\$1,463.94	Net Book Value	\$1,463.94
VACUUM	\$1,210.03	Net Book Value	\$1,210.03
T3-WALK BEHIND SCRUBBER	\$4,318.51	Net Book Value	\$4,318.51
B5 BURNISHER	\$3,709.21	Net Book Value	\$3,709.21

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
BACKPACK VACUUM	\$225.34	Net Book Value	\$225.34
MM SCANNER	\$2,645.90	Net Book Value	\$2,645.90
MM SCANNER	\$2,645.90	Net Book Value	\$2,645.90
MM SCANNER	\$2,645.90	Net Book Value	\$2,645.90
MM SCANNER	\$2,645.90	Net Book Value	\$2,645.90
ISHIHARA 14 PLATE TEST	\$94.71	Net Book Value	\$94.71
MAIL CART	\$1,044.20	Net Book Value	\$1,044.20
STEREO COOBSERVATION BINOCULAR	\$19,443.27	Net Book Value	\$19,443.27
CANNULA, IS4000 REUSABLE	\$1,733.32	Net Book Value	\$1,733.32
FACILITY EQUIPMENT	\$1,803.36	Net Book Value	\$1,803.36
SQUEEGEE KIT	\$160.12	Net Book Value	\$160.12
SCRUBBER & BRUSH ASSEMBLY	\$4,897.71	Net Book Value	\$4,897.71
MISC SURGICAL INSTRUMENTS	\$7,580.73	Net Book Value	\$7,580.73
DAVINCI XI PROCEDURE TRAY	\$3,936.11	Net Book Value	\$3,936.11
SURGICAL INSTRUMENTS	\$55,805.90	Net Book Value	\$55,805.90
MISC SURGICAL INSTRUMENTS	\$2,296.97	Net Book Value	\$2,296.97
MISC SURG INSTRUMENTS	\$2,920.83	Net Book Value	\$2,920.83
STANDARD CANNULA SET	\$1,172.89	Net Book Value	\$1,172.89
MISC SURGICAL INSTRUMENTS	\$10,399.16	Net Book Value	\$10,399.16
DORO NS BIPOLAR FORCEPS	\$1,289.17	Net Book Value	\$1,289.17
WECK CLIP APPLIERS	\$13,931.74	Net Book Value	\$13,931.74
MISC SURGICAL INSTRUMENTS	\$2,450.80	Net Book Value	\$2,450.80
SURGICAL SUPPLIES	\$15,043.89	Net Book Value	\$15,043.89
VARIOUS TRASH CANS	\$2,837.16	Net Book Value	\$2,837.16
ICE MACHINE FILTER SYSTEM - 6	\$1,820.84	Net Book Value	\$1,820.84
WALL MOUNTED STADIOMETER - 2	\$189.15	Net Book Value	\$189.15
DIGITAL CLINICAL SCALE	\$1,657.84	Net Book Value	\$1,657.84
DIGITAL CLINICAL SCALE	\$1,657.84	Net Book Value	\$1,657.84
DIGITAL CLINICAL SCALE	\$1,657.84	Net Book Value	\$1,657.84
DIGITAL CLINICAL SCALE	\$1,657.84	Net Book Value	\$1,657.84
ORGAN/TISSUE SCALE	\$1,554.99	Net Book Value	\$1,554.99

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
ORGAN/TISSUE SCALE	\$1,554.99	Net Book Value	\$1,554.99
PEDIATRIC SCALE	\$2,712.94	Net Book Value	\$2,712.94
PEDIATRIC SCALE	\$2,712.92	Net Book Value	\$2,712.92
ADVANCE TABLE ACCESSORY CART	\$1,057.50	Net Book Value	\$1,057.50
ADVANCE TABLE ACCESSORY CART	\$1,057.50	Net Book Value	\$1,057.50
ADVANCE TABLE ACCESSORY CART	\$1,057.50	Net Book Value	\$1,057.50
EIKON LIGHTED RETRACTOR SET	\$13,232.27	Net Book Value	\$13,232.27
SURGEONS STOOL - 26	\$29,735.29	Net Book Value	\$29,735.29
INSTRUMENTS FOR WATERLOO CARTS	\$10,505.95	Net Book Value	\$10,505.95
SS SINGLE SOLUTION STAND - 24	\$4,779.19	Net Book Value	\$4,779.19
SS INSTRUMENT TABLE - 19	\$12,855.02	Net Book Value	\$12,855.02
CANISTER HOLDERS - 12	\$337.97	Net Book Value	\$337.97
SIGMOIDOSCOPE/ANOSCOPE LIGHTING SYSTEM - 4	\$904.70	Net Book Value	\$904.70
SUCTION REGULATOR - 310	\$25,620.04	Net Book Value	\$25,620.04
MICRO NERVE STIMULATOR - 14	\$1,825.61	Net Book Value	\$1,825.61
DIGITAL PHYSICIAN SCALE	\$375.31	Net Book Value	\$375.31
BOUGIES - 17	\$3,565.35	Net Book Value	\$3,565.35
EMG TUBE NIM TRIVANTAGE	\$224.86	Net Book Value	\$224.86
18MM X 4CM COATED TUBE	\$657.21	Net Book Value	\$657.21
MINI METRX INSTRUMENT SET	\$3,897.18	Net Book Value	\$3,897.18
SCOPE POLE KITS	\$464.06	Net Book Value	\$464.06
ANKLE DISTRACTION SYSTEM INSTRUMENTS	\$2,343.46	Net Book Value	\$2,343.46
ARTHROSCOPY KNEE HOLDER	\$1,161.76	Net Book Value	\$1,161.76
POWER LIFT STIRRUP STORAGE CART	\$446.50	Net Book Value	\$446.50
POWER LIFT STIRRUP STORAGE CART	\$446.50	Net Book Value	\$446.50
BARIATRIC TRENDELENBURG RESTRAINT STRAPS - 2	\$1,933.34	Net Book Value	\$1,933.34
LITH LEGHOLDERS	\$461.74	Net Book Value	\$461.74
BARIATRIC BACK-SEAT EXTENSION KIT	\$2,576.57	Net Book Value	\$2,576.57
BARIATRIC BACK-SEAT EXTENSION KIT	\$2,576.57	Net Book Value	\$2,576.57
BARIATRIC ACCESSORY CART	\$1,140.35	Net Book Value	\$1,140.35

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
SYSTEM 7 INSERT TRAY ASSEMBLY - 4	\$2,348.87	Net Book Value	\$2,348.87
ALVARADO KNEE HOLDER	\$1,356.88	Net Book Value	\$1,356.88
BLACK BELT CERVICAL RETRACTOR SET	\$8,626.85	Net Book Value	\$8,626.85
PATIENT HELPER BRACKET	\$451.05	Net Book Value	\$451.05
GORNEY TURBINATE SCISSORS - 3	\$752.64	Net Book Value	\$752.64
MISC SURGICAL INSTRUMENTS	\$397.55	Net Book Value	\$397.55
CERVICAL CURRETTE - 3	\$279.76	Net Book Value	\$279.76
FIXATION BASE SKULL MOUNT	\$255.88	Net Book Value	\$255.88
EXTRA LONG MINI CONTAINER LID - 94	\$10,664.41	Net Book Value	\$10,664.41
METZENBAUM SCISSORS	\$216.55	Net Book Value	\$216.55
STERILE CONTAINER LID - 24	\$1,281.67	Net Book Value	\$1,281.67
MISC SURGICAL INSTRUMENTS	\$86.75	Net Book Value	\$86.75
MISC SURGICAL INSTRUMENTS	\$449.03	Net Book Value	\$449.03
MISC NEURO INSTRUMENTS	\$15,151.41	Net Book Value	\$15,151.41
BIPOLAR IRRIGATING FORCEPS - 5	\$1,492.76	Net Book Value	\$1,492.76
MISC SURGICAL INSTRUMENTS	\$16,996.88	Net Book Value	\$16,996.88
FLYING CARPETS - 10	\$7,157.02	Net Book Value	\$7,157.02
FIBEROPTIC LED ADULT LARYNGOSCOPE HANDLE - 12	\$1,315.17	Net Book Value	\$1,315.17
ACL INSTRUMENT SET	\$51,251.60	Net Book Value	\$51,251.60
SHOULDER INSTRUMENT SET	\$30,504.22	Net Book Value	\$30,504.22
IS4000 8MM CANNULA - 8	\$3,066.69	Net Book Value	\$3,066.69
IS4000 ENDOSCOPE STERILIZATION TRAY - 2	\$2,890.66	Net Book Value	\$2,890.66
IS4000 ENDOSCOPE 0DEG	\$16,041.83	Net Book Value	\$16,041.83
IS4000 ENDOSCOPE 30DEG	\$16,041.83	Net Book Value	\$16,041.83
IS4000 MISC INSTRUMENTS	\$3,091.76	Net Book Value	\$3,091.76
INTRAOPERATIVE ARM POSITIONER	\$3,551.77	Net Book Value	\$3,551.77
YELLOWFIN ELITE STIRRUPS	\$4,665.13	Net Book Value	\$4,665.13
CRANIAL CLOSURE SYSTEM INSTRUMENTS	\$28,330.08	Net Book Value	\$28,330.08
MICROSURGICAL INSTRUMENTS	\$13,186.01	Net Book Value	\$13,186.01
MTS TIPMASTER DISPENSERS - 3	\$766.07	Net Book Value	\$766.07

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
MTS TIPMASTER DISPENSERS - 6	\$1,511.67	Net Book Value	\$1,511.67
BARCODE WAND	\$297.04	Net Book Value	\$297.04
MESSAGE DATE STAMP	\$17.25	Net Book Value	\$17.25
UMBRELLAS BAG STAND/SIGN	\$248.05	Net Book Value	\$248.05
MRI STEP STOOL	\$222.14	Net Book Value	\$222.14
SACCHARIN RESPIRATOR FIT TEST KIT	\$97.08	Net Book Value	\$97.08
OXIMETER ROOL STANDS - 10	\$3,760.00	Net Book Value	\$3,760.00
SINGLE CYLINDER CART	\$134.11	Net Book Value	\$134.11
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
6 CAPICITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPICITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPICITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPICITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPICITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPICITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPICITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPICITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPICITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPICITY CYLINDER STAND	\$57.47	Net Book Value	\$57.47

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
SINGLE CYLINDER CART	\$134.11	Net Book Value	\$134.11
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
STEEL LOGO IN LOBBY (10 YEAR)	\$1,612.50	Net Book Value	\$1,612.50
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
12 CAPACITY CYLINDER CART	\$129.41	Net Book Value	\$129.41
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
E TANK SINGLE CYLINDER CART	\$38.15	Net Book Value	\$38.15
6 CAPACITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPACITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPACITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPACITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPACITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPACITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPACITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPACITY CYLINDER STAND	\$57.54	Net Book Value	\$57.54
6 CAPACITY CYLINDER STAND	\$57.47	Net Book Value	\$57.47
BIN STORAGE CABINET	\$666.69	Net Book Value	\$666.69
BIN STORAGE CABINET	\$666.69	Net Book Value	\$666.69
BIN STORAGE CABINET	\$666.69	Net Book Value	\$666.69
TECHNICIAN WORKBENCH	\$654.45	Net Book Value	\$654.45
BLACK CABINET 56x24x63	\$2,002.90	Net Book Value	\$2,002.90
HANDHELD DIGITAL OSCILLOSCOPE	\$1,964.83	Net Book Value	\$1,964.83

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
MISC FACILITY TOOLS	\$4,095.28	Net Book Value	\$4,095.28
834PC MASTER TOOL SET	\$1,133.07	Net Book Value	\$1,133.07
10 FT STEPLADDER/8 FT STEPLADDER - 2	\$531.36	Net Book Value	\$531.36
FACILITY MAINT TOOL SET/CART	\$4,996.00	Net Book Value	\$4,996.00
12 FT TWIN FRONT LADDER	\$219.72	Net Book Value	\$219.72
MISC FACILITY TOOLS	\$3,384.09	Net Book Value	\$3,384.09
MISC HOUSEKEEPING TOOLS	\$4,800.43	Net Book Value	\$4,800.43
BASE NEUTRALIZING SPILL KIT	\$264.14	Net Book Value	\$264.14
COLD PRESSURE WASHER	\$178.91	Net Book Value	\$178.91
6 FT STEEL SCAFFOLD TOWER	\$379.29	Net Book Value	\$379.29
DOUBLE SIDE TANKS - 2	\$1,279.10	Net Book Value	\$1,279.10
30 GAL FLAMMABLE SAFETH CABINET	\$639.43	Net Book Value	\$639.43
TRIPLE OUTPUT POWER SUPPLY	\$832.47	Net Book Value	\$832.47
PORTABLE WORK LIGHT	\$488.76	Net Book Value	\$488.76
SHELF LINERS	\$319.34	Net Book Value	\$319.34
CHROME WIRE SHELF/POSTS	\$234.85	Net Book Value	\$234.85
ROLLING CABINET	\$329.48	Net Book Value	\$329.48
FOLDING HANDLE PLATFORM TRUCK	\$203.72	Net Book Value	\$203.72
FOLDING HANDLE PLATFORM TRUCK	\$203.72	Net Book Value	\$203.72
TOP CHEST	\$223.99	Net Book Value	\$223.99
FLARED LEG WORKBENCH/HAND TRUCK	\$483.47	Net Book Value	\$483.47
22 GAL FLAMMABLE SAFETY CABINET	\$440.46	Net Book Value	\$440.46
22 GAL FLAMMABLE SAFETY CABINET	\$440.46	Net Book Value	\$440.46
4 GAL FLAMMABLE SAFETY CABINET	\$318.68	Net Book Value	\$318.68
DIGITAL SHIPPING & RECEIVING SCALE	\$89.06	Net Book Value	\$89.06
TIME CLOCKS	\$16,968.59	Net Book Value	\$16,968.59
CASH DEPOSITORY SAFE	\$272.36	Net Book Value	\$272.36
CASH DEPOSITORY SAFE	\$272.36	Net Book Value	\$272.36
CIRCLE HOOK AND DISSECTOR	\$121.40	Net Book Value	\$121.40
FABRIC TACKBOARD (12 YEAR)	\$284.64	Net Book Value	\$284.64
SURGICAL INSTRUMENTS	\$32,024.78	Net Book Value	\$32,024.78

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property**Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
7 1/8 RIGID LINER	\$440.00	Net Book Value	\$440.00
GELPI RETRACTOR	\$5,674.45	Net Book Value	\$5,674.45
MISC SURGICAL INSTRUMENTS	\$4,069.14	Net Book Value	\$4,069.14
SURGICAL INSTRUMENTS	\$4,380.85	Net Book Value	\$4,380.85
SMOKE FREE SIGNAGE (10 YEAR)	\$2,040.35	Net Book Value	\$2,040.35
MALIS NERV HOOK	\$488.55	Net Book Value	\$488.55
MISC SURGICAL INSTRUMENTS	\$28,850.83	Net Book Value	\$28,850.83
S&T MICROSURGICAL INSTRUMENTS	\$9,072.55	Net Book Value	\$9,072.55
SPURLING RONGUER	\$722.21	Net Book Value	\$722.21
MEMORY GEL SIZER	\$6,625.72	Net Book Value	\$6,625.72
DW VASCULAR TUNNELER SET	\$1,239.32	Net Book Value	\$1,239.32
SURGICAL SUPPLIES	\$246.83	Net Book Value	\$246.83
SURGICAL INSTRUMENTS	\$5,577.00	Net Book Value	\$5,577.00
ARTHROSCOPES	\$14,065.14	Net Book Value	\$14,065.14
ACCLARENT CYCLOPS MULTI-ANGLE ENDOSCOPE	\$3,315.06	Net Book Value	\$3,315.06
MISC SURGICAL INSTRUMENTS	\$5,543.27	Net Book Value	\$5,543.27
SURGICAL INSTRUMENTS	\$15,083.46	Net Book Value	\$15,083.46
IDEAS STORAGE SYSTEM POLE WITH RACK (20 YEAR)	\$1,578.44	Net Book Value	\$1,578.44
SURGICAL INSTRUMENTS	\$792.63	Net Book Value	\$792.63
SURGICAL INSTRUMENTS	\$5,736.36	Net Book Value	\$5,736.36
SURGICAL INSTRUMENTS	\$772.28	Net Book Value	\$772.28
MISC SURGICAL INSTRUMENTS	\$2,383.07	Net Book Value	\$2,383.07
SURGICAL INSTRUMENTS	\$2,632.54	Net Book Value	\$2,632.54
CUSTOM BANANA KERRISONS	\$2,368.17	Net Book Value	\$2,368.17
SURGICAL INSTRUMENTS	\$1,565.05	Net Book Value	\$1,565.05
SS CARE KIT	\$174.24	Net Book Value	\$174.24
LEAKAGE TESTER	\$789.59	Net Book Value	\$789.59
3-POINT SHOULDER DISTRACTION SYSTEM	\$3,520.23	Net Book Value	\$3,520.23
DOUBLE ENDED BREAST RETRACTORS	\$832.59	Net Book Value	\$832.59
DOUBLE ENDED BREAST RETRACTOR	\$288.09	Net Book Value	\$288.09

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
RETRACTORS	\$1,181.95	Net Book Value	\$1,181.95
SURGICAL INSTRUMENTS	\$76.46	Net Book Value	\$76.46
STIMULATOR/ELECTRODE	\$679.08	Net Book Value	\$679.08
FORCEP ANGLED BIPOLAR	\$1,879.61	Net Book Value	\$1,879.61
EZ PUMP (10 YEAR)	\$2,713.25	Net Book Value	\$2,713.25
EZ INFUSION PUMP (10 YEAR)	\$2,722.83	Net Book Value	\$2,722.83
COLEMAN INSTRUMENTS	\$2,681.27	Net Book Value	\$2,681.27
STERILE PROCESSING INSTRUMENT SYSTEM	\$1,289.68	Net Book Value	\$1,289.68
SCRUB STATION SAFETY MAT	\$947.28	Net Book Value	\$947.28
SPIN POSITIONING SYSTEM ii	\$829.17	Net Book Value	\$829.17
BLACK BELT CERVICAL RETRACTOR SET	\$9,177.50	Net Book Value	\$9,177.50
7 INCH OP RONGEUR	\$4,540.00	Net Book Value	\$4,540.00
8 IN LS OP RONGEUR	\$6,381.67	Net Book Value	\$6,381.67
FORCEPS/SCISSORS	\$4,827.06	Net Book Value	\$4,827.06
POWER LIFT STIRRUPS	\$9,533.49	Net Book Value	\$9,533.49
KNEE RESTRAINT STRAPS	\$534.95	Net Book Value	\$534.95
SURGICAL INSTRUMENTS	\$1,207.54	Net Book Value	\$1,207.54
Bone Mill	\$12,496.21	Net Book Value	\$12,496.21
PRO BAYONET TIPS	\$1,863.10	Net Book Value	\$1,863.10
24 LIFT SEAL""	\$1,677.92	Net Book Value	\$1,677.92
HUMIDIFIER - HEATED (8 YEAR)	\$3,832.74	Net Book Value	\$3,832.74
CHARGER	\$2,106.25	Net Book Value	\$2,106.25
ACCUTORR V PATIENT MONITOR	\$648.23	Net Book Value	\$648.23
MISC SURGICAL INSTRUMENTS	\$2,280.00	Net Book Value	\$2,280.00
HERCULES ASPIRATOR (10 YEAR)	\$4,751.11	Net Book Value	\$4,751.11
MONITOR ADAPT CABLE	\$527.68	Net Book Value	\$527.68
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 8, Question 50: Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
ULTRA LIGHT SPECIALTY TABLE (15 YEAR)	\$2,070.77	Net Book Value	\$2,070.77
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
FIRST HEALTHCARE PRODUCT CHART RACK (20 YEAR)	\$1,084.99	Net Book Value	\$1,084.99
ENOVATE LCD MEDICAL CART	\$3,504.13	Net Book Value	\$3,504.13
		TOTAL	\$23,094,782.88

Debtor Name: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case Number: 16-40198-RFN-11

Assets - Real and Personal Property

Part 9, Question 55: Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
CONSTRUCTION IN PROGRESS		\$131,974.74	Net Book Value	\$131,974.74
BLDG & IMP-LEASEHOLD IMP		\$646,664.19	Net Book Value	\$646,664.19
			TOTAL	\$778,638.93

In re: FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

Case No. 16-40198-RFN-11

Assets - Real and Personal Property
Part 11, Question 74: Causes of action against third parties

Name and Address	Nature of Claim	Amount
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The Debtor is presently investigating various potential causes of action which may be property of the bankruptcy estate. This includes both claims which may be asserted for an affirmative recovery and claims which may be asserted defensively as offsets or counterclaims. Without limiting the generality of the foregoing, this includes various causes of action against the following persons or entities: (a) Fort Worth Realty Partners, LP, (b) Vibrant Healthcare Fort Worth, LLC, (c) Todd Furniss, individually, (d) Mary Hatcher, individually, (e) FPMC Services, LLC, (f) Todd Capital, LLC, and (g) Jefe Plover Interests, Ltd. In addition, the Debtor may assert various causes of action pursuant to Chapter 5 of the Bankruptcy Code. However, Debtor does not believe it is either necessary or appropriate to list these Chapter 5 causes of action in response to this item. In addition, other or additional causes of action may be revealed based on the Debtor's ongoing investigation.

Fill in this information to identify the case:

Debtor name FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
 United States Bankruptcy Court for the: Northern District of Texas
(State)
 Case number (if known): 16-40198-RFN-11

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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<p>2.1 Creditor's name AMERISOURCEBERGEN DRUG CORPORATION</p> <p>Creditor's mailing address 1300 MORRIS DRIVE CHESTERBROOK, PA 19087</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien UCC Financing Statement</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p>\$ Undetermined</p> <p>\$</p>
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<p>2.2 Creditor's name CARDINAL HEALTH</p> <p>Creditor's mailing address 7000 CARDINAL PLACE WEST CAMPUS 1H6406C DUBLIN, OH 43017</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien UCC Financing Statement</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p>\$ Undetermined</p> <p>\$</p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 41,194,433.00
 + undetermined amounts

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 1: Additional Page

Column B
Amount of claim
Do not deduct the
value of collateral

Column B
**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3	<p>Creditor's name CENTENNIAL BANK</p> <p>Creditor's mailing address 2500 BROADWAY BOULDER, CO 80304</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien UCC Financing Statement</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p><u>\$Undetermined</u></p> <p>\$</p>
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2.4	<p>Creditor's name CENTENNIAL BANK</p> <p>Creditor's mailing address ATTN CHARLES HOLMES 2500 BROADWAY BOULDER, CO 80304</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien Equipment Capitalized Lease</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$743,166.91</u></p> <p>\$</p>
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Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 1: Additional Page

Column B Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim
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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5	Creditor's name CENTENNIAL BANK Creditor's mailing address ATTN CHARLES HOLMES 2500 BROADWAY BOULDER, CO 80304 Creditor's email address, if known Date debt was incurred Undetermined Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien Describe the lien Equipment Capitalized Lease Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,371,973.34 \$
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2.6	Creditor's name GARRISON FOREST PARK I LLC Creditor's mailing address 1290 AVENUE OF THE AMERICAS SUITE 914 NEW YORK, NY 10104 Creditor's email address, if known Date debt was incurred Undetermined Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien Describe the lien Equipment Capitalized Lease Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25,904,593.07 \$
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Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 1: Additional Page

Column B
Amount of claim
Do not deduct the
value of collateral

Column B
**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7	<p>Creditor's name GARRISON FOREST PARK I LLC</p> <p>Creditor's mailing address 1290 AVENUE OF THE AMERICAS SUITE 914 NEW YORK, NY 10104</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien Equipment Purchasing Debt</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$4,536,955.94</u></p>	<p>\$</p>
2.8	<p>Creditor's name GARRISON FOREST PARK II LLC</p> <p>Creditor's mailing address 1290 AVENUE OF THE AMERICAS SUITE 914 NEW YORK, NY 10104</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Describe the lien Equipment Capitalized Lease</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$6,087,743.74</u></p>	<p>\$</p>

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 1: Additional Page

Column B
Amount of claim
Do not deduct the
value of collateral

Column B
Value of collateral
that supports this
claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9	Creditor's name GENERAL ELECTRIC CAPITAL CORPORATION Creditor's mailing address PO BOX 35701 BILLINGS, MT 59107-5701 Creditor's email address, if known Date debt was incurred Undetermined Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien Describe the lien UCC Financing Statement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$Undetermined	\$
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2.10	Creditor's name JEFE PLOVER INTERESTS, LTD Creditor's mailing address 12222 N. CENTRAL EXPRESSWAY SUITE 300 DALLAS, TX 75243 Creditor's email address, if known Date debt was incurred Undetermined Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien Describe the lien Promissory Note Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,550,000.00	\$
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Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 1: Additional Page

Column B
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.11	Creditor's name JEFE PLOVER INTERESTS, LTD Creditor's mailing address 12222 N. CENTRAL EXPRESSWAY SUITE 300 DALLAS, TX 75243 Creditor's email address, if known Date debt was incurred Undetermined Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien Describe the lien UCC Financing Statement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$Undetermined	\$
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Fill in this information to identify the case:

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
 United States Bankruptcy Court for the: Northern District of Texas
(State)
 Case number 16-40198-RFN-11
(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>FORT WORTH ISD 100 N UNIVERSITY DR FORT WORTH, TX 76107</p> <p>Date or dates debt was incurred <u>Undetermined</u></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: \$ <u>Undetermined</u></p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Taxes and Fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>Undetermined</u></p>
<p>2.2 Priority creditor's name and mailing address</p> <p>FORT WORTH, CITY 1000 THROCKMORTON ST. FORT WORTH, TX 76102</p> <p>Date or dates debt was incurred <u>Undetermined</u></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: \$ <u>Undetermined</u></p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Taxes and Fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>Undetermined</u></p>
<p>2.3 Priority creditor's name and mailing address</p> <p>INTERNAL REVENUE SERVICE DEPARTMENT OF THE TREASURY OGDEN, UT 84201</p> <p>Date or dates debt was incurred <u>Undetermined</u></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: \$ <u>Undetermined</u></p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Taxes and Fees</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>Undetermined</u></p>

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 1. Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

	Total claim	Priority amount
--	-------------	-----------------

2.4	<p>Priority creditor's name and mailing address</p> <p>STATE OF TEXAS, COMPTROLLER'S OFFICE TEXAS COMPTROLLER OF PUBLIC ACCOUNTS PO BOX 13528, CAPITAL STATION AUSTIN, TX 78711-3528</p> <p>Date or dates debt was incurred Undetermined</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><u>\$Undetermined</u></p>	<p><u>\$Undetermined</u></p>
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Taxes and Fees</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

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
<p>3.1 Nonpriority creditor's name and mailing address 3E COMPANY INC PO BOX 844127 DALLAS, TX 75284-4127</p> <p>Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Payable</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____ 660.06</p>
<p>3.2 Nonpriority creditor's name and mailing address 3M COMPANY P O BOX 844127 DALLAS, TX 75284-4127</p> <p>Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Payable</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____ 2,600.00</p>
<p>3.3 Nonpriority creditor's name and mailing address AADCO MEDICAL INC 2279 VERMONT ROUTE 66 CATAMOUNT COMMERCIAL PARK RANDOLPH, VT 05060-4406</p> <p>Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Payable</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____ 4,278.24</p>
<p>3.4 Nonpriority creditor's name and mailing address ABYRX INC 1 BRIDGE STREET SUITE 121 IRVINGTON, NY 10533</p> <p>Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Payable</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____ 2,511.00</p>
<p>3.5 Nonpriority creditor's name and mailing address ACCESS EFORMS LP PO BOX 733 SULPHUR SPRINGS, TX 75483</p> <p>Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Payable</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____ 7,687.92</p>
<p>3.6 Nonpriority creditor's name and mailing address ACELL INC 8671 ROBERT FULTON DRIVE STE. B COLUMBIA, MD 21046</p> <p>Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Payable</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____ 3,159.50</p>

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7 **Nonpriority creditor's name and mailing address** \$2,077.40

ACRA CUT INC
989 MAIN STREET
ACTON, MA 01720

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.8 **Nonpriority creditor's name and mailing address** \$5,171.00

ACUMED LLC
5885 NW CORNELIUS PASS ROAD
HILLSBORO, OR 97124

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.9 **Nonpriority creditor's name and mailing address** \$248.15

ADEPT MED INTERNATIONAL INC
665 PLEASANT VALLEY ROAD
DIAMOND SPRINGS, CA 95619

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.10 **Nonpriority creditor's name and mailing address** \$25,687.14

AESCALAP IMPLANT SYSTEMS LLC
PO BOX 536397
PITTSBURGH, PA 15253-5905

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.11 **Nonpriority creditor's name and mailing address** \$15,647.44

AESCALAP INSTRUMENTS INC
3773 CORPORATE PARKWAY
CENTER VALLEY, PA 18034

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12 **Nonpriority creditor's name and mailing address** \$2,325.00

AIRSCAN TECH
PO BOX 1539
SPRINGTOWN, TX 76082

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.13 **Nonpriority creditor's name and mailing address** \$358.00

ALL CHARGED UP LLC
13 BOW CIRCLE
STE 225
HILTON HEAD, SC 29928

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.14 **Nonpriority creditor's name and mailing address** \$11,984.00

ALLEN MEDICAL SYSTEMS INC
100 DISCOVERY WAY
ACTON, MA 01720-3948

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.15 **Nonpriority creditor's name and mailing address** \$3,824.85

ALLERGAN USA INC
2525 DUPONT DRIVE
IRVINE, CA 92612

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.16 **Nonpriority creditor's name and mailing address** \$7,702.00

ALPHATEC SPINE INC
5818 EL CAMINO REAL
CARLSBAD, CA 92008

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17 **Nonpriority creditor's name and mailing address** \$5,089.28

ALPHEUS DATA SERVICES LLC
1301 FANNIN ST
20TH FLOOR
HOUSTON, TX 77002

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.18 **Nonpriority creditor's name and mailing address** \$256.66

AMBER HINOJOSA
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.19 **Nonpriority creditor's name and mailing address** \$111,831.72

AMENDIA INC
1755 WEST OAK PARKWAY
MARIETTA, GA 30062

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.20 **Nonpriority creditor's name and mailing address** \$1,254.58

AMERICAN CATHETER CORP
7859 S.W. ELLIPSE WAY
STUART, FL 34997

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.21 **Nonpriority creditor's name and mailing address** \$257.62

AMTEC MEDICAL INC
3701 DROSSETT DR.
STE 190
AUSTIN, TX 78744

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.22 **Nonpriority creditor's name and mailing address** \$879.60

AMY JACKSON
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.23 **Nonpriority creditor's name and mailing address** \$396.80

AORN
2170 S. PARKER RD., SUITE 400
DENVER, CO 80231-5711

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.24 **Nonpriority creditor's name and mailing address** \$51.56

APOLLO ENDOSURGERY INC
1120 SOUTH CAPITAL OF TX HWY
BLDG 1 STE 300
AUSTIN, TX 78746

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.25 **Nonpriority creditor's name and mailing address** \$545.58

APPLIED MEDICAL
P O BOX 3511
CAROL STREAM, IL 60132-3511

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.26 **Nonpriority creditor's name and mailing address** \$36.80

APRIL HARWELL
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.27	Nonpriority creditor's name and mailing address	<u>\$3,655.75</u>
	ARROWHEAD MEDICAL DEVICE 328 POPLAR VIEW LANE EAST SUITE 2 COLLIERVILLE, TN 38017	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address	<u>\$24,359.00</u>
	ARTHREX PO BOX 403511 ATLANTA, GA 30384-3511	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address	<u>\$772.26</u>
	ASSI PO BOX 670531 DALLAS, TX 75367	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address	<u>\$150.51</u>
	AT T 1025 LENOX PARK BLVD 3RD FLOOR TAX DEPARTMENT ATLANTA, GA 30319	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address	<u>\$25,372.04</u>
	ATMOS ENERGY CORPORATION, INC PO BOX 650205 DALLAS, TX 75265-0205	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.32 **Nonpriority creditor's name and mailing address** \$4,292.00

AURORA SPINE INC
1920 PALOMAR POINT WAY
CARLSBAD, CA 92008

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.33 **Nonpriority creditor's name and mailing address** \$48,140.00

AUTOLOGOUS BLOOD TECHNOLOGY
906 W MCDERMOTT DRIVE
SUITE 116-173
ALLEN, TX 75013-6510

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.34 **Nonpriority creditor's name and mailing address** \$845.00

AUTOMATED MEDICAL PRODUCTS CORP
PO BOX 2508
EDISON, NJ 08818-2508

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.35 **Nonpriority creditor's name and mailing address** \$4,369.05

BAIRRINGTON LANDSCAPING INC
PO BOX 40916
FT WORTH, TX 76140

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.36 **Nonpriority creditor's name and mailing address** \$1,716.25

BAKER O AND P ENTERPRISES INC
810 LIPSCOMB ST
FORT WORTH, TX 76104

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37 **Nonpriority creditor's name and mailing address** \$822.42

BEACON MEDAES
DEPT 3234 LB
PO BOX 123234
DALLAS, TX 75312-3234

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.38 **Nonpriority creditor's name and mailing address** \$3,198.15

BECKMAN COULTER INC
250 SOUTH KRAEMER BLVD
PO BOX 8000
BREA, CA 92822-8000

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.39 **Nonpriority creditor's name and mailing address** \$360.00

BILLY DURBIN
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.40 **Nonpriority creditor's name and mailing address** \$5,394.98

BIO RAD LABORATORIES INC
4000 ALFRED NOBEL DRIVE
HERCULES, CA 94547

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.41 **Nonpriority creditor's name and mailing address** \$1,910.00

BIOMEDICAL ENTERPRISES INC
14785 OMICRON DRIVE
STE 205
SAN ANTONIO, TX 78245

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.42 **Nonpriority creditor's name and mailing address** \$10,828.06

BIOMET INC
56 E BELL DRIVE
WARSAW, IN 46581

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.43 **Nonpriority creditor's name and mailing address** \$18,165.08

BIOMET INC
56 E. BELL DRIVE
WARSAW, IN 46581

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.44 **Nonpriority creditor's name and mailing address** \$45,855.20

BKD LLP
14241 DALLAS PARKWAY
SUITE 1100
DALLAS, TX 75254-2961

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.45 **Nonpriority creditor's name and mailing address** \$1,140.31

BLACK TIE MEDICAL INC
PO BOX 7368
SAN DIEGO, CA 92167

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.46 **Nonpriority creditor's name and mailing address** \$9,285.18

BOSTON SCIENTIFIC
PO BOX 951653
DALLAS, TX 75395-1653

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.47 **Nonpriority creditor's name and mailing address** \$79,113.59

BRANDT MECHANICAL SERVICES INC
PO BOX 29559
DALLAS, TX 75229

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.48 **Nonpriority creditor's name and mailing address** \$163.06

BURKS MEDICAL CONSULTING LLC
2364 N HWY 287
SUITE 119
MANSFIELD, TX 76063

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.49 **Nonpriority creditor's name and mailing address** \$150.35

CANFIELD INC
5379 TREASURE CANYON DR
HELENA, MT 59602

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.50 **Nonpriority creditor's name and mailing address** \$402.35

CARDINAL HEALTH
PO BOX 730112
DALLAS, TX 75373-0112

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.51 **Nonpriority creditor's name and mailing address** \$3,552.18

CARDINAL HEALTH MEDICAL
7000 CARDINAL PLACE, METRO 3
DUBLIN, OH 43017-1091

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.52	Nonpriority creditor's name and mailing address	<u>\$3,663.31</u>
	CARDINAL HEALTH PHARMACY SOLUTIONS 1330 ENCLAVE PARKWAY HOUSTON, TX 77077	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.53	Nonpriority creditor's name and mailing address	<u>\$433.85</u>
	CAREFREE SURGICAL SPECIALTIES INC 450 MAIN STREET NEWCASTLE, CA 95658	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.54	Nonpriority creditor's name and mailing address	<u>\$47,193.75</u>
	CAREFUSION SOLUTIONS LLC 3750 TORREY VIEW COURT SAN DIEGO, CA 92130	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.55	Nonpriority creditor's name and mailing address	<u>\$6,929.00</u>
	CARTER BLOODCARE P O BOX 916068 FORT WORTH, TX 76191-6068	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.56	Nonpriority creditor's name and mailing address	<u>\$2,196.29</u>
	CASSIE CARPENTER ADDRESS ON FILE	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Expense or Tuition Reimbursement</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.57 **Nonpriority creditor's name and mailing address** \$2,658.18

CENTRAL ADMIXTURE PHARMACY SVC INC
PO BOX 536431
PITTSBURGH, PA 15253-5906

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.58 **Nonpriority creditor's name and mailing address** \$1,553.87

CENTURION MEDICAL PRODUCTS CORP.
PO BOX 510
WILLIAMSTON, MI 48895

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.59 **Nonpriority creditor's name and mailing address** \$10,224.88

CHARTER COMMUNICATIONS HOLDING CO
12405 POWERCOURT DRIVE
ST LOUIS, MO 63131

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.60 **Nonpriority creditor's name and mailing address** \$113.60

CHRISTINE VIERECK
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.61 **Nonpriority creditor's name and mailing address** \$8,420.15

CITY OF FORT WORTH WATER DEPARTMENT
PO BOX 961003
FORT WORTH, TX 76161-0003

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.62	Nonpriority creditor's name and mailing address CKC REPUBLIC PO BOX 4280 CULVER CITY, CA 90231-4280 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.66
3.63	Nonpriority creditor's name and mailing address CLEARPOINT MEDICAL INC 30 LAWRENCE PAQUETTE DRIVE CHAMPLAIN, NY 12919 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.00
3.64	Nonpriority creditor's name and mailing address COLLEGE OF AMERICAN PATHOLOGISTS 325 WAUKEGAN ROAD NORTHFIELD, IL 60093-2750 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,025.96
3.65	Nonpriority creditor's name and mailing address COLORID LLC 20480F CHARTWELL CENTER DRIVE CORNELIUS, NC 28031-6430 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,370.00
3.66	Nonpriority creditor's name and mailing address CONE INSTRUMENTS LLC 5201 NAIMAN PKWY SOLON, OH 44139 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.84

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.67	<p>Nonpriority creditor's name and mailing address</p> <p>CONMED CORPORATION P O BOX 6814 NEW YORK, NY 10249-6814</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,400.73
3.68	<p>Nonpriority creditor's name and mailing address</p> <p>CONMED LINVATEC 11311 CONCEPT BLVD. LARGO, FL 33773</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$154.50
3.69	<p>Nonpriority creditor's name and mailing address</p> <p>COOK MEDICAL INCORPORATED 22988 NETWORK PLACE CHICAGO, IL 60673-1229</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,718.18
3.70	<p>Nonpriority creditor's name and mailing address</p> <p>COOPER SURGICAL INC 95 CORPORATE DRIVE TRUMBULL, CT 06611</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$14,427.71
3.71	<p>Nonpriority creditor's name and mailing address</p> <p>COURTNEY KEATHLEY ADDRESS ON FILE</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Expense or Tuition Reimbursement</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$36.16

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.72 **Nonpriority creditor's name and mailing address** \$55,146.64

COVIDIEN LP / BARRX
540 OAKMEAD PARKWAY
SUNYVALE, CA 94085

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.73 **Nonpriority creditor's name and mailing address** \$536.98

CRYSTAL GARCIA
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.74 **Nonpriority creditor's name and mailing address** \$387.78

CUMMINGS ELECTRICAL INC
14900 GRAND RIVER ROAD
SUITE 124
FORT WORTH, TX 76155

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.75 **Nonpriority creditor's name and mailing address** \$1,560.60

CUSTOM INTERVENTIONAL PAIN MANGMENT
12001 NETWORK SUITE 208
SAN ANTONIO, TX 78249

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.76 **Nonpriority creditor's name and mailing address** \$33,973.64

CYBERONICS INC DELAWARE
PO BOX 301303
DALLAS, TX 75303-1303

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.77	Nonpriority creditor's name and mailing address	<u>\$743.28</u>
	CYOTHERM LP 110 SEWELL AVENUE TRENTON, NJ 08610 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address	<u>\$734.82</u>
	CYRACOM LLC 5780 NORTH SWAN ROAD TUCSON, AZ 85718 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address	<u>\$2,000.03</u>
	D R E INC 1800 WILLIAMSON CT LOUISVILLE, KY 40223 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address	<u>\$1,054.00</u>
	DAMIAN HELLMANN ADDRESS ON FILE Date or dates debt was incurred Undetermined 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: Expense or Tuition Reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	Nonpriority creditor's name and mailing address	<u>\$5,493.24</u>
	DANIEL J EDELMAN INC 200 EAST RANDOLPH DRIVE CHICAGO, IL 60601 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.82 **Nonpriority creditor's name and mailing address** \$1,667.82

DARRELL CARLIN
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.83 **Nonpriority creditor's name and mailing address** \$960.00

DARRYL CLARK
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.84 **Nonpriority creditor's name and mailing address** \$64,242.09

DATA BANK IMX
1421 PATTON PLACE SUITE 200
CARROLLTON, TX 75007

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.85 **Nonpriority creditor's name and mailing address** \$286.41

DAVOL INC
100 CROSSINGS BLVD
WARWICK, RI 02886

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.86 **Nonpriority creditor's name and mailing address** \$256.00

DELL MARKETING LP
120 ROYALL STREET
CANTON, MA 02021

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.87 **Nonpriority creditor's name and mailing address** \$2,235.35

DEPUY SYNTHES SALES INC
4500 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.88 **Nonpriority creditor's name and mailing address** \$6,046.78

DEPUY SYNTHES SALES INC
1302 WRIGHTS LANE EAST
WEST CHESTER, PA 19380

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.89 **Nonpriority creditor's name and mailing address** \$356.14

DMI TECHNOLOGIES INC
14900 GRAND RIVER RD
STE 100
FORT WORTH, TX 76155

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.90 **Nonpriority creditor's name and mailing address** \$1,775.83

DUBO ACQUISITION CORP DBA
3200 BELMEADE DR
SUITE 130
CARROLLTON, TX 75006-2552

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.91 **Nonpriority creditor's name and mailing address** \$2,040.00

DYNAMIC INFUSION THERAPY
12700 PARK CENTRAL DRIVE
STE 520
DALLAS, TX 75251

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.92 **Nonpriority creditor's name and mailing address** \$2,623.55

ECOLAB
PO BOX 70343
CHICAGO, IL 60673-0343

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.93 **Nonpriority creditor's name and mailing address** \$65.90

EDWARDS LIFESCIENCES US INC
23146 NETWORK PLACE
CHICAGO, IL 60673-1231

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.94 **Nonpriority creditor's name and mailing address** \$7,188.48

EMPLOYMENT PRACTICES SOLUTIONS INC
502 N CARROLL AVE
STE 100
SOUTHLAKE, TX 76092

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.95 **Nonpriority creditor's name and mailing address** \$2,299.48

ENDOCHOICE INC
11810 WILLS ROAD STE 100
APHARETTA, GA 30009

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.96 **Nonpriority creditor's name and mailing address** \$527.55

ENGINEERED MEDICAL SOLUTIONS CO LLC
85 INDUSTRIAL DRIVE
PHILLIPSBURG, NJ 08865

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.97	Nonpriority creditor's name and mailing address	<u>\$4,662.05</u>
	ERBE USA INCORPORATED 2225 NORTHWEST PARKWAY MARIETTA, GA 30067-9317 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address	<u>\$791.00</u>
	ESCREEN INC PO BOX 123143 DALLAS, TX 75312-3143 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address	<u>\$6,700.00</u>
	EVOLOGICS LLC 4766 RESEARCH DRIVE SAN ANTONIO, TX 78240 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address	<u>\$228.00</u>
	EXPAND A BAND MEDICAL LLC 13112 CRENSHAW BLVD GARDENA, CA 90249 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	Nonpriority creditor's name and mailing address	<u>\$2,000.50</u>
	FACILITIES SURVEY INC 161 PENHURST DR PITTSBURGH, PA 15235 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.102	Nonpriority creditor's name and mailing address	<u>\$100.00</u>
	FCI OPHTHALMICS INC PO BOX 465 MARSHFIELD HILLS, MA 02051 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address	<u>\$3,124.54</u>
	FEDEX P.O.BOX 660481 DALLAS, TX 75266-0481 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address	<u>\$2,262.31</u>
	FILGO OIL COMPANY P.O.BOX 565421 DALLAS, TX 75356-5421 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address	<u>\$812.39</u>
	FIRST HOSPITAL PRODUCTS INC 6125 LENDELL DRIVE SANBORN, NY 14132 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address	<u>\$117.49</u>
	FISHER AND PAYKEL HEALTHCARE INC 15365 BARRANCA PKWY IRVINE, CA 92618 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.107 **Nonpriority creditor's name and mailing address** \$1,093.64

FISHER SCIENTIFIC COMPANY LLC
9999 VETERANS MEMORIAL DRIVE
HOUSTON, TX 77038

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.108 **Nonpriority creditor's name and mailing address** \$785.42

FOLLETT CORPORATION
BOX #2806
PO BOX 8500
PHILADELPHIA, PA 19178-2806

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.109 **Nonpriority creditor's name and mailing address** \$20,619.42

FORT WORTH TEXAS MAGAZINE VENTURE L
6777 CAMP BOWIE BLVD
STE 130
FORT WORTH, TX 76116

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.110 **Nonpriority creditor's name and mailing address** \$273,856.00

FPMC - DALLAS
12222 NORTH CENTRAL EXPRESSWAY
DALLAS, TX 75243

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Intercompany Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.111 **Nonpriority creditor's name and mailing address** \$11,122,907.38

FPMC FORT WORTH REALTY PARTNERS LP
12222 N CENTRAL EXPWY
STE - 400
DALLAS, TX 75243

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.112	Nonpriority creditor's name and mailing address	<u>\$36,194.80</u>
	FW SURGICAL SUPPLY LLC 102 WOODMONT BLVD SUITE 350 NASHVILLE, TN 37205	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113	Nonpriority creditor's name and mailing address	<u>\$610.00</u>
	G I SUPPLY CO 200 GRANDVIEW AVE. CAMP HILL, PA 17011-1706	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address	<u>\$1,615.11</u>
	GCS SERVICE INC 24673 NETWORK PLACE CHICAGO, IL 60673-1246	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address	<u>\$43,552.02</u>
	GDF SUEZ ENERGY RESOURCES NA INC PO BOX 9001025 LOUISVILLE, KY 40290-1025	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address	<u>\$59,542.65</u>
	GE CAPITAL INFORMATION 201 MERRITT 7 NORWALK, CT 06851	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.117	Nonpriority creditor's name and mailing address	<u>\$22,065.58</u>
	GE HEALTHCARE PO BOX 96483 CHICAGO, IL 60693 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address	<u>\$5,980.00</u>
	GENZYME BIOSURGERY 55 CAMBRIDGE PKWY. CAMBRIDGE, MA 02142 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address	<u>\$803.00</u>
	GEORGE MCGOWN 122 WYCKOFF STREET BROOKLYN, NY 11201-6307 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	Nonpriority creditor's name and mailing address	<u>\$221,365.00</u>
	GLOBUS MEDICAL INC 2560 GEN. ARMISTEAD AVE. AUDOBON, PA 19403 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address	<u>\$13,450.24</u>
	GRACE MEDICAL INC PO BOX 34877 MEMPHIS, TN 38184-0877 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.122 **Nonpriority creditor's name and mailing address** \$21,825.33

GRAINGER INC
100 GRAINGER PARKWAY
LAKE FOREST, IL 60045-5201

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.123 **Nonpriority creditor's name and mailing address** \$47,700.00

GRANT THORNTON LLP
1717 MAIN STREET
SUITE 1500
DALLAS, TX 75201

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.124 **Nonpriority creditor's name and mailing address** \$7,614.01

GREENER PASTURES LANDSCAPE INC
PO BOX 540668
DALLAS, TX 75354-0668

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.125 **Nonpriority creditor's name and mailing address** \$309.60

GREENSCAPE PUMP SERVICES INC
1425 WHITLOCK LANE
#108
CARROLLTON, TX 75006

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.126 **Nonpriority creditor's name and mailing address** \$594.92

GROUP ONE SERVICES INC
250 DECKER DRIVE
IRVING, TX 75062

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.127	Nonpriority creditor's name and mailing address	<u>\$278.82</u>
<p>HAGAR RESTAURANT EQUIPMENT SERVICE 6200 NW 2ND STREET OKLAHOMA CITY, OK 73127</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.128	Nonpriority creditor's name and mailing address	<u>\$234.00</u>
<p>HAYDEN MEDICAL INC 19425-B SOLEDAD CANYON RD SUITE 411 SANTA CLARITA, CA 91351</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.129	Nonpriority creditor's name and mailing address	<u>\$21,376.30</u>
<p>HEALTHSTREAM INC PO BOX 102817 ATLANTA, GA 30368-2817</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.130	Nonpriority creditor's name and mailing address	<u>\$231.76</u>
<p>HELMER INC PO BOX 1937 DEPT 30 INDIANAPOLIS, IN 46206</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.131	Nonpriority creditor's name and mailing address	<u>\$3,749.88</u>
<p>HOLOGIC LP CHICAGO, IL 60673-1245 CHICAGO, IL 60673-1245</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.132 **Nonpriority creditor's name and mailing address** \$1,462.00

HOME DEPOT CREDIT SERVICES
PO BOX 183175
COLUMBUS, OH 43218-3175

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.133 **Nonpriority creditor's name and mailing address** \$7,662.15

HOSPIRA WORLDWIDE INC
4653 NALL ROAD 26302
FARMERS BRANCH, TX 75244

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.134 **Nonpriority creditor's name and mailing address** \$36,668.40

HOSPITAL HOUSEKEEPING SYSTEMS LLC
PO BOX 826
SAN ANTONIO, TX 78293-0826

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.135 **Nonpriority creditor's name and mailing address** \$2,396.03

HOWMEDICA OSTEONICS CORP
750 TRADE CENTRE WAY
STE 200
PORTAGE, MI 49002

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.136 **Nonpriority creditor's name and mailing address** \$34,740.54

HOWMEDICA OSTEONICS CORPORATION
2 PEARL COURT
ALLENDALE, NJ 07401

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.137	Nonpriority creditor's name and mailing address	<u>\$12,500.00</u>
	HTSG HOLDINGS LLC 5110 MARYLAND WAY STE 200 BRENTWOOD, TN 37027	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138	Nonpriority creditor's name and mailing address	<u>\$135,340.00</u>
	IDENTITY MEDIA SERVICES LLC 400 EAST ROYAL LANE SUITE 290 IRVING, TX 75039	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139	Nonpriority creditor's name and mailing address	<u>\$Undetermined</u>
	IDENTITY MEDIA, LLC 400 EAST ROYAL LANE SUITE 290 IRVING, TX 75039	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Litigation Claim - Matter Number: dc15-12125 Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	Nonpriority creditor's name and mailing address	<u>\$460.70</u>
	IMMUCOR INC PO BOX 102118 ATLANTA, GA 30368-2118	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.141	Nonpriority creditor's name and mailing address	<u>\$37,727.88</u>
	INFOR US INC 13560 MORRIS ROAD STE 4100 ALPHARETTA, GA 30004	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
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Amount of claim

3.142	Nonpriority creditor's name and mailing address	<u>\$236,733.54</u>
	INPATIENT PHYSICIAN ASSOC PLLC 6901 SNIDER PLAZA #130 DALLAS, TX 75205 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143	Nonpriority creditor's name and mailing address	<u>\$7,671.54</u>
	INSTRUMENTATION LABORATORY COMPANY 180 HARTWELL ROAD BEDFORD, MA 01730-2243 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address	<u>\$2,668.07</u>
	INSURANCE COMPANY REFUNDS ADDRESS ON FILE Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145	Nonpriority creditor's name and mailing address	<u>\$548.23</u>
	INTEGO SOFTWARE LLC 5343 BOWDEN ROAD JACKSONVILLE, FL 32216 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	Nonpriority creditor's name and mailing address	<u>\$27,516.36</u>
	INTEGRA LIFESCIENCES CORPORATION P O BOX 404129 ATLANTA, GA 30384-4129 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3.147	Nonpriority creditor's name and mailing address	<u>\$35,434.60</u>
	INTERNATIONAL PAPER COMPANY 1111 NORTH 28TH AVE DFW AIRPORT, TX 75261 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address	<u>\$7,009.22</u>
	INTERSECT ENT INC 1555 ADAMS DRIVE MENLO PARK, CA 94025 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address	<u>\$146,606.03</u>
	INTUITIVE SURGICAL PO BOX 39000 SAN FRANCISCO, CA 94139 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address	<u>\$4,370.00</u>
	ISOTIS ORTHOBIOLOGICS 16386 COLLECTIONS CTR DR CHICAGO, IL 60693 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address	<u>\$29,182.91</u>
	JACKSON WALKER LLP 901 MAIN ST STE 6000 DALLAS, TX 75202 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3.152	Nonpriority creditor's name and mailing address	<u>\$3,780.61</u>
	JC EHRLICH CO INC 10421 PORTAL ROAD SUITE 101 LA VISTA, NE 68128 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.153	Nonpriority creditor's name and mailing address	<u>\$1,291.42</u>
	JKK CORPORATION INC 1348 PRAIRIE DRIVE LEWISVILLE, TX 75067 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	Nonpriority creditor's name and mailing address	<u>\$64.30</u>
	JOHN W GASPARINI INC PO BOX 121554 FT WORTH, TX 76121-1554 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.155	Nonpriority creditor's name and mailing address	<u>\$2,633.23</u>
	JOHNSON AND JOHNSON HEALTHCARE 4310 SUNBELT DRIVE ADDISON, TX 75001 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.156	Nonpriority creditor's name and mailing address	<u>\$10,608.19</u>
	JOHNSON AND JOHNSON HEALTHCARE 5972 COLLECTIONS CENTER DR CHICAGO, IL 60693 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
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Amount of claim

3.157 **Nonpriority creditor's name and mailing address** \$1,415.20

JOY SUZANNE SESSUMS
2959 MASTER CT S
BURLSEON, TX 76028

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.158 **Nonpriority creditor's name and mailing address** \$13,079.49

KARL STORZ
2151 E GRAND AVE
EL SEGUNDO, CA 90245

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.159 **Nonpriority creditor's name and mailing address** \$563.01

KASSI RUSHING
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.160 **Nonpriority creditor's name and mailing address** \$575.63

KCI USA
PO BOX 301557
DALLAS, TX 75303-1557

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.161 **Nonpriority creditor's name and mailing address** \$221.91

KEY SURGICAL INC
8101 WALLACE RD
EDEN PRAIRIE, MN 55344

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
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Amount of claim

3.162	Nonpriority creditor's name and mailing address	<u>\$15,575.36</u>
	KONE INC ONE KONE COURT MOLINE, IL 61265 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address	<u>\$3,757.50</u>
	KPOST COMPANY 1841 W NORTHWEST HIGHWAY DALLAS, TX 75220 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164	Nonpriority creditor's name and mailing address	<u>\$8,475.00</u>
	KR MEDICAL TECHNOLOGIES LLC 2510 STRATHFIELD LANE TROPHY CLUB, TX 76262 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.165	Nonpriority creditor's name and mailing address	<u>\$3,985.48</u>
	KRATOS PUBLIC SAFETY AND SECURITY 6270 CORPORATE DRIVE SUITE 100 B INDIANAPOLIS, IN 46278 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address	<u>\$2,360.96</u>
	KURZ MEDICAL INC 5126 S ROYAL ATLANTA DRIVE TUCKER, GA 30084 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3.167 **Nonpriority creditor's name and mailing address** \$85.46

LAB SAFETY CORPORATION
PO BOX 245
1725 INDUSTRIAL AVENUE
CUMBERLAND, WI 54829

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.168 **Nonpriority creditor's name and mailing address** \$5,158.50

LABORATORY CORP OF AMERICA HOLDING
P O BOX 12140
BURLINGTON, NC 27216-2140

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.169 **Nonpriority creditor's name and mailing address** \$2,590.29

LABSCO
3782 RELIABLE PARKWAY
CHICAGO, IL 60686-3782

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.170 **Nonpriority creditor's name and mailing address** \$1,475.00

LAURYN DUBS
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.171 **Nonpriority creditor's name and mailing address** \$47,200.00

LDR SPINE USA INC
PO BOX 671716
DALLAS, TX 75267

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

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Amount of claim

3.172	Nonpriority creditor's name and mailing address	<u>\$2,216.18</u>
	LEMAITRE VASCULAR INC 63 SECOND AVE. BURLINGTON, MA 01803	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.173	Nonpriority creditor's name and mailing address	<u>\$2,020.00</u>
	LIFECELL CORPORATION PO BOX 203888 HOUSTON, TX 77216-3888	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.174	Nonpriority creditor's name and mailing address	<u>\$13,311.00</u>
	LIFENET HEALTH P.O.BOX 79636 BALTIMORE, MD 21279-0636	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	Nonpriority creditor's name and mailing address	<u>\$909.30</u>
	LINA MEDICAL USA INC 1856 CORPORATE DRIVE STE 135 NORCROSS, GA 30093	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	Nonpriority creditor's name and mailing address	<u>\$1,085.02</u>
	LINDSAY KUNEFKE ADDRESS ON FILE	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: Expense or Tuition Reimbursement Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3.177	Nonpriority creditor's name and mailing address	<u>\$150.00</u>
	LIPOSALES INC 170-9 CENTRAL AVENUE FARMINGDALE, NY 11735 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.178	Nonpriority creditor's name and mailing address	<u>\$1,035.62</u>
	LOFTIN EQUIPMENT CO PO BOX 10376 PHOENIX, AZ 85064 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.179	Nonpriority creditor's name and mailing address	<u>\$2,443.45</u>
	LOWES COMPANIES INC PO BOX 530954 ATLANTA, GA 30353-0954 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.180	Nonpriority creditor's name and mailing address	<u>\$2,705.17</u>
	M2 MEDICAL SUPPLY LLC 300 LANDWYCK LN FLOWER MOUND, TX 75028 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.181	Nonpriority creditor's name and mailing address	<u>\$913.74</u>
	MAINE STANDARDS CO LLC 221 US ROUTE 1 CUMBERLAND FORESIDE, ME 04110 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3.182	Nonpriority creditor's name and mailing address	<u>\$3,609.19</u>
	MARKET TIERS INC DBA 8097 FLINT STREET LENEXA, KS 66214 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.183	Nonpriority creditor's name and mailing address	<u>\$1,701.28</u>
	MARKETLAB INC 6850 SOUTHBELT DRIVE CALEDONIA, MI 49316 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.184	Nonpriority creditor's name and mailing address	<u>\$5,911.53</u>
	MATHESON TRI GAS INC DEPT 3028 PO BOX 123028 DALLAS, TX 75312 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.185	Nonpriority creditor's name and mailing address	<u>\$1,077.60</u>
	MATHHEW ABNEY ADDRESS ON FILE 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: Expense or Tuition Reimbursement Date or dates debt was incurred Undetermined Last 4 digits of account number	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.186	Nonpriority creditor's name and mailing address	<u>\$354.13</u>
	MATT WRIGHT ADDRESS ON FILE 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: Expense or Tuition Reimbursement Date or dates debt was incurred Undetermined Last 4 digits of account number	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.187	<p>Nonpriority creditor's name and mailing address</p> <p>MAZOR ROBOTICS INC 189 S ORANGE AVE STE 1850 ORLANDO, FL 32801</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$8,852.69</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.188	<p>Nonpriority creditor's name and mailing address</p> <p>MCKESSON TECHNOLOGIES INC PO BOX 98347 CHICAGO, IL 60693-8347</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$11,960.54</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.189	<p>Nonpriority creditor's name and mailing address</p> <p>MDG MEDICAL 262 CARROLL ST SUITE 1 FORT WORTH, TX 76107</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$9,685.00</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.190	<p>Nonpriority creditor's name and mailing address</p> <p>MEDCOMPLIANCE SERVICES INC 7916 LINKS WAY PORT SAINT LUCIE, FL 34986</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$2,000.00</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.191	<p>Nonpriority creditor's name and mailing address</p> <p>MEDI-DOSE INCORPORATED 70 INDUSTRIAL DRIVE IVYLAND, PA 18974</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$592.57</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Amount of claim
3.192	<p>Nonpriority creditor's name and mailing address</p> <p>MEDICAL DEVICE TECHNOLOGIES INC 3600 SW 47TH AVENUE GAINSVILLE, FL 32608</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$1,673.52</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.193	<p>Nonpriority creditor's name and mailing address</p> <p>MEDICAL INFORMATION TECHNOLOGY INC 1 MEDITECH CIRCLE WESTWOOD, MA 02090</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$36,280.00</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.194	<p>Nonpriority creditor's name and mailing address</p> <p>MEDIVATORS INC NW 9841 PO BOX 1450 MINNEAPOLIS, MN 55485</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$2,179.44</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.195	<p>Nonpriority creditor's name and mailing address</p> <p>MEDLINE ONE MUNDELEIN PLACE MUNDELEIN, IL 60060</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$8,863.55</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.196	<p>Nonpriority creditor's name and mailing address</p> <p>MEDOVATIONS INC BIN 303 MILWAUKEE, WI 53288</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p><u>\$5,580.61</u></p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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Part 2: Additional Page

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Amount of claim

3.197	Nonpriority creditor's name and mailing address	<u>\$225.00</u>
	MEDSTAR ORTHOPEDIC SUPPLIES LLC 1150 N WATERS RD SUITE 105 ALLEN, TX 75013	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198	Nonpriority creditor's name and mailing address	<u>\$444.00</u>
	MEDTEK DEVICES INC 5900 GENESEE STREET LANCASTER, NY 14086	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199	Nonpriority creditor's name and mailing address	<u>\$1,185.65</u>
	MEDTRONIC ENT XOMED 3850 VICTORIA ST N SHOREVIEW, MN 55126	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200	Nonpriority creditor's name and mailing address	<u>\$3,772.01</u>
	MEDTRONIC SPINAL/BIOLOGICS 1800 PYRAMID PLACE MEMPHIS, TN 38132	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.201	Nonpriority creditor's name and mailing address	<u>\$91,919.00</u>
	MEDUSA GROUP LLC DOMINION PLAZA 17304 PRESTON ROAD SUITE 800 DALLAS, TX 75252	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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Amount of claim

3.202 **Nonpriority creditor's name and mailing address** \$1,503.07

MEGADYNE MEDICAL PRODUCTS INC
PO BOX 1332
SANDY, UT 84091

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.203 **Nonpriority creditor's name and mailing address** \$1,015.08

MELISSA GRIFFIN
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.204 **Nonpriority creditor's name and mailing address** \$1,506.08

MENTOR CORPORATION
201 MENTOR DRIVE
SANTA BARBER, CA 93111

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.205 **Nonpriority creditor's name and mailing address** \$614.70

MERRY XRAY CORPORATION
4444 VIEWRIDGE AVE
STE A
SAN DIEGO, CA 92123

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.206 **Nonpriority creditor's name and mailing address** \$625.14

MICHAELS KEYS INC
4003 COLLEYVILLE BLVD
COLLEYVILLE, TX 76034

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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Amount of claim

3.207	Nonpriority creditor's name and mailing address	<u>\$1,386.45</u>
	MICHELLE LAWRENCE ADDRESS ON FILE Date or dates debt was incurred Undetermined 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: Expense or Tuition Reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.208	Nonpriority creditor's name and mailing address	<u>\$642.16</u>
	MICROAIRE SURGICAL INSTRUMENTS LOCKBOX 96565 CHICAGO, IL 60693 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.209	Nonpriority creditor's name and mailing address	<u>\$3,485.69</u>
	MICROLINE SURGICAL INC 50 DUNHAM ROAD STE 1500 BEVERLY, MA 01915 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.210	Nonpriority creditor's name and mailing address	<u>\$99,649.76</u>
	MICROSOFT LICENSING GP 6100 NEIL ROAD RENO, NV 89511 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.211	Nonpriority creditor's name and mailing address	<u>\$10,016.00</u>
	MIMEDX GROUP INC 811 LIVINGSTON COURT SE SUITE B MARIETTA, GA 30067 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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Amount of claim

3.212 **Nonpriority creditor's name and mailing address** \$5,153.61

MINDRAY DS USA INC
24312 NETWORK PL
CHICAGO, IL 60673-1243

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.213 **Nonpriority creditor's name and mailing address** \$1,239.34

MIZUHO OSI
DEPT CH 16977
PALATINE, IL 60055-6977

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.214 **Nonpriority creditor's name and mailing address** \$551.00

MOBILE HEARTBEAT LLC
111 SOUTH BEDFORD STREET
SUITE 108
BURLINGTON, MA 01803

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.215 **Nonpriority creditor's name and mailing address** \$1,070.05

MOBILITY EXCHANGE LLC
9891 IRVINE CENTER DR
STE 200
IRVINE, CA 92618

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.216 **Nonpriority creditor's name and mailing address** \$1,206.99

MOREDIRECT INC
PO BOX 536464
PITTSBURGH, PA 15253-5906

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.217 **Nonpriority creditor's name and mailing address** \$43,417.47

MUSCULOSKELETAL TRANSPLANT
125 MAY STREET
EDISON, NJ 08837

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.218 **Nonpriority creditor's name and mailing address** \$642.70

NANCY LOVE
7151 GASTON AVE #804
DALLAS, TX 75214

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.219 **Nonpriority creditor's name and mailing address** \$19,951.00

NEAL RICHARDS GROUP LLC
3030 OLIVE STREET
SUITE 220
DALLAS, TX 75219

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.220 **Nonpriority creditor's name and mailing address** \$805.60

NESTLE HEALTHCARE NUTRITION
800 NORTH BRAND BLVD
GLENDALE, CA 91203-1245

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.221 **Nonpriority creditor's name and mailing address** \$27,885.97

OLYMPUS AMERICA INC
3500 CORPORATE PARKWAY
CENTER VALLEY, PA 18034

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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Amount of claim

3.222	Nonpriority creditor's name and mailing address		<u>\$77.55</u>
	ON TIME COURIER INC 1700 PACIFIC AVENUE SUITE 1040 DALLAS, TX 75201		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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.223	Nonpriority creditor's name and mailing address		<u>\$14,968.00</u>
	ONCORE TECHNOLOGY LLC 2613 SKYWAY DRIVE GRAND PRAIRIE, TX 75052		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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.224	Nonpriority creditor's name and mailing address		<u>\$3,645.00</u>
	ORTHOFIX SPINAL IMPLANTS PO BOX 842452 DALLAS, TX 75284-2452		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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.225	Nonpriority creditor's name and mailing address		<u>\$577.23</u>
	ORTHOSCAN INC 8212 E EVANS ROAD SCOTTSDALE, AZ 85260		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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.226	Nonpriority creditor's name and mailing address		<u>\$1,200.00</u>
	OT MEDICAL 1000 CONTINENTAL DR SUITE 240 KING OF PRUSSIA, PA 19406		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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
			Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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Part 2: Additional Page		Amount of claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		
3.227	Nonpriority creditor's name and mailing address PAJUNK MEDICAL SYSTEMS LP 5126 SOUTH ROYAL ATLANTA DR TUCKER, GA 30084 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,402.60
3.228	Nonpriority creditor's name and mailing address PALM SPRINGS PARTNERS LLC 1565 N CENTRAL EXPWY STE 200-A RICHARDSON, TX 75080 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
3.229	Nonpriority creditor's name and mailing address PARAGON 28 INC 4B INVERNESS COURT EAST STE 280 ENGLEWOOD, CO 80112 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,295.90
3.230	Nonpriority creditor's name and mailing address PARKS MEDICAL ELECTRONICS SALES 6000 S. EASTERN AVE SUITE 10-B LAS VEGAS, NV 89119 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$613.12
3.231	Nonpriority creditor's name and mailing address PATIENT REFUNDS ADDRESS ON FILE 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,785.93

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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Amount of claim

3.232 **Nonpriority creditor's name and mailing address** \$205.89

PCI MEDICAL INC
PO BOX 188
DEEP RIVER, CT 06417

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.233 **Nonpriority creditor's name and mailing address** \$940.00

PERFORMANCE DOOR AND HARWARE INC
400 E PIONEER DRIVE
IRVING, TX 75061

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.234 **Nonpriority creditor's name and mailing address** \$775.00

PEVCO SYSTEMS INTERNATIONAL INC
1401 TANGER DRIVE
BALTIMORE, MD 21220-2876

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.235 **Nonpriority creditor's name and mailing address** \$838.40

PHILIPS HEALTHCARE
3000 MINUTEMAN ROAD
MS 0400
ANDOVER, MA 01810

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.236 **Nonpriority creditor's name and mailing address** \$23,050.00

PINESTAR TECHNOLOGY INC
PO BOX 824
GREENVILLE, PA 16125

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.237 **Nonpriority creditor's name and mailing address** \$16,959.28

PLANT INTERSCAPES INC
6436 BABCOCK ROAD
SAN ANTONIO, TX 78249

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.238 **Nonpriority creditor's name and mailing address** \$6,743.03

POLSINELLI PC
900 W 48TH PLACE
STE 900
KANSAS CITY, MO 64112

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.239 **Nonpriority creditor's name and mailing address** \$2,574.37

PRECISION LABEL INC
48 MCCALL STREET
FLAT ROCK, NC 28731

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.240 **Nonpriority creditor's name and mailing address** \$20,218.07

PRECYSE SOLUTIONS LLC
P O BOX 11407
BIRMINGHAM, AL 35246-1736

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.241 **Nonpriority creditor's name and mailing address** \$9,135.67

PRESSLINK PRINTING LTD
PO BOX 793947
DALLAS, TX 75379

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.242	Nonpriority creditor's name and mailing address	<u>\$Undetermined</u>
	PRESSLINK PRINTING, LTD 2812 TRINITY SQUARE DRIVE SUITE 100 CARROLLTON, TX 75006	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Litigation Claim - Matter Number: cc-15-05037-A Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.243	Nonpriority creditor's name and mailing address	<u>\$273,313.65</u>
	PRO SILVER STAR LTD 1 COWBOYS PARKWAY IRVING, TX 75063	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.244	Nonpriority creditor's name and mailing address	<u>\$3,265.52</u>
	PROGRESSIVE MEDICAL 997 HORAN DRIVE FENTON, MO 63026-2401	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.245	Nonpriority creditor's name and mailing address	<u>\$186.40</u>
	PROMED RESOURCES INC PO BOX 460380 ST LOUIS, MO 63146-7380	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.246	Nonpriority creditor's name and mailing address	<u>\$3,003.25</u>
	PROTECTION SYSTEMS LLC 1890 CROWN DRIVE STE 1310 DALLAS, TX 75234	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.247 **Nonpriority creditor's name and mailing address** \$213,345.06

PROVATION MEDICAL INC
62770 COLLECTIONS CENTER DR
CHICAGO, IL 60693

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.248 **Nonpriority creditor's name and mailing address** \$1,033.59

PURCHASE POWER
PO BOX 371874
PITTSBURGH, PA 15250-7874

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.249 **Nonpriority creditor's name and mailing address** \$467.07

QUANTIMETRIX CORPORATION
2005 MANHATTAN BEACH BLVD
REDONDO BEACH, CA 90278

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.250 **Nonpriority creditor's name and mailing address** \$3,929.70

QUINTECH INC
610 S WAKE VILLAGE ROAD
TEXARKANA, TX 75501

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.251 **Nonpriority creditor's name and mailing address** \$163.00

R O GULDEN AND CO INC
225 CADWALDER AVE
ELKINS PARK, PA 19027

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

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Amount of claim

3.252	Nonpriority creditor's name and mailing address	<u>\$5,448.80</u>
	RICHARD WOLF MEDICAL INSTRUMENTS CO 2573 MOMENTUM PLACE CHICAGO, IL 60689-5325	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.253	Nonpriority creditor's name and mailing address	<u>\$1,329.79</u>
	ROCHE DIAGNOSTICS CORPORATION 9115 HAGUE RD INDIANAPOLIS, IN 46256	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.254	Nonpriority creditor's name and mailing address	<u>\$1,966.07</u>
	RODNEY BICE ADDRESS ON FILE	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: Expense or Tuition Reimbursement Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.255	Nonpriority creditor's name and mailing address	<u>\$138.73</u>
	RUHOF 393 SAGAMORE AVE. MINEOLA, NY 11501-1919	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.256	Nonpriority creditor's name and mailing address	<u>\$1,624.00</u>
	SCENTAIR TECHNOLOGIES INC 14301-G SOUTH LAKES DRIVE CHARLOTTE, NC 28273	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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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Amount of claim

3.257	Nonpriority creditor's name and mailing address	<u>\$136.08</u>
	SHAMROCK SCIENTIFIC SPECIALTY 34 DAVIS DRIVE BELLWOOD, IL 60104 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.258	Nonpriority creditor's name and mailing address	<u>\$102.63</u>
	SHEILA MCCULLOUGH-CULVER ADDRESS ON FILE Date or dates debt was incurred Undetermined 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: Expense or Tuition Reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.259	Nonpriority creditor's name and mailing address	<u>\$1,771.20</u>
	SHIPPERT MEDICAL TECHNOLOGIES 6248 S. TROY CIRCLE UNIT A CENTENIAL, CO 80111 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.260	Nonpriority creditor's name and mailing address	<u>\$1,512.00</u>
	SHRED DOCUMENT DESTRUCTION 9301 JOHNNY MORRIS ROAD AUSTIN, TX 78724-1523 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.261	Nonpriority creditor's name and mailing address	<u>\$17,500.00</u>
	SI BONE INC 3055 OLIN AVE SUITE 2200 SAN JOSE, CA 95128 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

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Amount of claim

3.262	Nonpriority creditor's name and mailing address	<u>\$112,087.99</u>
	SIDLEY AUSTIN LLP PO BOX 0642 CHICAGO, IL 60690 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.263	Nonpriority creditor's name and mailing address	<u>\$1,514.42</u>
	SMITH AND NEPHEW INC PO BOX 905706 CHARLOTTE, NC 28209-5706 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.264	Nonpriority creditor's name and mailing address	<u>\$370.58</u>
	SMITHS MEDICAL ASD INC P. O. BOX 7247-7784 PHILADELPHIA, PA 19170-7784 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.265	Nonpriority creditor's name and mailing address	<u>\$193.50</u>
	SOCIETY OF GASTROENTEROLOGY NURSES 350 DEVON AVE ITASCA, IL 60143 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.266	Nonpriority creditor's name and mailing address	<u>\$54.05</u>
	SON TRAN ADDRESS ON FILE Date or dates debt was incurred Undetermined 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: Expense or Tuition Reimbursement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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Part 2: Additional Page

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Amount of claim

3.267	Nonpriority creditor's name and mailing address		<u>\$72.33</u>
	SOUTHEAST VETLAB INC 18131 SW 98 CT PALMETTO BAY, FL 33157		
			<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.268	Nonpriority creditor's name and mailing address		<u>\$1,423.49</u>
	SOUTHSTAR FIRE PROTECTION CO 4616-2 HOWARD LANE SUITE 400 AUSTIN, TX 78728		
			<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.269	Nonpriority creditor's name and mailing address		<u>\$2,890.84</u>
	SPECTROS CORPORATION 808 PORTOLA VALLEY RD PORTOLA VALLEY, CA 94028		
			<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.270	Nonpriority creditor's name and mailing address		<u>\$732.88</u>
	SPECTRUM SURGICAL INSTRUMENTS CORP 4575 HUDSON DRIVE STOW, OH 44224		
			<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.271	Nonpriority creditor's name and mailing address		<u>\$222,530.00</u>
	SPINEFRONTIER INC 500 CUMMINGS CENTER SUITE 3500 BEVERLY, MA 01915		
			<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.272 **Nonpriority creditor's name and mailing address** \$89,280.00

SPINEOLOGY INC
7800 THIRD STREET NORTH SUITE 600
ST PAUL, MN 55128-5451

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.273 **Nonpriority creditor's name and mailing address** \$2,365.97

STAPLES CONTRACT & COMMERCIAL INC
500 STAPLES DRIVE
FRAMINGHAM, MA 01702

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.274 **Nonpriority creditor's name and mailing address** \$819.50

STERILE COMPOUNDING OF AMERICA
8821 KNOEDL COURT
LITTLE ROCK, AR 72205

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.275 **Nonpriority creditor's name and mailing address** \$12,990.00

STRATA DECISION TECHNOLOGY LLC
2001 SOUTH 1ST STREET
SUITE 200
CHAMPLAIGN, IL 61820

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.276 **Nonpriority creditor's name and mailing address** \$400.00

STRECK INC
P.O. BOX 45625
OMAHA, NE 68145-0625

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

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Amount of claim

3.277 **Nonpriority creditor's name and mailing address** \$16,054.28

STRYKER ENDOSCOPY
P O BOX 93276
CHICAGO, IL 60673

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.278 **Nonpriority creditor's name and mailing address** \$4,006.81

STRYKER INSTRUMENTS
4100 EAST MILHAM ROAD
KALAMAZOO, MI 49001

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.279 **Nonpriority creditor's name and mailing address** \$838.40

STRYKER MEDICAL
3800 E CENTRE AVENUE
PORTAGE, MI 49002

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.280 **Nonpriority creditor's name and mailing address** \$20,146.41

STRYKER ORTHOPAEDIC
10025 TECHNOLOGY BLVD. WEST
SUITE 147
DALLAS, TX 75220

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.281 **Nonpriority creditor's name and mailing address** \$266,047.07

SUMMIT SPINE LLC
PO BOX 2332
GEORGETOWN, TX 78627

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.282 **Nonpriority creditor's name and mailing address** \$3,668.50

SUPPLEMENTAL HEALTH CARE
P O BOX 27124
SALT LAKE CITY, UT 84127-0124

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.283 **Nonpriority creditor's name and mailing address** \$278.00

SUPREME CUSTOM FABRICATORS
PO BOX 193655
LITTLE ROCK, AR 72219

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.284 **Nonpriority creditor's name and mailing address** \$94,680.26

SURGICAL INFORMATION SYSTEMS LLC
555 N POINT CENTER EAST
STE 700
ALPHARETTA, GA 30022

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.285 **Nonpriority creditor's name and mailing address** \$2,015.46

SURGICAL SPECIALTIES
PO BOX 823444
PHILADELPHIA, PA 19182-3444

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.286 **Nonpriority creditor's name and mailing address** \$805.96

SURGIFORM TECHNOLOGY LTD
1566 WHITING WAY
LUGOFF, SC 29078

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.287 **Nonpriority creditor's name and mailing address** \$54,000.00

SYNERGY IOM LLC
1801 ROYAL LANE SUITE 908
FARMERS BRANCH, TX 75229

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.288 **Nonpriority creditor's name and mailing address** \$283.88

SYNOVIS MICRO COMPANIES ALLIANCE
439 INDUSTRIAL LANE
BIRMINGHAM, AL 35211

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.289 **Nonpriority creditor's name and mailing address** \$5,600.00

T SYSTEM INC
PO BOX 122537
DALLAS, TX 75312-2537

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.290 **Nonpriority creditor's name and mailing address** \$1,473.00

T Z MEDICAL INC
17750 SW UPPER BOONES FERRY RD SUITE 150
PORTLAND, OR 97224

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.291 **Nonpriority creditor's name and mailing address** \$100.00

TAHFM
PO BOX 26498
AUSTIN, TX 78755

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.292 **Nonpriority creditor's name and mailing address** \$442.04

TAYLOR CORPORATION
P.O.BOX 840655
DALLAS, TX 75284-0655

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.293 **Nonpriority creditor's name and mailing address** \$189.44

TECHNIFAX CORPORATION
3220 KELLER SPRINGS ROAD SUITE 118
CARROLLTON, TX 75006

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.294 **Nonpriority creditor's name and mailing address** \$492.84

TENNANT SALES AND SERVICE COMPANY
PO BOX 1452
701 NORTH LILAC DRIVE
MINNEAPOLIS, MN 55440-1452

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.295 **Nonpriority creditor's name and mailing address** \$1,338.40

TEQUILLA COURSE
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.296 **Nonpriority creditor's name and mailing address** \$175,635.92

TERUMO BCT INC
DEPARTMENT 7087
CAROL STREAM, IL 60122-7087

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.297 **Nonpriority creditor's name and mailing address** \$9,496.46

THD AMERICA INC
190 INDUSTRIAL RD
STE 2
WRENTHAM, MA 02093

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.298 **Nonpriority creditor's name and mailing address** \$25,859.37

THE ARMAMENTARIUM INC
22317 GOSLING RD
SPRING, TX 77389

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.299 **Nonpriority creditor's name and mailing address** \$4,656.45

THE BLOOD AND TISSUE CENTER OF CENTRAL TEXAS
4300 N LAMAR BLVD
AUSTIN, TX 78756

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.300 **Nonpriority creditor's name and mailing address** \$1,232,719.00

THE MANAGEMENT CO.
12222 N CENTRAL EXPY
DALLAS, TX 75234

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

3.301 **Nonpriority creditor's name and mailing address** \$1,771.69

THE SSI GROUP INC
PO BOX 890987
CHARLOTTE, NC 28289-0987

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.302 **Nonpriority creditor's name and mailing address** \$95,890.50

THOMAS PROTECTIVE SERVICE INC
8475 COUNTY ROAD 156
PO BOX 833
KAUFMAN, TX 75142-0883

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.303 **Nonpriority creditor's name and mailing address** \$652.23

TIFFANY C WEAVER
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.304 **Nonpriority creditor's name and mailing address** \$655.13

TIME WARNER CABLE
P O BOX 60074
CITY OF INDUSTRY, CA 91716-0074

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.305 **Nonpriority creditor's name and mailing address** \$3,145.00

TISSUE REGENIX WOUND CARE INC
2611 N LOOP 1604 W SUITE 201
SAN ANTONIO, TX 78258

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.306 **Nonpriority creditor's name and mailing address** \$21,901.00

TRUE HIRE
11730 CLEVELAND AVENUE NW
UNIONTOWN, OH 44685

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

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Amount of claim

3.307	Nonpriority creditor's name and mailing address	<u>\$11.61</u>
	TUNG TRAN ADDRESS ON FILE 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: Expense or Tuition Reimbursement Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.308	Nonpriority creditor's name and mailing address	<u>\$1,155.56</u>
	UNITED PARCEL SERVICE INC 55 GLENLAKE PARKWAY NE ATLANTA, GA 30328 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.309	Nonpriority creditor's name and mailing address	<u>\$474,361.05</u>
	VALLEY SERVICES INC P.O. BOX 742992 ATLANTA, GA 30374-2992 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.310	Nonpriority creditor's name and mailing address	<u>\$1,790.00</u>
	VALLEY SURGICAL INC 4400 MANGUM DRIVE JACKSON, MS 39288 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: Trade Payable Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.311	Nonpriority creditor's name and mailing address	<u>\$146.90</u>
	VANESSA SANTILLAN ADDRESS ON FILE 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: Expense or Tuition Reimbursement Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.312	Nonpriority creditor's name and mailing address	<u>\$765.33</u>
	VCS MERGER SUB LLC 616 CYPRESS CREEK PARKWAY SUITE 800 HOUSTON, TX 77090	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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Undetermined Last 4 digits of account number	
3.313	Nonpriority creditor's name and mailing address	<u>\$841.64</u>
	VDI COMMUNICATIONS INC PO BOX 90953 HOUSTON, TX 77290-0953	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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Undetermined Last 4 digits of account number	
3.314	Nonpriority creditor's name and mailing address	<u>\$862.50</u>
	VEOLIA WATER SOLUTIONS AND DBA ELGA 5 EARL COURT UNIT 100 WOODRIDGE, IL 60517	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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Undetermined Last 4 digits of account number	
3.315	Nonpriority creditor's name and mailing address	<u>\$12,144.66</u>
	VERIZON PO BOX 920041 DALLAS, TX 75392-0041	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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Undetermined Last 4 digits of account number	
3.316	Nonpriority creditor's name and mailing address	<u>\$302,400.00</u>
	VERTEBRAL TECHNOLOGIES INC 5909 BAKER RD. STE. 550 MINNETONKA, MN 55345	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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred Undetermined Last 4 digits of account number	

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.317 **Nonpriority creditor's name and mailing address** \$2,870.19

VILEX INC
111 MOFFITT STREET
MCMINNVILLE, TN 37110

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.318 **Nonpriority creditor's name and mailing address** \$467,100.00

VINTAGE MEDICAL LLC
1801 ROYAL LANE
SUITE 908
FARMERS BRANCH, TX 75229

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.319 **Nonpriority creditor's name and mailing address** \$3,783.05

WALDMAN BROS
6200 LBJ FRWY
SUITE 200
DALLAS, TX 75240-6331

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.320 **Nonpriority creditor's name and mailing address** \$5,205.94

WASTE MANAGEMENT
PO BOX 660345
DALLAS, TX 75266-0345

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.321 **Nonpriority creditor's name and mailing address** \$27.96

WAYNE MORRIS
ADDRESS ON FILE

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Expense or Tuition Reimbursement

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.322 **Nonpriority creditor's name and mailing address** \$159.17

WELLS JOHNSON COMPANY
PO BOX 18230
TUCSON, AZ 85731-8230

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.323 **Nonpriority creditor's name and mailing address** \$9,079.32

WEST COAST MEDICAL RESOURCES INC
PO BOX 839
CLEARWATER, FL 33757

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.324 **Nonpriority creditor's name and mailing address** \$5,703.12

WESTERN WATER CONSULTANTS INC
PO BOX 830
RHOME, TX 76078

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.325 **Nonpriority creditor's name and mailing address** \$620.82

WILTON M BURT
4648 CHRISTOPHER PLACE
DALLAS, TX 75204

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.326 **Nonpriority creditor's name and mailing address** \$724.00

WL GORE AND ASSOCIATES
960 WEST ELLIOT ROAD
SUITE 202
TEMPLE, AZ 85284

As of the petition filing date, the claim is:
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim: Trade Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.327	Nonpriority creditor's name and mailing address	<u>\$1,768.51</u>
	WOLTERS KLUWER LAW & BUSINESS 2700 LAKE COOK ROAD RIVERWOODS, IL 60015 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.328	Nonpriority creditor's name and mailing address	<u>\$481.50</u>
	WRG LLC PO BOX 204484 DALLAS, TX 75320-4484 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.329	Nonpriority creditor's name and mailing address	<u>\$40,223.21</u>
	WRIGHT MEDICAL TECHNOLOGY INC P O BOX 503482 ST LOUIS, MO 63150-3482 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.330	Nonpriority creditor's name and mailing address	<u>\$12,200.00</u>
	X SPINE SYSTEMS INC 452 ALEXANDERSVILLE RD MIAMISBURG, OH 45342 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.331	Nonpriority creditor's name and mailing address	<u>\$1,921.10</u>
	XODUS MEDICAL INC. 702 PROMINENCE DR. NEW KENSINGTON, PA 15068 Date or dates debt was incurred Undetermined 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: Trade Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number *(if known)* 16-40198-RFN-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.332	Nonpriority creditor's name and mailing address	<u>\$1,212.11</u>
	ZIMMER US INC 345 E MAIN STREET WARSAW, IN 46580	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

3.333	Nonpriority creditor's name and mailing address	<u>\$1,699.00</u>
	ZIPRECRUITER INC 401 WILSHIRE BLVD 11TH FLOOR SANTA MONICA, CA 90401	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Trade Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number *(if known)* 16-40198-RFN-11

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 IDENTITY MEDIA, LLC C/O SCOTT WERT 1300 SUMMIT AVE SUITE 650 FT WORTH, TX 76102	Line 3.139 <input type="checkbox"/> Not listed. Explain _____	
4.2 PRESSLINK PRINTING, LTD C/O EDWARD A. DAVIS 8750 N. CENTRAL EXPRESSWAY SUITE 1600 DALLAS, TX 75231	Line 3.242 <input type="checkbox"/> Not listed. Explain _____	

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

Case number (if known) 16-40198-RFN-11

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.	\$ <u>0.00</u>	+ undetermined amounts
5b. Total claims from Part 2	5b. +	\$ <u>18,638,573.11</u>	+ undetermined amounts
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <u>18,638,573.11</u>	+ undetermined amounts

Fill in this information to identify the case:

Debtor name FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
 United States Bankruptcy Court for the Northern District of Texas
(State)
 Case number (if known): 16-40198-RFN-11 Chapter

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Services Agreement - MSDS Service</p>	<p>3E 3207 GREY HAWK COURT SUITE 200 CARLSBAD, CA 92010</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Services Agreement - Lead Aprona</p>	<p>AADCO MEDICAL 2279 VT ROUTE 66 RANDOLPH, VT 05060</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Services Agreement - Electronic Forms/Signatures</p>	<p>ACCESS FORMS P. O. BOX 733 SULPHUR SPRINGS, TX 75483</p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Services Agreement - Business Office Services</p>	<p>ACCORDIAS HEALTHCARE SERVICES LLC 1101 KERMIT DRIVE SUITE 700 NASHVILLE, TN 37217</p>
2.5	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Services Agreement - Payroll</p>	<p>ADP 2735 N. STEMMONS FRWY DALLAS, TX 75207</p>

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Instrumentation Development</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AESCULAP 3773 CORPORATE PARKWAY CENTER VALLEY, PA 18034</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Shared Services</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ALERE/RALS 30 S. KELLER ROAD ORLANDO, FL 32810</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Medication/Drug Wholesaler</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMERISOURCEBERGEN (ABC) 3101 GAYLORD PKWY FRISCO, TX 75034</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Anesthesia Services</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ANESTHESIA SERVICES 1821 N. CLASSEN BLVD SUITE 100 OKLAHOMA CITY, OK 73106</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Blood Products</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ASD 311 GAYLORD PARKWAY FRISCO, TX 75034</p>
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Gas</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ATMOS 100 W. MORNINGSIDE DRIVE FT. WORTH, TX 76110</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Shredding</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BALCONES 13921 SENLAC DRIVE SUITE 200 DALLAS, TX 75234</p>

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Landscape</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BARRINGTON LANDSCAPE P. O. BOX 40916 FT. WORTH, TX 76140</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Patient Transportation</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BAUMGARDENER 3704 HWY 377 SOUTH FT. WORTH, TX 76116</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Inhaled Gases</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BAXTER ONE BAXTER PARKWAY DEERFIELD, IL 60015</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Medical Gas & Vacuum System Maint.</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BEACON MENDAES 1800 OVERVIEW DRIVE ROCK HILL, SC 29730</p>
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Chemistry Analyzer</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BECKMAN COULTER DXC 600 3131 W. ROYAL LANE IRVING, TX 75063</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Medical Insurance</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BLUE CROSS BLUE SHIELD 1001 E. LOOKOUT DRIVE BUILDING B, 14TH FLOOR RICHARDSON, TX 75082</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Radiology Contrast</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BRACCO 816 W. CANNON ST. FT. WORTH, TX 76104</p>

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2.20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Mechanical/HVAC</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BRANDT 2502 GRAVEL DRIVE FT. WORTH, TX 76118</p>
2.21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - DME Company</p> <p>State the term remaining List the contract number of any government contract</p>	<p>BRIDGE ORTHOPEDICS SOLUTIONS 2304 W. PARK ROW DRIVE SUITE 5 PANTEGO, TX 76013</p>
2.22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Sterile compounding Pharmacy</p> <p>State the term remaining List the contract number of any government contract</p>	<p>CAPS 1601 WALLACE DRIVE SUITE 130 CARROLLTON, TX 75006</p>
2.23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - After Hours Pharmacy</p> <p>State the term remaining List the contract number of any government contract</p>	<p>CARDINAL HEALTH ATTN VP, MANAGED SERVICES 1330 ENCLAVE PARKWAY HOUSTON, TX 77077</p>
2.24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement</p> <p>State the term remaining List the contract number of any government contract</p>	<p>CAREFUSION (PYXIS) ATTN DIRECTOR OF CONTRACTS 3750 TORREY VIEW COURT SAN DIEGO, CA 92130</p>
2.25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Blood Services</p> <p>State the term remaining List the contract number of any government contract</p>	<p>CARTER 2205 HIGHWAY 121 BEDFORD, TX 76021</p>
2.26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Master Lease Agreement dated July 8, 2014</p> <p>State the term remaining List the contract number of any government contract</p>	<p>CENTENNIAL BANK ATTN CHARLES HOLMES 2500 BROADWAY BOULDER, CO 80304</p>

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2.27	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Endo Mechanical Supplies</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>COVIDIEN 5720 LBJ FRWY SUITE 490 DALLAS, TX 75240</p>
2.28	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Translator</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CRYRACOM 5780 NORTH SWAN ROAD TUCSON, AZ 85718</p>
2.29	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Bard Biologicals</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DAVOL 13988 DIPLOMAT DRIVE SUITE 160 DALLAS, TX 75234</p>
2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Radiology Staffing</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DIAGNOSTEMPS 5050 QUORUM DRIVE SUITE 700 DALLAS, TX 75254</p>
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - PICC lines</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DYNAMIC INFUSION THERAPY 12700 PARK CENTRAL DRIVE SUITE 1406 DALLAS, TX 75251</p>
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Fluid Warmer</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ECO LAB 370 N. WABASHA STREET ST. PAUL, MN 55102</p>
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Water Analyzer</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EVOQUA WATER TECHNOLOGY 12901 VALLEY BRANCH LANE DALLAS, TX 75234</p>

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2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Master Lease Agreement dated February 11, 2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FOREST PARK I ATTN ACCOUNT MANAGER FOREST PARK FW 1290 AVENUE OF THE AMERICAS SUITE 914 NEW YORK, NY 10104</p>
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Master Lease Agreement dated February 11, 2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FOREST PARK II ATTN ACCOUNT MANAGER FOREST PARK FW 1290 AVENUE OF THE AMERICAS SUITE 914 NEW YORK, NY 10104</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Hospital Development and Management</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FPMC SERVICES, LLC ATTN WILTON M BURT, MANAGER 12222 N. CENTRAL EXPRESSWAY SUITE 350 DALLAS, TX 75243</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Electricity</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GDF SUEZ ENERGY RESOURCES 1990 POST OAK BLVD. HOUSTON, TX 77056</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Background Check/Employees</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GROUP ONE 250 DECKER DRIVE IRVING, TX 75062</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Dental, Vision, STD/LTD Insurance</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GUARDIAN EAST 777 MAGNESIUM ROAD SPOKANE, WA 99206</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Accreditation Program</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>HEALTHCARE FACILITIES ACCREDITATION PROGRAM 142 E. ONTARIO STREET CHICAGO, IL 60611</p>

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2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Education</p> <p>State the term remaining List the contract number of any government contract</p>	<p>HEALTHSTREAM P. O. BOX 102817 ATLANTA, GA 30368</p>
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - PLT Agitator & Incubator</p> <p>State the term remaining List the contract number of any government contract</p>	<p>HELMER SCIENTIFIC 14400 BERGEN BLVD. NOBLESVILLE, IN 46060</p>
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Housekeeping</p> <p>State the term remaining List the contract number of any government contract</p>	<p>HHS ATTN CEO 216 E. 4TH STREET AUSTIN, TX 78701</p>
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Laundry</p> <p>State the term remaining List the contract number of any government contract</p>	<p>IMAGE FIRST 3040 QUEBEC ST. DALLAS, TX 75247</p>
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Application Tracking System</p> <p>State the term remaining List the contract number of any government contract</p>	<p>INFOR 14195 DALLAS PARKWAY SUITE 500 DALLAS, TX 75254</p>
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Ultrasound Staffing</p> <p>State the term remaining List the contract number of any government contract</p>	<p>INTEGRATED ULTRASOUND CONSULTANTS 6913 CAMP BOWIE SUITE 115 FT. WORTH, TX 76116</p>
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Da Vinci</p> <p>State the term remaining List the contract number of any government contract</p>	<p>INTUITIVE ATTN DAVID WOOLSEY 1266 KIFER ROAD SUNNYVALE, CA 94086</p>

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2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Hospitalist Services</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>IPA ATTN MATTHEW DAVIS 6901 SNIDER PLAZA SUITE 130 DALLAS, TX 75205</p>
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Elevators</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>KONE ELEVATORS 801 HAMMOND STREET SUITE 400 DALLAS, TX 75109</p>
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Employee Health System</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LABCORP 3801 GASTON AVENUE SUITE 104 DALLAS, TX 75246</p>
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Reference Lab</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LABCORP 3801 GASTON AVENUE SUITE 104 DALLAS, TX 75246</p>
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Radiation Monitoring</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LANDAUR P. O. BOX 809051 CHICAGO, IL 60680</p>
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Online Drug Resource</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEXICOMP 1100 TEREX RD HUDSON, OH 44236</p>
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Organ Donation Procurement</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LIFE GIFT 1701 RIVER RUN SUITE 300 FT. WORTH, TX 76107</p>

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2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Generator</p> <p>State the term remaining List the contract number of any government contract</p>	<p>LOFTON EQUIPMENT CO. 5204 BEAR CREEK COURT IRVING, TX 75061</p>
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Medical Gas - Supplier of Med-Gas only</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MATHESON TRI GAS 5932 SOUTH FRWY FT. WORTH, TX 76134</p>
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Robot for Spine Surgery</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MAZOR 189 S ORANGE ABE SUITE 1850 ORLANDO, FL 32801</p>
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Staffing Agency</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MED ASSETS 6000 FELDWOOD RD. COLLEGE PARK, GA 30349</p>
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Agreements, Software</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MEDASSETS 6000 FELDWOOD RD. COLLEGE PARK, GA 30349</p>
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Compliance Review Software</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MEDCOMPLIANCE 7916 LINKS WAY PORT SAINT LUCIE, FL 34986</p>
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Physics</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MEDICAL PHYSICS CONSULTING 2302 GUTHRIE ROAD SUITE 210 GARLAND, TX 75043</p>

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2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Systems Software</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MEDITECH P. O. BOX 74569 CHICAGO, IL 60696</p>
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Medical Products</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MEDLINE INDUSTRIES HOLDINGS, L.P. 9303 STONEVIEW DR. DALLAS, TX 75237</p>
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Sterilium Dispenser Agreement</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MEDLINE INDUSTRIES HOLDINGS, L.P. 9303 STONEVIEW DR. DALLAS, TX 75237</p>
2.65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Benefit Broker</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MHBT 8144 WALNUT HILL LANE 16TH FLOOR DALLAS, TX 75231</p>
2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Surgical Instrument Tracking Systems</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MICROSYSTEMS 4918 LOCUST STREET BELLAIRE, TX 77401</p>
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Laser</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MOBILE SURGICAL TECHNOLOGY 17817 DAVENPORT RD. SUITE 315 DALLAS, TX 75252</p>
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Cell Saver</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MOGUL MEDICAL CELL SAVER 10828 OWL CREEK DR FT. WORTH, TX 76179</p>

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2.69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Tissue/bone Consignment</p> <p>State the term remaining List the contract number of any government contract</p>	<p>MTF 125 MAY STREET EDISON, NJ 08837</p>
2.70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Patient Transportation</p> <p>State the term remaining List the contract number of any government contract</p>	<p>NETI 620 SOUTH FRWY FT. WORTH, TX 76104</p>
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Access Software</p> <p>State the term remaining List the contract number of any government contract</p>	<p>ONBASE / IATRICS 28500 CLEMENS ROAD WESTLAKE, OH 44145</p>
2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Sharps Container</p> <p>State the term remaining List the contract number of any government contract</p>	<p>ONCORE 2613 SKYWAY DR GRAND PRAIRIE, TX 75052</p>
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Pathology Services</p> <p>State the term remaining List the contract number of any government contract</p>	<p>PATHOLOGISTS BIO-MEDICAL LAB 3600 GASTON AVE SUITE 707 DALLAS, TX 75246</p>
2.74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Nuclear Medicine Equipment</p> <p>State the term remaining List the contract number of any government contract</p>	<p>PINESTAR TECHNOLOGY 400 APGAR DRIVE SUITE I SOMERSET, NJ 08873</p>
2.75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Houses Policy</p> <p>State the term remaining List the contract number of any government contract</p>	<p>POLICY TECH 6000 MEADOWS ROAD SUITE 200 LAKE OSWEGO, OR 97035</p>

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List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Transcription / Coding Svcs</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PRECYSE SOLUTIONS, LLC 1275 DRUMMERS LANE SUITE 200 WAYNE, PA 19087</p>
2.77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Exterminator</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PRESTO X ATTN ABBY BUTLER 2075 MCDANIEL DRIVE SUITE 100 CARROLLTON, TX 75006</p>
2.78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Annual Fire Test & Inspection</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROTECTION SYSTEMS 1890 CROWN DRIVE SUITE 1310 DALLAS, TX 75234</p>
2.79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Fire Alarm Monitoring</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROTECTION SYSTEMS 1890 CROWN DRIVE SUITE 1310 DALLAS, TX 75234</p>
2.80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Documentation System</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROVATION 62770 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p>
2.81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Radiologist Services</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RANT ATTN CEO 816 W. CANNON ST. FT. WORTH, TX 76104</p>
2.82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Copiers , Scanners Leasing</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RICOH 2035 ROYAL LANE SUITE 202 DALLAS, TX 75229</p>

Debtor FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
Name

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2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Narcotics</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SCA PHARMACEUTICALS 8821 KNOEDL CT. LITTLE ROCK, AR 72205</p>
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Air Freshner</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SCENT AIR 3810 SHUTTERFLY RD CHARLOTTE, NC 28217</p>
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Software Licensing</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SIS 165 BARR STREET LEXINGTON, KY 40507</p>
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Arthroscopy Console</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SMITH & NEPHEW 150 MINUTEMAN ROAD ANDOVER, MA 01810</p>
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Steris Equipment</p> <p>State the term remaining List the contract number of any government contract</p>	<p>STERIS 1175 ISUZU PKWY GRAND PRAIRIE, TX 75050</p>
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Laboratory (ESR Analyzer)</p> <p>State the term remaining List the contract number of any government contract</p>	<p>STRECK 7002 S. 109TH STREET OMAHA, NE 68128</p>
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Trauma Instruments Sets-Repossed</p> <p>State the term remaining List the contract number of any government contract</p>	<p>STRYKER TRAUMA 2825 AIRVIEW BOULEVARD KALAMAZOO, MI 49002</p>

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2.90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Bair Warner Mistral Air</p> <p>State the term remaining List the contract number of any government contract</p>	<p>STYRKER 2825 AIRVIEW BOULEVARD KALAMAZOO, MI 49002</p>
2.91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - PT/OT Staffing</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SUPPLEMENTAL HEALTHCARE 1640 W. REDSTONE CENTER SUITE 200 PARK CITY, UT 84098</p>
2.92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - IOM neuro monitoring.</p> <p>State the term remaining List the contract number of any government contract</p>	<p>SYNERGY 9901 VALLEY RANCH PKWY E SUITE 1009 IRVING, TX 75063</p>
2.93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Documenation System</p> <p>State the term remaining List the contract number of any government contract</p>	<p>T-SYSTEMS ATTN STEVEN ARMOND 4020 MCEWEN DRIVE SUITE 200 DALLAS, TX 75244</p>
2.94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Temp monitoring system for lab and Pharmacy Refrigerators</p> <p>State the term remaining List the contract number of any government contract</p>	<p>TEMP TRACK P. O. BOX 550249 DALLAS, TX 75355</p>
2.95	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Hemmorrhoid Doppler Console-Loaner</p> <p>State the term remaining List the contract number of any government contract</p>	<p>THD ATTN GREG LEMON 9 TECH CIRCLE SUITE 103 NATICK, MA 01760</p>
2.96	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Security</p> <p>State the term remaining List the contract number of any government contract</p>	<p>THOMAS PROTECTIVE SERVICE ATTN WENDY THOMAS 8475 CR 156 POB 883 KAUFMAN, TX 75142</p>

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2.97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Background Check/Medical Staff</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TRUE HIRE 11730 CLEVELAND AVENUE UNIONTOWN, OH 44685</p>
2.98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Food Services</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VALLEY 4400 MANGUM DRIVE JACKSON, MS 39288</p>
2.99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Vendor Check In</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VENDOR CREDENTIALING SYSTEMS 616 CYPRESS CREEK PKWY SUITE 800 HOUSTON, TX 77090</p>
2.100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Hospital Development and Management</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VIBRANT HEALTHCARE FORT WORTH, LLC 12222 N. CENTRAL EXPRESSWAY SUITE 440 DALLAS, TX 75243</p>
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Waste</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WASTE MANAGEMENT 1001 FANNIN STREET HOUSTON, TX 77002</p>
2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - Chemicals</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WATER CONSULTANTS OF TEXAS POB 830 RHOME, TX 76078</p>
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - ACL Elite Caogulation Analyzer</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WERFEN USA. LLC P. O. BOX 347934 PITTSBURGH, PA 15251</p>

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<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;">2.104</div> <div style="flex-grow: 1;"> <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Services Agreement - HRIS</p> </div> </div>	<p>WORKUMENTS 12200 FORD ROAD SUITE A330 DALLAS, TX 75234</p>
<p>State the term remaining List the contract number of any government contract</p>	

Fill in this information to identify the case:

Debtor name FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC

United States Bankruptcy Court for the Northern District of Texas
(State)

Case number (if known): 16-40198-RFN-11

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 codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:

2.1			<input type="checkbox"/> D <input 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
-----	--	--	--

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

Debtor Name FOREST PARK MEDICAL CENTER AT FORT WORTH, LLC
United States Bankruptcy Court for the: Northern District of Texas
(State)
Case number (if known): 16-40198-RFN-11

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 AVB: 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 _____
- 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 2/22/16
MM / DD / YYYY

[Signature]
Signature of individual signing on behalf of debtor

Archie Wilson
Printed name

CFO
Position or relationship to debtor