

In re **West 380 Family Care Facility**Case No. 12-46274-11  
(if known)**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property		Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
North Texas Community Hospital 18.369 acre tract, J.B. Floyd Survey, Wise County, Texas 1.756 acre tract, Lot 3, Block B, Northpark Addition, Wise County, Texas known as 1905 Doctors' Hospital Drive Bridgeport, TX 76426	Fee Simple		\$24,405,000.00	\$69,491,293.40

**Total: \$24,405,000.00**

(Report also on Summary of Schedules)

In re **West 380 Family Care Facility**Case No. 12-46274-11

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X		
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Operating account ending in 0687 The Community Bank Bridgeport, TX	\$6,528.01
		Payroll account 0695 The Community Bank Bridgeport, TX	\$241.58
		Insurance account 1982 The Community Bank Bridgeport, TX	\$206.33
		Savings account 2279 The Community Bank Bridgeport, TX	\$0.00
		Medicare Deposit Account ending in 5203 First Financial Bank Bridgeport, TX	\$14,748.48
3. Security deposits with public utilities, telephone companies, landlords, and others.		City of Bridgeport	\$11,750.00
		Bridgewood Apartments	\$165.00
		Owens & Minor	\$13,334.00
		West 380 MOB, LLC	\$8,721.66
4. Household goods and furnishings, including audio, video and computer equipment.	X		

In re **West 380 Family Care Facility**Case No. 12-46274-11

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6. Wearing apparel.	X		
7. Furs and jewelry.	X		
8. Firearms and sports, photographic, and other hobby equipment.	X		
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X		
10. Annuities. Itemize and name each issuer.	X		
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X		
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X		
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X		

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>		
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>		
16. Accounts receivable.		Accounts receivable	\$9,226,858.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>		
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>		
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>		
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>		
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>		

In re **West 380 Family Care Facility**Case No. 12-46274-11

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.		Domain names: www.ntchospital.org www.bpdh.com See attached logos.	Unknown
23. Licenses, franchises, and other general intangibles. Give particulars.	X		
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X		
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X		
26. Boats, motors, and accessories.	X		
27. Aircraft and accessories.	X		
28. Office equipment, furnishings, and supplies.	X		
29. Machinery, fixtures, equipment, and supplies used in business.		See attached list.	\$3,831,000.00
30. Inventory.		See attached list.	\$677,494.45
31. Animals.	X		

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE B - PERSONAL PROPERTY**

Continuation Sheet No. 4

Type of Property	None	Description and Location of Property	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X		
33. Farming equipment and implements.	X		
34. Farm supplies, chemicals, and feed.	X		
35. Other personal property of any kind not already listed. Itemize.		Receivables owed to Bridgeport Leasing Associates (wholly owned subsidiary of Debtor)	\$24,000.00
		West 380 MOB owes Debtor for its share of the utilities at the medical office building. Amount due is currently unknown, but believed to be between \$252,000 and \$462,000 (disputed)	Unknown

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

4 continuation sheets attached **Total >**

**\$13,815,047.51**

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:  <b>Internal Revenue Service c/o Jo Ann Daniels 5450 Stratum Dr., Ste 150 MC 5401 NFW Fort Worth, TX 76137</b>		DATE INCURRED: NATURE OF LIEN: <b>Taxes</b> COLLATERAL: <b>Accounts receivable of NTCH</b> REMARKS:  VALUE: <b>\$3,000,000.00</b>				<b>\$1,860,817.41</b>	
ACCT #:  <b>U.S. Bank National Association, Trustee c/o Ian Hammel Mintz Levin Cohn Ferris Glovsky Popeo One Financial Center Boston, MA 02111</b>		DATE INCURRED: NATURE OF LIEN: <b>Bonds</b> COLLATERAL: <b>All assets of North Texas Community Hospital</b> REMARKS:  VALUE: <b>\$23,000,000.00</b>				<b>\$69,491,293.40</b>	<b>\$46,491,293.40</b>
<b>Subtotal (Total of this Page) &gt;</b>						<b>\$71,352,110.81</b>	<b>\$46,491,293.40</b>
<b>Total (Use only on last page) &gt;</b>						<b>\$71,352,110.81</b>	<b>\$46,491,293.40</b>

No continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re **West 380 Family Care Facility**Case No. 12-46274-11  
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS** Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

 **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



B6E (Official Form 6E) (04/10) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(If Known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY Wages, salaries, and commissions

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: <b>Employee Priority Wage Claims</b>		DATE INCURRED: CONSIDERATION: <b>Wages &amp; Related Benefits</b> REMARKS: <b>See attached detailed schedule.</b>		<b>\$240,523.19</b>	<b>\$218,657.44</b>	<b>\$21,865.75</b>
ACCT #: <b>N/A</b> <b>MAX L LUDEKE</b> <b>15334 CLIMBING BRANCH DRIVE</b> <b>Houston, TX 77068</b>		DATE INCURRED: CONSIDERATION: <b>Wages &amp; Related Benefits</b> REMARKS:		<b>\$6,285.34</b>	<b>\$6,285.34</b>	<b>\$0.00</b>
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims				<b>Subtotals (Totals of this page) &gt;</b>	<b>\$246,808.53</b>	<b>\$224,942.78</b>
				<b>Total &gt;</b>		
				<b>(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)</b>		
				<b>Totals &gt;</b>		
				<b>(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)</b>		

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY Contributions to employee benefit plans

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT		AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
			UNLIQUIDATED	DISPUTED			
ACCT #: <b>NTCH Employ Health Plan</b> <b>1905 Doctors Hospital Drive</b> <b>Bridgeport, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Payment due to health plan</b> REMARKS:			<b>\$567,165.62</b>	<b>\$0.00</b>	<b>\$567,165.62</b>
Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)					<b>\$567,165.62</b>	<b>\$0.00</b>	<b>\$567,165.62</b>
					<b>\$813,974.15</b>		
						<b>\$224,942.78</b>	<b>\$589,031.37</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx5899</b> <b>3M COMPANY</b> <b>575 W. Murry Blvd.</b> <b>Murry, UT 84123</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS: <b>Coding software</b>				<b>\$33,124.97</b>
ACCT #: <b>A.C.I.S.</b> <b>P.O. BOX 3274</b> <b>MCKINNEY, TX 75072</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$10,849.13</b>
ACCT #: <b>xxxxx8860</b> <b>ACADEMY OF NUTRITION AND DIETETICS</b> <b>P O BOX 97215</b> <b>CHICAGO, IL 60678-7215</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$316.00</b>
ACCT #: <b>ACCENT</b> <b>P.O. BOX 952366</b> <b>REFUNDS DEPARTMENT</b> <b>ST.LOUIS, MO 63195</b>		DATE INCURRED: CONSIDERATION: <b>Insurance Company Refund</b> REMARKS:				<b>\$7,141.81</b>
ACCT #: <b>xx5100</b> <b>ACUMED</b> <b>5885 NW Cornelius Pass Rd.</b> <b>Hillsboror, OR 97124</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS: <b>Medical Supplies</b>				<b>\$3,085.08</b>
ACCT #: <b>N/A</b> <b>ADVANTAGE SUPPLY</b> <b>P O BOX 471103</b> <b>FORT WORTH, TX 76147</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,093.79</b>
<b>Subtotal &gt;</b>						<b>\$55,610.78</b>
<b>Total &gt;</b>						

B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx4567</b> <b>AESULAP, INC</b> <b>3773 Corporate Parkway Center</b> <b>Valley, PA 18034</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,340.65</b>
ACCT #: <b>AETNA</b> <b>29409 RELIABLE PARK</b> <b>CHICAGO, IL 60686</b>		DATE INCURRED: CONSIDERATION: <b>Insurance</b> REMARKS:				<b>\$125.57</b>
ACCT #: <b>xxx-xx7164-</b> <b>AFS/IBEX FINANCIAL SERVICES, INC.</b> <b>P.O. BOX 224528</b> <b>DALLAS, TX 75222-4528</b>		DATE INCURRED: CONSIDERATION: <b>Indemnity Insurance</b> REMARKS:				<b>\$1,248.00</b>
ACCT #: <b>N/A</b> <b>AIRSCAN TECH</b> <b>P.O. BOX 1539</b> <b>SPRINGTOWN, TX 76082</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$870.00</b>
ACCT #: <b>xxTC-02</b> <b>ALLEN MEDICAL SYSTEMS, INC.</b> <b>1 POST OFFICE SQUARE</b> <b>ACTON, MA 01720-3948</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$588.80</b>
ACCT #: <b>xxxxxx0673</b> <b>AllMed Healthcare Management</b> <b>12400 High Bluff Drive</b> <b>San Diego, CA 92130</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$356.00</b>

Sheet no. 1 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$8,529.02**

**Total >**  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxP005</b> <b>AMCOL SYSTEMS, INC.</b> 111 Lancewood Road COLUMBIA, SC 29210		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$33,170.88</b>
ACCT #: <b>xxxx6411</b> <b>AMERICAN AIR FILTER INTERNATIONAL</b> 24828 NETWORK PLACE CHICAGO, IL 60673-1428		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$677.76</b>
ACCT #: <b>xx-xx2111</b> <b>AMERICAN MESSAGING</b> 1720 Lakepoint Dr. Ste. 100 Lewisville, TX 75057		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,139.64</b>
ACCT #: <b>x4150</b> <b>American Mobile Healthcare</b> 12400 High Bluff Dr. San Diego, CA 92130		DATE INCURRED: CONSIDERATION: <b>Litigation</b> REMARKS:			X	<b>\$38,839.89</b>
ACCT #: <b>x9531</b> <b>AMERICAN POWER CONVERSION</b> 132 Fairgrounds Rd. West Kingston, RI 02892		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,725.00</b>
ACCT #: <b>x3790</b> <b>AMERICAN PROFICIENCY INSTITUTE</b> 1159 BUSINESS PARK DRIVE TRAVERSE CITY, MI 49686		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>(\$16.67)</b>

Sheet no. 2 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$76,536.50**

**Total >**  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx3220</b> <b>AMERIPATH DALLAS AP</b> <b>DFW 5.01 (a) CORP</b> <b>P.O. BOX 844810</b> <b>DALLAS, TX 75284-4810</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,575.59</b>
ACCT #: <b>xxxxxxxx20EA</b> <b>AMNISURE INTERNATIONAL</b> <b>30 JFK STREET 4TH FLOOR</b> <b>CAMBRIDGE, MA 2138</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,366.50</b>
ACCT #: <b>xx1019</b> <b>AMS SALES CORPORATION</b> <b>10700 Bren Rd. W.</b> <b>Minnetonka, MN 55343</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,324.52</b>
ACCT #: <b>2077</b> <b>ANESTHESIA SERVICE, INC.</b> <b>1821 N CLASSEN BLVD., SUITE 100</b> <b>OKLAHOMA CITY, OK 73106-6012</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$912.66</b>
ACCT #: <b>N/A</b> <b>ANET</b> <b>P.O. Box 141177</b> <b>IRVING, TX 75014-1177</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,203.00</b>
ACCT #: <b>x733-B</b> <b>ANULEX TECHNOLOGIES, INC.</b> <b>5600 ROWLAND ROAD</b> <b>STE 280</b> <b>MINNETONKA, MN 55343</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,990.00</b>

Sheet no. 3 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$16,372.27**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx1747</b> <b>APCO GRAPHICS, INC.</b> <b>P.O. BOX 930335</b> <b>ATLANTA, GA 31193</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$14,823.60</b>
ACCT #: <b>xxx8523</b> <b>APPLIED MEDICAL</b> <b>22872 Avenida Empresa</b> <b>Rancho Santo Margarita, CA 92688</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,570.00</b>
ACCT #: <b>xxxx0000</b> <b>ARAMARK Uniform Services</b> <b>205 E. Morningside Drive</b> <b>Fort Worth, TX 76104</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$14,126.71</b>
ACCT #: <b>N/A</b> <b>ARIS TELERADIOLOGY PROFESSIONAL CORP</b> <b>P O BOX 76147</b> <b>CLEVELAND, OH 44101</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,500.00</b>
ACCT #: <b>xxx7937</b> <b>ARTHREX</b> <b>1370 Creekside Blvd</b> <b>Naples, FL 34108</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$57,678.20</b>
ACCT #: <b>xxxxxxx xxxITAL</b> <b>ARTHROSURFACE</b> <b>DEPARTMENT 1480</b> <b>PO BOX 4110</b> <b>WOBURN, MA 01888-4110</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,743.00</b>

Sheet no. 4 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$94,441.51**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx9303</b> <b>ATMOS ENERGY</b> <b>P O BOX 790311</b> <b>ST LOUIS, MO 63179-0311</b>		DATE INCURRED: CONSIDERATION: <b>Utilities</b> REMARKS:				<b>\$18,770.50</b>
ACCT #: <b>6168</b> <b>AUREUS RADIOLOGY, LLC</b> <b>P.O. BOX 3037</b> <b>OMAHA, NE 68103-0037</b>		DATE INCURRED: CONSIDERATION: <b>Temp Agency</b> REMARKS:				<b>\$1,944.00</b>
ACCT #: <b>xxxxxxx xxxxtAL</b> <b>AUTOLOGOUS BLOOD TECHNOLOGY</b> <b>906 W MCDERMOTT DRIVE</b> <b>SUITE 116-173</b> <b>ALLEN, TX 75013-6510</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$10,000.00</b>
ACCT #: <b>MDQ5</b> <b>AVEC SCIENTIFIC DESIGN BAPP, INC.</b> <b>P.O. BOX 1597</b> <b>FORESTVILLE, CA 95436</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$276.70</b>
ACCT #: <b>Barbara Elliott</b> <b>642 Lanai Circle</b> <b>RUNAWAY BAY, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$89.61</b>
ACCT #: <b>N/A</b> <b>BASS MEDICAL, INC.</b> <b>2539 JOHN HAWKINS PKWY</b> <b>SUITE 104</b> <b>Birmingham, AL 35244</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,442.58</b>

Sheet no. 5 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$32,523.39**

**Total >**  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

**Total >**



**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx4829</b> <b>BAXTER HEALTHCARE</b> <b>P.O. BOX 730531</b> <b>DALLAS, TX 75373-0531</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,275.99</b>
ACCT #: <b>BCBS</b> <b>3200 Robbins Road</b> <b>Springfield, IL 62704</b>		DATE INCURRED: CONSIDERATION: <b>Insurance refund</b> REMARKS:				<b>\$1,050.93</b>
ACCT #: <b>xxxxx-x4305</b> <b>BECKMAN COULTER, INC.</b> <b>250 South Kraemer Blvd.</b> <b>P.O. Box 8000</b> <b>Brea, CA 92822-8000</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$7,221.11</b>
ACCT #: <b>xx3549</b> <b>BEEKLEY COROPORTION</b> <b>ONE PRESIGE LANE</b> <b>BRISTOL, CT 6010</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$254.90</b>
ACCT #: <b>Benjamin C Dosier</b> <b>101 S Flower Lane</b> <b>CHICO, TX 76431</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$108.78</b>
ACCT #: <b>xxxxxx1885</b> <b>BERCHTOLD</b> <b>1950 HANAHAN ROAD</b> <b>CHARLESTON, SC 29406</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$720.21</b>

Sheet no. 6 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$11,631.92**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Betty H Jennings</b> <b>1105 14th st</b> <b>BRIDGEPORT, tx 76426</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$65.00</b>
ACCT #: <b>xx1424</b> <b>BIMBO BAKERIES USA</b> <b>P.O. BOX 846243</b> <b>DALLAS, TX 75284-6243</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$123.78</b>
ACCT #: <b>x7691</b> <b>BIO-RAD LABORATORIES INC CLINICAL DIAC</b> <b>4000 Alfred Nobel Dr.</b> <b>Hercules, CA 94547</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$235.38</b>
ACCT #: <b>xxx6868</b> <b>BIOMERIEUX, INC.</b> <b>100 Roddphe Street</b> <b>Durham, NC 27712</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$21,530.46</b>
ACCT #: <b>xx-x4501</b> <b>BIOMET, INC BIOMET SPORTS MEDICINE, LI</b> <b>56 E BELL DRIVE</b> <b>P O BOX 587</b> <b>WARSAW, IN 46581</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,636.00</b>
ACCT #: <b>BLAYLOCK ANESTHESIA GROUP WINNIE C</b> <b>P.O. BOX 1170</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$30,111.76</b>

Sheet no. 7 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$53,702.38**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**

B6F (Official Form 6F) (12/07) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx0381</b> <b>BOMGAARS &amp; ASSOC., INC.</b> <b>21222 GATHERING OAKS</b> <b>STE 103</b> <b>SAN ANTONIO, TX 78260</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$292.00</b>
ACCT #: <b>xx1031</b> <b>BOSTON SCIENTIFIC CORPORATION</b> <b>P.O. BOX 951653</b> <b>DALLAS, TX 75395-1653</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$357,408.67</b>
ACCT #: <b>xx5024</b> <b>BRASELOR USA MEDICAL, LLC</b> <b>ONE BRASELOR BLVD.</b> <b>SAVANNAH, GA 31419</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,896.85</b>
ACCT #: <b>Brenda K Tilson</b> <b>POBox 466</b> <b>Boyd, Tx 76023</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$50.00</b>
ACCT #: <b>xX042</b> <b>BRIDGE STAFFING, INC.</b> <b>6211 W. NORTHWEST HIGHWAY</b> <b>PRESTON TOWER SUITE 251</b> <b>DALLAS, TX 75225</b>		DATE INCURRED: CONSIDERATION: <b>Contract Labor</b> REMARKS:				<b>\$122,809.25</b>
ACCT #: <b>xxxxxxx1-DD9</b> <b>BRIDGEHEAD</b> <b>400 WEST CUMMINGS PARK</b> <b>STE 6050</b> <b>WOBURN, MA 01801</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$7,722.00</b>

Sheet no. 8 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$492,178.77**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>3787</b> <b>BRIDGEPORT BUILDING CENTER</b> <b>1002 10TH STREET</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$119.48</b>
ACCT #: <b>BRIDGEPORT CHAMBER OF COMMERCE</b> <b>P.O. BOX 1104</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,100.00</b>
ACCT #: <b>N/A</b> <b>BRIDWELL PUBLISHING COMPANY</b> <b>916 HALESLI ST.</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,998.50</b>
ACCT #: <b>xxxx2850</b> <b>C R BARD</b> <b>605 NORTH 5600 WEST</b> <b>SALT LAKE CITY, UT 84116</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$11,646.90</b>
ACCT #: <b>x8691</b> <b>CAPITOL CORPORATE SERVICES</b> <b>P O BOX 1831</b> <b>AUSTIN, TX 78767</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$180.00</b>
ACCT #: <b>xxxx8749</b> <b>CARDINAL HEALTH MEDICAL</b> <b>7000 CARDINAL PLACE</b> <b>DUBLIN, OH 43017-1091</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$17,289.88</b>

Sheet no. 9 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$34,334.76**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx7766</b> <b>CARDINAL HEALTH PHARMACY</b> <b>PO Box 847384</b> <b>DALLAS, TX 75284</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$15,614.33</b>
ACCT #: <b>CAREFLITE</b> <b>3110 S GREAT SOUTHWEST PARKWAY</b> <b>GRAND PRAIRE, TX 75052</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,100.00</b>
ACCT #: <b>xxxx9420</b> <b>CAREFUSION 2200, INC</b> <b>3750 TORREY VIEW COURT</b> <b>SAN DIEGO, CA 92130</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$6,219.90</b>
ACCT #: <b>xx1181</b> <b>CARESTREAM HEALTH, INC.</b> <b>DEPT CH 19286</b> <b>PALATINE, IL 60055-9286</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,392.00</b>
ACCT #: <b>Carla Fickle</b> <b>145 Runaway Bay Dr.</b> <b>RUNAWAY BAY, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$340.00</b>
ACCT #: <b>xx1506</b> <b>CARSTENS</b> <b>P.O. BOX 99110</b> <b>CHICAGO, IL 60693</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$239.08</b>

Sheet no. 10 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$28,905.31**

Total >  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

**Total >**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx1000</b> <b>CARTER BLOODCARE</b> <b>ATTN: WALTER OTT</b> <b>2205 HIGHWAY 121</b> <b>FORT WORTH, TX 76021</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$24,260.11</b>
ACCT #: <b>xxxx6004</b> <b>CDW.G</b> <b>75 Remittance Drive, Suite1515</b> <b>CHICAGO, IL 60675-1515</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,819.04</b>
ACCT #: <b>xxx0281</b> <b>CENTURION MEDICAL PRODUCTS</b> <b>100 CENTURION WAY</b> <b>WILLIAMSTON, MI 48895</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,239.60</b>
ACCT #: <b>xxxxx7359</b> <b>CENTURY LINK</b> <b>P.O. BOX 2961</b> <b>PHOENIX, AZ 85062-2961</b>		DATE INCURRED: CONSIDERATION: <b>Utilities</b> REMARKS:				<b>\$240,110.08</b>
ACCT #: <b>N/A</b> <b>CERTIFIED BIOMEDICAL</b> <b>1605 BURLINGTON STREET</b> <b>WICHITA FALLS, TX 76302</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,750.00</b>
ACCT #: <b>x0340</b> <b>CEX FINANCIAL SERVICES, INC.</b> <b>1880 SOUTH DAIRY ASHFORD, SUITE 180</b> <b>HOUSTON, TX 77077</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,333.31</b>

Sheet no. 11 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$275,512.14**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Charlene Blaylock, CRNA</b> <b>118 PR 3414</b> <b>Bridgeport, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Loan</b> REMARKS:				<b>\$275,000.00</b>
ACCT #: <b>City of Bridgeport</b> <b>900 Thompson Street</b> <b>Bridgeport, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Line of Credit and Utilities</b> REMARKS: <b>Line of credit - Agreed Judgment \$3,300,000</b> <b>Utilities - \$93,580.74</b>				<b>\$3,393,580.74</b>
ACCT #: <b>xxxx8530</b> <b>CIVCO MEDICAL INSTRUMENTS</b> <b>1401 8TH ST. SE</b> <b>ORANGE CITY, IA 51041</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$500.00</b>
ACCT #: <b>N/A</b> <b>CLIFF BOTTOMS</b> <b>5535 WENDOVER CT</b> <b>FULSHEAR, TX 77441</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,200.00</b>
ACCT #: <b>5124</b> <b>CLINICAL INNOVATIONS, INC.</b> <b>2840 MOMENTUM PLACE</b> <b>CHICAGO, IL 60689-5327</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$282.50</b>
ACCT #: <b>x9389</b> <b>COBEX RECORDERS</b> <b>6601 LYONS RD, SUITE F7</b> <b>COCONUT CREEK, FL 33073</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$48.50</b>

Sheet no. 12 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$3,671,611.74**

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>x0697</b> <b>COMMERCIAL &amp; INDUSTRIAL ELECTRONICS</b> <b>5019 BONNY DRIVE</b> <b>WICHITA FALLS, TX 76309</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$510.00</b>
ACCT #: <b>COMPROLLER</b> <b>111 E. 17TH STREET</b> <b>AUSTIN, TX 78774</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$50.00</b>
ACCT #: <b>x9773</b> <b>CONCEPTUS, INC.</b> <b>331 E. EVELYN AVE.</b> <b>MOUNTAIN VIEW, CA 94041</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$8,545.53</b>
ACCT #: <b>xx2180</b> <b>CONE INSTRUMENT, LLC</b> <b>5201 NAIMAN PARKWAY</b> <b>OLON, OH 44139</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>(\$58.65)</b>
ACCT #: <b>xx4947</b> <b>COOK MEDICAL INC.</b> <b>22988 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$4,500.00</b>
ACCT #: <b>xxxx6778</b> <b>COOPER SURGICAL</b> <b>95 CORPORATE DR.</b> <b>TRUMBULL, CT 06611</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$4,075.86</b>

Sheet no. 13 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$17,622.74**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>NTCH</b> <b>COREPOINT HEALTH, LLC</b> <b>3010 GAYLORD PARKWAY,SUITE 320</b> <b>FRISCO, TX 75034</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$6,850.00</b>
ACCT #: <b>xxxxx0878</b> <b>COVIDIEN /US SURGICAL</b> <b>150 GLOVER AVE</b> <b>NORWALK, CT 06850</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$230.10</b>
ACCT #: <b>Crown Pharmaceutical</b> <b>RX Wholesale Specialists</b> <b>4621 W. Napoleon Ave., Ste.#201 A</b> <b>Metairie, LA 70001</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$291.00</b>
ACCT #: <b>Cytotherm, LP</b> <b>110 Sewell Ave.</b> <b>Trenton, NJ 08610</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$321.22</b>
ACCT #: <b>xx2746</b> <b>DATEX OHMEDA</b> <b>P O BOX 641936</b> <b>PITTSBURGH, PA 15264-1936</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$219.70</b>
ACCT #: <b>N/A</b> <b>DAVIS &amp; DAVIS</b> <b>Davis Fuller Jackson Keene</b> <b>Alex Fuller</b> <b>11044 Research Blvd. A-425</b> <b>Austin, TX 78759</b>		DATE INCURRED: CONSIDERATION: <b>Attorney Fees</b> REMARKS:				<b>\$49,289.39</b>

Sheet no. 14 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$57,201.41**

Total >  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>7306</b> <b>DAVOL INC</b> <b>100 CROSSINGS BOULEVARD</b> <b>WARWICK, RI 2886</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$11,646.90</b>
ACCT #: <b>xxx4529</b> <b>DENTON PUBLISHING COMPANY</b> <b>314 E HICKORY ST</b> <b>P.O. BOX 369</b> <b>DENTON, TX 76202</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$4,967.20</b>
ACCT #: <b>xxxx1420</b> <b>DET NORSE VERITAS HEALTHCARE, INC</b> <b>P O BOX 934921</b> <b>ATLANTA, GA 31193-4921</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$7,670.00</b>
ACCT #: <b>xxxxx3418</b> <b>DEX ONE</b> <b>ATTN CLIENT CARE</b> <b>1615 BLUFF CITY HIGHWAY</b> <b>BRISTOL, TN 37620</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$290.99</b>
ACCT #: <b>xxxxxxxx0001</b> <b>DFW LITHOTRIPSY, LLP</b> <b>6339 E SPEEDWAY BLVD #201</b> <b>TUCSON, AZ 85710</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$6,180.00</b>
ACCT #: <b>DNV Healthcare Inc.</b> <b>400 Techne Center Drive, Suite 100</b> <b>Milford, OH 45150</b>		DATE INCURRED: CONSIDERATION:  REMARKS:				<b>\$0.00</b>

Sheet no. 15 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$30,755.99**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Donna Varner</b> <b>231 S. 10th St.</b> <b>Jacksboro, TX 76458</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$527.48</b>
ACCT #: <b>N/A</b> <b>DR. C. KELLEY TIBBLES MD</b> <b>135 TRAVIS ROAD</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$10,000.00</b>
ACCT #: <b>N/A</b> <b>DR. DANIEL MORRIS, D.O.</b> <b>P.O. BOX 1080</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$13,800.00</b>
ACCT #: <b>N/A</b> <b>DR. DENISE M. CASPER</b> <b>808 WOODROW WILSON RAY CIRCLE</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$900.00</b>
ACCT #: <b>N/A</b> <b>DR. DENNIS ORTIZ NORTH CENTRAL UROLO</b> <b>4218 GATEWAY DRIVE SUITE 100</b> <b>COLLEYVILLE, TX 76234-7900</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$450.00</b>
ACCT #: <b>N/A</b> <b>DR. ELVA ALEJANDRO-CAMERO M.D.</b> <b>1903 DOCTORS HOSPITAL DRIVE,SUITE 33</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$20,600.00</b>

Sheet no. 16 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$46,277.48**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>N/A</b> <b>DR. JEFFERSON B. ALLING</b> <b>244 AMANDA WAY</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$31,700.00</b>
ACCT #: <b>N/A</b> <b>DR. JON COPELAND D.O.</b> <b>808 W. W. RAY CIRCLE</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$900.00</b>
ACCT #: <b>N/A</b> <b>DR. LUIS E. NIEVES</b> <b>NORTH TEXAS SPINE &amp; SPORT</b> <b>1851 MEDICAL CENTER DRIVE</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$20,833.33</b>
ACCT #: <b>N/A</b> <b>DR. MICHAEL A BASCO M.D.</b> <b>1713 S FM 51, Suite 201</b> <b>Decatur, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$9,400.00</b>
ACCT #: <b>N/A</b> <b>DR. RANDALL A. WRIGHT</b> <b>1903 DOCTORS HOSPITAL DRIVE STE 34</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$300.00</b>
ACCT #: <b>N/A</b> <b>DR. SCOTT STOWERS, DO</b> <b>1903 DOCTORS HOSPITAL DRIVE, SUITE 34</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS: <b>On-call services</b>				<b>\$53,550.00</b>

Sheet no. 17 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$116,683.33**

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**\$116,683.33**

B6F (Official Form 6F) (12/07) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>N/A</b> <b>DR. SHAWN WHITE</b> <b>153 PR 2170</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$27,050.00</b>
ACCT #: <b>Dr. Steve Longacre</b> <b>1255 Reese Lane</b> <b>Azle, TX 76020</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$25,000.00</b>
ACCT #: <b>N/A</b> <b>DR. T. MCINTYRE</b> <b>P.O. BOX 935</b> <b>BOYD, TX 76023</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$12,400.00</b>
ACCT #: <b>N/A</b> <b>DR. THOMAS STEFFEN</b> <b>P O BOX 1111</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Professional Fees</b> REMARKS:				<b>\$10,000.00</b>
ACCT #: <b>xxxx1473</b> <b>DRAEGER MEDICAL, INC.</b> <b>P.O. BOX 8500 S1225</b> <b>PHILADELPHIA, PA 19178</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$180.43</b>
ACCT #: <b>x3627</b> <b>DRY CLEAN SUPER CENTER</b> <b>1801 FM 51 SOUTH</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$58.29</b>

Sheet no. 18 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$74,688.72**

**Total >**  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx.xx053_1 DSHS CENTRAL LAB BILLING BRANCH- MC ; 1100 WEST 49TH STREET;P O BOX 149347 AUSTIN, TX 78714-9347		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$2,587.50
ACCT #: xxxx0205 DURBIN & COMPANY, LLP 2950 50TH STREET LUBBOCK, TX 79413		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$439.84
ACCT #: N/A EDWARD DON & COMPANY 2562 PAYSHERE CIRCLE CHICAGO, IL 60674		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				(\$65.97)
ACCT #: xx4544 EDWARDS LIFESCIENCES ONE EDWARDS WAY IRVINE, CA 92614		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$254.30
ACCT #: xxx0696 ELLIOTT ELECTRIC SUPPLY 204 LAKE RD BRIDGEPORT, TX 76426		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$324.71
ACCT #: xxxxxxx-xxxxxxx2-S31 EMD MILLIPORE CORP. 25760 NETWORK PLACE Chicago, IL 60673		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$7,693.68

Sheet no. 19 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$11,234.06**

**Total >**  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxxxx08EF</b> <b>EMERGIN</b> <b>6400 CONGRESS AVE,SUITE 1050</b> <b>BOCA RATON, FL 33487</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$6,350.00</b>
ACCT #: <b>1200</b> <b>EMG MEDICAL</b> <b>3985 LOS ALTOS LANE</b> <b>EUGENE, OR 97405</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$400.00</b>
ACCT #: <b>xxxxO003</b> <b>ENTECH SALES &amp; SERVICE</b> <b>3404 GARDEN BROOKE DRIVE</b> <b>DALLAS, TX 75234</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,745.00</b>
ACCT #: <b>xxxx0987</b> <b>ENTERASYS</b> <b>50 MINUTEMAN ROAD</b> <b>ANDOVER, MA 1810</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$6,000.00</b>
ACCT #: <b>6469</b> <b>EPIMED INTERNATIONAL, INC.</b> <b>141 SAL LANDRIO DRIVE</b> <b>JOHNSTOWN, NY 12095</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$844.33</b>
ACCT #: <b>N/A</b> <b>ESOLUTIONS, INC.</b> <b>401 W FRONTIER LANE, SUITE 101</b> <b>OLATHE, KS 66061-7221</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,320.00</b>

Sheet no. 20 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$17,659.33**

**Total >**  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx xxx xxxILY C ETHICS POINT, INC. 6000 MEADOWS RD SUITE 200 LAKE OSWEGO, OR 97035		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$1,790.00
ACCT #: xxxx-x668-0 FEDERAL EXPRESS P.O. BOX 660481 DALLAS, TX 75266-0481		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$177.97
ACCT #: xxx2PRI FINANCIAL CORPORATION OF AMERICA P.O. BOX 203670 AUSTIN, TX 78720-7500		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$8,767.66
ACCT #: FIRST CAPITAL , LLC;dba FIRST GROWTH C/ 5608 MALVEY SUITE 105 FORT WORTH, TX 76107		DATE INCURRED: CONSIDERATION: <b>Contract labor</b> REMARKS:				\$8,260.00
ACCT #: xx7393 FIRST DATABANK, INC. 500 E 96TH STREET STE 500 INDIANAPOLIS, IN 46240		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$5,825.00
ACCT #: xxxxx9-001 FISHER HEALTHCARE 9999 VETERANS MEMORIAL DR. HOUSTON, TX 77038-2499		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				\$24,295.25

Sheet no. 21 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$49,115.88

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)
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B6F (Official Form 6F) (12/07) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx9-001</b> <b>FISHER SCIENTIFIC</b> <b>PO BOX 404705</b> <b>ATLANTA, GA 30384-4705</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$548.42</b>
ACCT #: <b>xxx2CT-4</b> <b>FLEX-A-CHART.COM</b> <b>7663 HWY 59 WEST</b> <b>BURLISON, TN 38015</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,147.52</b>
ACCT #: <b>`</b> <b>Flint Energy Services</b> <b>PO Box 749075</b> <b>Dallas, TX 75374</b>		DATE INCURRED: CONSIDERATION: <b>Insurance refund</b> REMARKS:				<b>\$848.64</b>
ACCT #: <b>xx4014</b> <b>FORM FAST</b> <b>13421 MANCHESTER ROAD #208</b> <b>ST LOUIS,, MO 63131</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,705.76</b>
ACCT #: <b>N/A</b> <b>FTI GROUP</b> <b>8769 148TH AVE. NE</b> <b>REDMOND, WA 98052</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$204.68</b>
ACCT #: <b>xx2746</b> <b>G.E. HEALTHCARE</b> <b>P.O. BOX 641936</b> <b>PITTSBURGH, PA 15264-1936</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,592.00</b>

Sheet no. 22 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$13,047.02**

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**\$13,047.02**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>x1020</b> <b>GDX, PA</b> <b>6120 SHADY BROOK ST</b> <b>WICHITA, KS 67208</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,265.38</b>
ACCT #: <b>x1020</b> <b>GDX,PA</b> <b>155 NORTH MARKET SUITE 950</b> <b>Wichita, KS 67202</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$137.00</b>
ACCT #: <b>xxxxxx8-002</b> <b>GE CAPITAL</b> <b>P.O. BOX 3083</b> <b>CEDAR RAPIDS, IA 52406-3083</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$7,808.10</b>
ACCT #: <b>GE Healthcare</b> <b>PO Box 641936</b> <b>Pittsburgh, PA 15264-1936</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,592.00</b>
ACCT #: <b>xx2746</b> <b>GE HEALTHCARE - OEC</b> <b>2984 COLLECTIONS CENTER DRIVE</b> <b>Chicago, IL 60693</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$15,227.07</b>
ACCT #: <b>Georgie Brewer</b> <b>PO Box 1092</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$70.79</b>

Sheet no. 23 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$29,100.34**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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B6F (Official Form 6F) (12/07) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Gladys Velasquez</b> <b>900 W Sherman</b> <b>Chico, tx 76431</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$3.00</b>
ACCT #: <b>Glenda G Harvey</b> <b>603 CR 3198</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$236.52</b>
ACCT #: <b>xxxxx4825</b> <b>GRAINGER</b> <b>8321 JOHN W. CARPENTER FREEWAY</b> <b>DALLAS, TX 75247-4724</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,024.17</b>
ACCT #: <b>xOC10</b> <b>GROUP ONE SERVICES</b> <b>250 DECKER DRIVE</b> <b>IRVING, TX 75062</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$4,506.50</b>
ACCT #: <b>N/A</b> <b>GULF COAST PHARMACEUTICALS PLUS</b> <b>P O BOX 6704</b> <b>GREENVILLE, SC 29606</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,279.16</b>
ACCT #: <b>xxxx-xx067-a</b> <b>Harrell Paillet &amp; Assocites PC</b> <b>5454 LaSierra Drive, Suite 100</b> <b>Dallas, TX 75231</b>		DATE INCURRED: CONSIDERATION: <b>Settlement</b> REMARKS: <b>Lamar Advantage Outdoor Company - Compromise Settlement</b>				<b>\$10,000.00</b>

Sheet no. 24 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$21,049.35**

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx8178</b> <b>HEALTH CARE LOGISTIC, INC.</b> <b>P.O. BOX 400</b> <b>CIRCLEVILLE, OH 43113-0400</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$523.25</b>
ACCT #: <b>N/A</b> <b>HEALTH CENTRIC, LLC</b> <b>1540 KELLER PKWAY</b> <b>SUITE 108 #246</b> <b>KELLER, TX 76248</b>		DATE INCURRED: CONSIDERATION: <b>Contract labor</b> REMARKS:				<b>\$9,952.90</b>
ACCT #: <b>N/A</b> <b>HEALTH MATTERS TRANSCRIPTION</b> <b>VALARRIE ROBINSON, MT</b> <b>1812 HONEY MESQUITE LANE</b> <b>TT</b> <b>FLOWER MOUND, TX 75028</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$879.67</b>
ACCT #: <b>Heather Carmai</b> <b>1777 CR 4380</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$83.88</b>
ACCT #: <b>Help Financial Corp</b> <b>765 Wing Street</b> <b>Plymouth, MI 48170-1734</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,405.53</b>
ACCT #: <b>N/A</b> <b>HIGGINBOTHAM &amp; ASSOCIATES</b> <b>ATTN: PAM HAMLIN</b> <b>500 W 13TH STREET</b> <b>Fort Worth, TX 76102</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$987.88</b>

Sheet no. 25 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$13,833.11**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx-xx-x2573</b> <b>Hollingsworth Walker</b> <b>Nona B. Walker</b> <b>8150 North Central Expressway, Suite 100</b> <b>Dallas, TX 75206</b>		DATE INCURRED: <b>8/23/2011</b> CONSIDERATION: <b>Settlement Agreement</b> REMARKS: <b>RN Demand -</b>				<b>\$50,000.00</b>
ACCT #: <b>xxxx9480</b> <b>HOSPIRA</b> <b>Mark A. Bukaty</b> <b>8117 Preston Rd., Suite 300</b> <b>Dallas, TX 75225</b>		DATE INCURRED: CONSIDERATION: <b>Agreed Judgment</b> REMARKS:				<b>\$188,740.00</b>
ACCT #: <b>x5862</b> <b>HUNTON &amp; WILLIAMS</b> <b>1445 ROSS AVENUE</b> <b>SUITE 3700</b> <b>DALLAS, TX 75202</b>		DATE INCURRED: CONSIDERATION: <b>Attorney Fees</b> REMARKS:				<b>\$91,125.86</b>
ACCT #: <b>xxxx8821</b> <b>I-FLOW CORPORATION/KIMBERLY -CLARK G</b> <b>P O BOX 915003</b> <b>DALLAS, TX 75391-5003</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,610.00</b>
ACCT #: <b>xx'x xxxxITAL</b> <b>IMC WASTE DISPOSAL, INC.</b> <b>P.O. BOX 98</b> <b>WICHITA FALLS, TX 76307</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,250.00</b>
ACCT #: <b>xx4721</b> <b>IMMUCOR, INC.</b> <b>2990 GATEWAY DR. SUITE 400</b> <b>ATTN:CHRISTY BOLSOM</b> <b>NORCOSS, GA 30071</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,369.56</b>

Sheet no. 26 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$335,095.42**

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>x1357</b> <b>INDEPENDENT NURSING SERVICES BARON</b> <b>4242 RIDGE 6A ROAD</b> <b>SUITE 10</b> <b>AMHERST, NY 14226</b>		DATE INCURRED: CONSIDERATION: <b>Contract labor</b> REMARKS:				<b>\$1,632.15</b>
ACCT #: <b>xx3320</b> <b>INFINISOURCE</b> <b>ATTN: FINANCE DEPT</b> <b>P.O. BOX 889</b> <b>COLDWATER, MI 49036-0889</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,316.00</b>
ACCT #: <b>xxxx2300</b> <b>INFOLAB,INC.</b> <b>P O BOX 1309</b> <b>CLARKSDALE, MS 38614</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,921.69</b>
ACCT #: <b>xxx1036</b> <b>INGENIX</b> <b>P.O. BOX 88050</b> <b>CHICAGO, IL 60680-1050</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$104.95</b>
ACCT #: <b>x6223</b> <b>INSTRUMENTATION LABORATORY COMPAN</b> <b>180 HARTWELL ROAD</b> <b>BEDFORD, MA 01730-2443</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$4,017.63</b>
ACCT #: <b>x7340</b> <b>INTEGRA LIFESCIENCES CORP.</b> <b>311 ENTERPRISE</b> <b>PLAINSBORO, NJ 08536</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,013.00</b>

Sheet no. 27 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$15,005.42**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>N/A</b> <b>INTERNATIONAL MEDICAL DEVELOPMENT I</b> <b>560 HWY 39</b> <b>P O BOX 510</b> <b>HUNTSVILLE, UT 84317</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$244.00</b>
ACCT #: <b>xxx0986</b> <b>IVANS, INC.</b> <b>P.O. BOX 850001</b> <b>ORLANDO, FL 32885-0033</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>(\$33.00)</b>
ACCT #: <b>N/A</b> <b>JACKSONCO SUPPLY, LLC</b> <b>320 MATTHEW AVENUE</b> <b>DENTON, TX 76210</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$342.18</b>
ACCT #: <b>James L. McCain</b> <b>1142 Feedstore Rd.</b> <b>BOWIE, TX 76230</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$424.50</b>
ACCT #: <b>Janice Herriage</b> <b>327 Meadow Pond Ct</b> <b>RUNAWAY BAY, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$546.80</b>
ACCT #: <b>xx0077</b> <b>JANPAK DFW</b> <b>3101 HIGH RIVER ROAD SUITE 101</b> <b>P.O. BOX 155339</b> <b>Fort Worth, TX 76155-0339</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,066.62</b>

Sheet no. 28 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$2,591.10**

Total >  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

**Total >**

B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>N/A</b> <b>JED BELL &amp; ASSOCIATES JEDDIAH J. BELL,</b> <b>1600 NOBLE WAY</b> <b>FLOWER MOUND, TX 75022</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$235.00</b>
ACCT #: <b>Jeffrey Davidson</b> <b>PO Box 2</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$758.47</b>
ACCT #: <b>Jeffrey N Blue</b> <b>1009 Wooten Ave</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$807.35</b>
ACCT #: <b>xxx8022</b> <b>JOHNSON &amp; JOHNSON</b> <b>425 HOES LANE</b> <b>P.O. BOX 6800</b> <b>PISCUTA WAY, NJ 08855-6800</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$106,907.26</b>
ACCT #: <b>xx-xxx7700</b> <b>JURGAN DEVELOPMENT &amp; MFG.</b> <b>6018 SOUTH HIGHLANDS AVE.</b> <b>Madison, WI 53705</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$234.00</b>
ACCT #: <b>xx8584</b> <b>KARL STORZ ENDOSCOPY-AMERICA, INC.</b> <b>2151 E GRAND AVE.</b> <b>EL SEGUNDO, CA 90245</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$14,950.21</b>

Sheet no. 29 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$123,892.29**

**Total >**  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

**Total >**



**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx346-1</b> <b>KCI,INC</b> <b>8023 VANTAGE DRIVE</b> <b>San Antonio, TX 78230</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,057.20</b>
ACCT #: <b>xx4627</b> <b>KENDALL HUNT</b> <b>PUBLISHING COMPANY</b> <b>4050 WESTMARK DRIVE</b> <b>P.O. BOX 1840</b> <b>Dubuque, IA 52004</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$131.00</b>
ACCT #: <b>Key Energy Services Inc. - Dallas</b> <b>% Corvel Corp</b> <b>15301 Dallas Pkwy. Suite 300</b> <b>Addison, TX 75001</b>		DATE INCURRED: CONSIDERATION: <b>Insurance refund</b> REMARKS:				<b>\$5,602.30</b>
ACCT #: <b>0</b> <b>KIMBERLY-CLARK GLOBAL SALES,LLC</b> <b>P O BOX 915003</b> <b>Dallas, TX 753913</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$32,361.97</b>
ACCT #: <b>W3FC</b> <b>KINGSBRIDGE HEALTHCARE FINANCE</b> <b>150 NORTH FIELD DRIVE, SUITE 193</b> <b>Lake Forest, IL 60045</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$15,000.00</b>
ACCT #: <b>xxxx5851</b> <b>LABORATORY SUPPLY COMPANY</b> <b>250 OTTAWA AVE</b> <b>LOUISVILLE, KY 40207</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$13.78</b>

Sheet no. 30 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$56,166.25**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx6-15-6</b> <b>LANDAUER, INC.</b> <b>2 SCIENCE ROAD</b> <b>Glenwood, IL 60425</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,879.36</b>
ACCT #: <b>xxxxxx6395</b> <b>LANGUAGE LINE</b> <b>P.O. BOX 202564</b> <b>Dallas, TX 76320</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$373.11</b>
ACCT #: <b>N/A</b> <b>LAQUINTA INNS &amp; SUITES</b> <b>2000 10TH STREET</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$85.00</b>
ACCT #: <b>N/A</b> <b>LASE' R VENTURES, INC.</b> <b>125 SMOKEHILL LANE</b> <b>WOODSTOCK, GA 30188</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,200.00</b>
ACCT #: <b>xxxxxx1323</b> <b>LEXI-COMP, INC.</b> <b>1100 TEREX ROAD</b> <b>HUDSON, OH 44236</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,440.00</b>
ACCT #: <b>LEXIS-NEXIS</b> <b>1275 BROADWAY</b> <b>ALBANY, NY 12204</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>(\$7.35)</b>

Sheet no. 31 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$6,970.12**

**Total >**  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>LIFE INSURANCE COMPANY NORTH AMERIC</b> <b>P O BOX 13701</b> <b>PHILADELPHIA, PA 19101</b>		DATE INCURRED: CONSIDERATION: <b>Insurance</b> REMARKS:				<b>\$7,423.24</b>
ACCT #: <b>xx5485</b> <b>LIFENET HEALTH</b> <b>1864 CONCEIT DR</b> <b>VIRGINIA BEACH, VA 23453</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$7,566.00</b>
ACCT #: <b>xxXDOC</b> <b>LIQUIDAGENTS HEALTHCARE, LLC</b> <b>SHELDON ARORA CEO</b> <b>6900 DALLAS PARKWAY</b> <b>STE 450</b> <b>PLANO, TX 75024</b>		DATE INCURRED: CONSIDERATION: <b>Contract labor</b> REMARKS:			X	<b>\$5,104.77</b>
ACCT #: <b>N/A</b> <b>LIVE PROCESS</b> <b>271 GROVE AVENUE, BUILDING D</b> <b>VERONA, NJ 07044</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,000.00</b>
ACCT #: <b>N/A</b> <b>LMP MANAGER, LLC</b> <b>P.O. BOX 536338</b> <b>ORLANDO, FL 32853</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,100.00</b>
ACCT #: <b>LONE STAR LAWN &amp; LANDSCAPE</b> <b>124 VISTA DRIVE</b> <b>Decatur, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,925.00</b>

Sheet no. 32 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$29,119.01**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Machelle Porter</b> <b>1121 CR 4522</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$522.15</b>
ACCT #: <b>N/A</b> <b>MAGIC SHRED</b> <b>624 W. UNIVERSITY DRIVE</b> <b>DENTON, TX 76201</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$560.00</b>
ACCT #: <b>N/A</b> <b>MAINE STANDARDS CO.,LLC</b> <b>765 ROOSEVELT TRAIL, SUITE 9A</b> <b>WINDHAM, ME 04062</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$294.96</b>
ACCT #: <b>xxx-xx-0340</b> <b>MAINTENANCE FIRST</b> <b>1907 BARDSTOWN ROAD</b> <b>LOUISVILLE, KY 40205</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,395.00</b>
ACCT #: <b>N/A</b> <b>MAJ CONSULTING</b> <b>2119 BANKS STREET</b> <b>HOUSTON, TX 77098</b>		DATE INCURRED: CONSIDERATION: <b>Contract labor</b> REMARKS:				<b>\$26,525.96</b>
ACCT #: <b>xxxxxx7750</b> <b>MARKETLAB</b> <b>3027 MOMENTUM PLACE</b> <b>CHICAGO, IL 60689</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>(\$246.38)</b>

Sheet no. 33 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$29,051.69**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**  
**\$29,051.69**

B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Marvin Jones</b> <b>PO Box 104</b> <b>bowie, TX 76230</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$453.68</b>
ACCT #: <b>x2365</b> <b>MAST BIO SURGERY</b> <b>6749 TOP GUN RD</b> <b>SUITE 108</b> <b>San Diego, CA 92121</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,789.14</b>
ACCT #: <b>Max Ludeke</b> <b>15334 Climbing Branch Drive</b> <b>Houston, TX 77068</b>		DATE INCURRED: CONSIDERATION: <b>Expense reimbursement</b> REMARKS:				<b>\$5,203.57</b>
ACCT #: <b>xxx6687</b> <b>MCKESSON HEALTH SOLUTION</b> <b>22423 NETWORK PLACE</b> <b>Chicago, IL 60673</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,459.46</b>
ACCT #: <b>xxx6246</b> <b>MCKESSON INFORMATION SOLUTIONS</b> <b>P.O. BOX 98347</b> <b>Chicago, IL 60693</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$40,656.00</b>
ACCT #: <b>x3268</b> <b>MED ASSETS</b> <b>P.O. BOX 405652</b> <b>Atlanta, GA 30384-5652</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$23,961.79</b>

Sheet no. 34 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$79,523.64**

**Total >**  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

**Total >**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx xxxxiITAL <b>MED CARE MEDICAL SUPPLY</b> 1005 STATE HIGHWAY 16 SOUTH Graham, TX 76450		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$136.00</b>
ACCT #: N/A <b>MEDICAL SOLUTIONS, INC</b> 9101 WESTERN AVENUE SUITE 101 Omaha, NE 68114		DATE INCURRED: CONSIDERATION: <b>Contract Labor</b> REMARKS:				<b>\$65,794.45</b>
ACCT #: N/A <b>MEDIGAIN</b> 7160 DALLAS PARKWAY SUITE 320 Plano, TX 75024		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,400.00</b>
ACCT #: N/A <b>MEDITECH</b> P.O. BOX 74569 Chicago, IL 60696		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS: <b>Medical software provider</b>				<b>\$57,836.00</b>
ACCT #: xxx5497 <b>MEDLINE INDUSTRIES</b> ATTN: CONTROLLER ONE MEDLINE PLACE MUNDELEIN, IL 60060		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$7,960.64</b>
ACCT #: xxxx7051 <b>MEDTOX DIAGNOSTICS, INC.</b> 1238 ANTHONY RD BURLINGTON, NC 27215		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$710.71</b>

Sheet no. 35 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$134,837.80**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx6960</b> <b>MEDTRONIC USA, INC.</b> <b>4642 COLLECTION CENTER DRIVE</b> <b>Chicago, IL 60693</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$8,857.50</b>
ACCT #: <b>x4888</b> <b>MERIT MEDICAL</b> <b>P.O. BOX 951129</b> <b>South Jordan, UT 84095</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,626.16</b>
ACCT #: <b>Michael Bandy</b> <b>2286 E. Hwy. 114</b> <b>Boyd, TX 76023</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$1,186.48</b>
ACCT #: <b>xx5127</b> <b>MIZUHOSI</b> <b>30031 AHERN AVENUE</b> <b>Union City, CA 94587</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,114.24</b>
ACCT #: <b>N/A</b> <b>MMODAL SERVICES, LTD</b> <b>P O BOX 102467</b> <b>Atlanta, GA 30368</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$16,880.98</b>
ACCT #: <b>x/xxxxxx1659</b> <b>MOBILE INSTRUMENTS</b> <b>333 WATER AVENUE</b> <b>Bellefontaine, OH 43311</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$679.37</b>

Sheet no. 36 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$30,344.73**

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**\$30,344.73**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx0649</b> <b>MSDS ONLINE, INC.</b> <b>350 NORTH ORLEANS SUITE 950</b> <b>Chicago, IL 60654</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,749.00</b>
ACCT #: <b>N/A</b> <b>MSS BUSINESS MANAGEMENT, INC.</b> <b>P.O. BOX 190265</b> <b>Boston, MA 0.02119</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$395.00</b>
ACCT #: <b>xx0303</b> <b>MUSCULOSKELETAL TRANSPLANT FOUNDA</b> <b>125 MAY ST.</b> <b>EDISON, NJ 08837</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$14,441.73</b>
ACCT #: <b>N/A</b> <b>NATUS MEDICAL, INC.</b> <b>1501 INDUSTRIAL RD</b> <b>SAN CARLOS, CA 94070</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,905.39</b>
ACCT #: <b>4263</b> <b>NAVILYST MEDICAL</b> <b>NAMIC/VA, INC.</b> <b>P.O. BOX 6793</b> <b>New York, NY 10249</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$281.01</b>
ACCT #: <b>xxxxxx7750</b> <b>NEWMATIC MEDICAL</b> <b>3027 MOMENTUM PLACE</b> <b>Chicago, IL 60689</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$300.62</b>

Sheet no. 37 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$20,072.75**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Nightingale Nurses</b> <b>6401 Congress Avenue, Suite 250</b> <b>Boca Raton, FL 33487</b>		DATE INCURRED: <b>6/2/2012</b> CONSIDERATION: <b>Contract labor</b> REMARKS:				<b>\$36,792.84</b>
ACCT #: <b>N/A</b> <b>NIGHTINGALE NURSES, LLC</b> <b>DRAWER #1256</b> <b>PO BOX 5935</b> <b>Troy, MI 48007</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$28,009.71</b>
ACCT #: <b>NTCH Guarantors, LLC</b> <b>c/o Steven Longacre, M.D.</b> <b>1903 Doctors Hospital Dr., Ste 20</b> <b>Bridgeport, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Agreed Judgment</b> REMARKS:				<b>\$3,107,724.23</b>
ACCT #: <b>xx3235</b> <b>NURSE FINDERS</b> <b>P.O. BOX 910738</b> <b>Dallas, TX 75391</b>		DATE INCURRED: CONSIDERATION: <b>Contract labor</b> REMARKS:				<b>\$3,900.00</b>
ACCT #: <b>892</b> <b>NUTECH, INC</b> <b>3616 JACKSBORO HIGHWAY</b> <b>WICHITA FALLS, TX 76302</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$22,242.00</b>
ACCT #: <b>xxx4061</b> <b>NUVASIVE, INC</b> <b>7475 LUSK BLVD</b> <b>SAN DIEGO, CA 92121</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$15,921.00</b>

Sheet no. 38 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

**\$3,214,589.78**

Total >

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

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B6F (Official Form 6F) (12/07) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>OATES GROUP LLC</b> <b>124 VISTA DRIVE</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,925.00</b>
ACCT #: <b>xxx1245</b> <b>OLYMPUS AMERICA</b> <b>SCIENTIFIC INSTRUMENT GROUP</b> <b>3500 CORPORATE PARKWAY</b> <b>Center Valley, PA 18034</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$68.25</b>
ACCT #: <b>x2900</b> <b>OMNICELL</b> <b>1201 Charleston Rd.</b> <b>Mountain View, CA 94043</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$9,118.02</b>
ACCT #: <b>xx1817</b> <b>OPTP</b> <b>P O BOX 47009</b> <b>MINNEAPOLIS, MN 55447-0009</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$120.95</b>
ACCT #: <b>xx5017</b> <b>ORASURE TECHNOLOGIES, INC.</b> <b>220 E. FIRST STREET</b> <b>BETHLEHAM, PA 18015-1360</b> <b>Detroit, MI 48267</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$696.61</b>
ACCT #: <b>N/A</b> <b>ORKIN PEST CONTROL</b> <b>4500 SEYMOUR HWY</b> <b>SUITE 104</b> <b>Wichita Falls, TX 76309</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$300.00</b>

Sheet no. 39 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$13,228.83**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx7-140</b> <b>ORS: DATAMINING</b> <b>P.O. BOX 290067</b> <b>Nashville, TN 37229</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$102.71</b>
ACCT #: <b>N/A</b> <b>ORTHOFIX, INC.</b> <b>P.O. BOX 849806</b> <b>Dallas, TX 75264</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,502.27</b>
ACCT #: <b>xx2078</b> <b>OTIS ELEVATOR COMPANY</b> <b>ONE FARM SPRINGS</b> <b>FARMINGTON, CT 06032</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$904.00</b>
ACCT #: <b>xx-xx9639</b> <b>OWENS AND MINOR</b> <b>P.O. BOX 841420</b> <b>Dallas, TX 75284</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$81,687.26</b>
ACCT #: <b>xxxxx8392</b> <b>OZARKA MOUNTAIN SPRING WATER</b> <b>OZARKA DIRECT #215</b> <b>6661 DIXIE HWY</b> <b>SUITE 4</b> <b>LOUISVILLE, KY 40258</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$30.00</b>
ACCT #: <b>Pamela King</b> <b>295 DR 1695</b> <b>Sunset, TX 76270</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$83.88</b>

Sheet no. 40 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$85,310.12**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>N/A</b> <b>PARKS AND RECREATION DEPT</b> <b>CITY OF BRIDGEPORT</b> <b>900 THOMPSON STREET</b> <b>Bridgeport, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,550.00</b>
ACCT #: <b>Patient Refunds</b>		DATE INCURRED: CONSIDERATION: <b>Patient Refunds</b> REMARKS: <b>See attached detailed schedule.</b>				<b>\$216,777.99</b>
ACCT #: <b>N/A</b> <b>PATTON SURGICAL CORPORATION</b> <b>6300 BRIDGEPOINT PARKWAY</b> <b>#2-220</b> <b>Austin, TX 78730</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$6,489.21</b>
ACCT #: <b>N/A</b> <b>PCM GROUP, INC.</b> <b>P.O. BOX 1736</b> <b>Lindale, TX 75771</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,150.00</b>
ACCT #: <b>N/A</b> <b>PEAK HEALTH SOLUTIONS</b> <b>P.O. BOX 1300</b> <b>Suisum City, CA 94585</b>		DATE INCURRED: CONSIDERATION: <b>Contract labor</b> REMARKS:				<b>\$4,263.75</b>
ACCT #: <b>xx3909</b> <b>PEROTSYSTEMS</b> <b>120 ROYAL STREET</b> <b>CANTON, MA 02021</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$403.41</b>

Sheet no. 41 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$234,634.36**

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**\$234,634.36**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx7320</b> <b>PHILLIPS MEDICAL SYSTEMS</b> <b>3000 MINUTE MAN RD</b> <b>MS 0400</b> <b>ANDOVER, MA 01810</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,077.30</b>
ACCT #: <b>x1574</b> <b>PHOTO-THERM L.P.</b> <b>CYTO - THERM L.P.</b> <b>110 SEWELL AVENUE</b> <b>Trenton, NJ 8610</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$923.19</b>
ACCT #: <b>xxx2092</b> <b>PHYSICIANS RECORD COMPANY</b> <b>3000 SOUTH RIDGELAND AVE</b> <b>Berwyn, IL 60402</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$122.31</b>
ACCT #: <b>xxxx2602</b> <b>PHYSIO-CONTROL, INC.</b> <b>12100 COLLECTIONS CENTER DRIVE</b> <b>Chicago, IL 60693</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,100.20</b>
ACCT #: <b>xxx2241</b> <b>PITNEY BOWES GLOBAL FINANC</b> <b>FINANCIAL SERVICES LLC</b> <b>P O BOX 371887</b> <b>Pittsburgh, PA 15250</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,592.42</b>
ACCT #: <b>xxx2241</b> <b>PITNEY BOWES GLOBAL FINANCIAL SERVI</b> <b>PURCHASE POWER</b> <b>P O BOX 371874</b> <b>Pittsburgh, PA 15250</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,222.22</b>

Sheet no. 42 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$12,037.64**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx1820</b> <b>POSITEX INC.</b> <b>3800 ANNAPOLIS LAND # 165</b> <b>Minneapolis, MN 55447</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$25.20</b>
ACCT #: <b>xH964</b> <b>PRAXAIR</b> <b>4344 Irving Blvd</b> <b>Dallas, TX 75247</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$16,074.05</b>
ACCT #: <b>xx0683</b> <b>PRECISION BIOMED TECHNOLOGY, LLC.</b> <b>200 BLACK ROCK COURT</b> <b>Irving, TX 75063</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$389.10</b>
ACCT #: <b>xx1740</b> <b>PRECISION DYNAMICS CORP.</b> <b>TIMEMED LABELING SYSTEMS,INC</b> <b>27770 N. Entertainment Rd., Ste. 200</b> <b>Valencia, CA 91355</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$155.68</b>
ACCT #: <b>N/A</b> <b>PRECISION WATER TECHNOLOGIES</b> <b>4287 Beltline Rd.</b> <b>SUITE 286</b> <b>Addison, TX 75001</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,695.00</b>
ACCT #: <b>PRENTICE INFUSION CONSULTANTS</b> <b>JENNIFER ANNE PRENTICE</b> <b>704 DERTING E ROAD</b> <b>Aurora, TX 76078</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,420.00</b>

Sheet no. 43 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$21,759.03**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>9288</b> <b>PRESS GANEY ASSOCIATES, INC.</b> <b>PO Box 88335</b> <b>Milwaukee, WI 53288-0335</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$7,118.40</b>
ACCT #: <b>x2550</b> <b>PROGRESSIVE MEDICAL INC.</b> <b>11085 GRAVOIS INDUSTRIAL COURT</b> <b>St. Louis, MO 63128</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,886.62</b>
ACCT #: <b>xxx5496</b> <b>PROGRESSIVE WASTE SOLUTIONS</b> <b>IESI-HALTOM CITY</b> <b>P. O. BOX 162479</b> <b>Ft. Worth, TX 76161</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,864.96</b>
ACCT #: <b>N/A</b> <b>PROTECTION SYSTEMS</b> <b>2404 ARBUCKLE CT</b> <b>Dallas, TX 75229</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$4,030.00</b>
ACCT #: <b>xxxxxR009</b> <b>PUBLICDATA.COM</b> <b>P O BOX 612665</b> <b>DFW Airport, TX 75261</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$250.00</b>
ACCT #: <b>x2623</b> <b>QUEST DIAGNOSTICS</b> <b>P.O. BOX 841725</b> <b>Dallas, TX 75284</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$17,505.21</b>

Sheet no. 44 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$33,655.19**

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx8004</b> <b>Quorum Health Resources, LLC</b> <b>Benjamin C. Huddleston</b> <b>Vice President, Legal Services</b> <b>105 Continental Place</b> <b>Brentwood, TN 37027</b>		DATE INCURRED: CONSIDERATION: <b>Arbitration Award</b> REMARKS: <b>Quorum Health Resources, LLC v. North Texas Community Hospital</b>				<b>\$110,000.00</b>
ACCT #: <b>N/A</b> <b>RAH COMPANY</b> <b>232 LAKEVIEW DRIVE</b> <b>Runaway Bay, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$30.00</b>
ACCT #: <b>N/A</b> <b>RECEIVABLE MANAGMENT SERVICES</b> <b>ATTENTION:JULIE BROWN</b> <b>P O BOX 5471</b> <b>Mt. Laurel, NJ 8054</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,097.27</b>
ACCT #: <b>x9438</b> <b>RECOURSE COMMUNICATIONS,INC</b> <b>RCI RECRUITMENT SOLUTIONS</b> <b>550 HERITAGE DR. SUITE 200</b> <b>Jupiter, FL 33458</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$3,300.00</b>
ACCT #: <b>N/A</b> <b>RECOVERCARE, LLC</b> <b>1920 Stanley Gault Parkway</b> <b>SUITE 100</b> <b>Louisville, KY 40223</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$30.00</b>
ACCT #: <b>xx9569</b> <b>REDWOOD TOXICOLOGY LABORATORY SER</b> <b>P.O. Box 5680</b> <b>Santa Rosa, CA 95402-5680</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$788.00</b>

Sheet no. 45 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$116,245.27**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx5303</b> <b>RESPIRONICS</b> <b>P.O. BOX 640817</b> <b>Pittsburgh, PA 15264</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$835.68</b>
ACCT #: <b>xx0468</b> <b>RICOH AMERICAS CORPORATION</b> <b>P.O. BOX 4245</b> <b>Carol Stream, IL 60197</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$25,162.44</b>
ACCT #: <b>xx1911</b> <b>RICOH OF AMERICA</b> <b>P.O. BOX 41602</b> <b>Philadelphia, PA 19101</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,197.50</b>
ACCT #: <b>RMS Insurance Servides</b> <b>PO Box 280431</b> <b>E. Hartford, CT 6128</b>		DATE INCURRED: CONSIDERATION: <b>Insurance refund</b> REMARKS:				<b>\$189.16</b>
ACCT #: <b>N/A</b> <b>ROBINSON MEDICAL, LLC</b> <b>3913 DIAMOND LOCH E</b> <b>N. Richland Hills, TX 76180</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,250.00</b>
ACCT #: <b>xxxxx5462</b> <b>ROCHE DIAGNOSTICS CORPORATION</b> <b>MAIL CODE 5021</b> <b>P.O. BOX 660367</b> <b>Dallas, TX 75266</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$859.71</b>

Sheet no. 46 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$30,494.49**

**Total >**  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

**\$30,494.49**

B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxxx-x0004</b> <b>Rogers Townsend &amp; Thomas, PC</b> <b>PO Box 100200</b> <b>220 Executive Center Drive</b> <b>Columbia, SC 29202</b>		DATE INCURRED: <b>11/2/2011</b> CONSIDERATION: <b>Judgment</b> REMARKS: <b>AMCOL Systems, Inc. - Judgment</b>				<b>\$40,020.45</b>
ACCT #: <b>xxxxxxTX04</b> <b>RTI BIOLOGICS, INC.</b> <b>P.O. BOX 11404</b> <b>Columbia, SC 29211</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$19,925.00</b>
ACCT #: <b>xxxxx1917</b> <b>SAMMONS PRESTON</b> <b>PATTERSON MEDICAL SUPPLY, INC.</b> <b>1000 REMINGTON BLVD, SUITE 210</b> <b>Bolingbrook, IL 60440</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$643.37</b>
ACCT #: <b>Sara Oates</b> <b>2468 CR 2224</b> <b>Decatur, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$552.12</b>
ACCT #: <b>x0368</b> <b>SCANLAN INTERNATIONAL, INC.</b> <b>ONE SCANLAN PLAZA</b> <b>St. Paul, MN 55107</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,602.16</b>
ACCT #: <b>3090</b> <b>SCHINDLER ELEVATOR CORPORATION</b> <b>8105 N. Beltline Rd.</b> <b>Suite 120</b> <b>Irving, TX 75063</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$11,482.98</b>

Sheet no. 47 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$78,226.08**

Total >  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Schindler Elevator Corporation c/o Christopher J. Jameson, Jr. Jameson &amp; Dunagan, P.C. 3890 W. Northwest Highway, Suite 600 Dallas, TX 75220</b>		DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS: <b>Cause No. 2012-003507-3; Schindler Elevator Corporation v. West 380 Family Care Facility dba Doctors Hospital; In the County Court at</b>				<b>Notice Only</b>
		<b>Law No. 3, Tarrant County, TX</b>				
ACCT #: <b>xxx xxxxxx CARE</b> <b>SCHOLZ, KLEIN &amp; FRIENDS 8610 NORTH NEW BRAUNFELS San Antonio, TX 78217</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,077.50</b>
ACCT #: <b>Scott Sheets 1001A Old Base Rd. Rhome, TX 76078</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$820.55</b>
ACCT #: <b>SENTRY CLAIMS SERVICE P.O. BOX 8032 REFUNDS DEPARTMENT Stevens PO, WI 54481</b>		DATE INCURRED: CONSIDERATION: <b>Refund</b> REMARKS:				<b>\$3,346.05</b>
ACCT #: <b>xxx6426</b> <b>SHARN ANESTHESIA, INC. P.O. Box 21666 Tampa, FL 33622</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$541.50</b>

Sheet no. 48 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$6,785.60**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx6735</b> <b>SIEMENS HEALTHCARE DIAGNOSTICS,INC</b> <b>CORPORATE HEADQUARTERS</b> <b>3090 Premiere Parkway, Ste 600</b> <b>Duluth, GA 30097</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$31,129.27</b>
ACCT #: <b>xxxx4700</b> <b>SIEMENS WATER TECHNOLOGIES CORP.</b> <b>P.O. BOX 360766</b> <b>Pittsburgh, PA 15250</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$347.00</b>
ACCT #: <b>xx3564</b> <b>SKYE ORTHOBIOLOGICS, LLC</b> <b>3701 HIGHLAND AVE. SUITE 203</b> <b>Manhattan Beach, CA 90266</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,769.00</b>
ACCT #: <b>xx9364</b> <b>SMILE MAKERS</b> <b>P O BOX 2543</b> <b>Spartanburg, SC 29304</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$107.97</b>
ACCT #: <b>xx4676</b> <b>SMITH &amp; NEPHEW ENDOSCOPY</b> <b>150 Minuteman Rd</b> <b>Andover, MA 01810</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$8,734.06</b>
ACCT #: <b>xx5074</b> <b>SMITH &amp; NEPHEW, INC. ORTHOPEDICS</b> <b>1450 Brooks, Rd.</b> <b>Memphis, TN 38116</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$7,702.88</b>

Sheet no. 49 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$50,790.18**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**

B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>N/A</b> <b>SOUTHWEST MEDICAL EQUIPMENT</b> <b>21900 EAST 96TH STREET</b> <b>Broken Arrow, OK 74014</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,377.00</b>
ACCT #: <b>N/A</b> <b>SOUTHWEST X-RAY COMPANY</b> <b>11419 Mathis</b> <b>Suite 208</b> <b>Dallas, TX 75234</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$162.06</b>
ACCT #: <b>x5086</b> <b>SPECIALTY SURGICAL INSTRUMENTATION</b> <b>3034 OWEN DRIVE</b> <b>Antioch, TN 37013</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,972.90</b>
ACCT #: <b>xx0620</b> <b>ST. JOHN COMPANIES, INC.</b> <b>P.O. BOX 51263</b> <b>LOS ANGELES, CA 90051</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,595.43</b>
ACCT #: <b>STANLEY</b> <b>65 Scott Swamp Road</b> <b>Farmington, CT 06032</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,066.70</b>
ACCT #: <b>xxxxxxxx&amp;xxxxxxxx2278</b> <b>STAPLES ADVANTAGE</b> <b>DEPT DAL</b> <b>P.O. Box 83689</b> <b>CHICAGO, IL 60696-3689</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$18,690.62</b>

Sheet no. 50 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$24,864.71**

**Total >**  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx3079</b> <b>STERICYCLE, INC.</b> <b>4010 Commercial Ave.</b> <b>Northbrook, IL 60062</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$9,067.96</b>
ACCT #: <b>x8855</b> <b>STERIS</b> <b>5960 Heisley Rd.</b> <b>Mentor, OH 44060</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$8,725.50</b>
ACCT #: <b>STEVE AND EDWINA WALKER</b> <b>101 MARINA DEL RAY</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Guaranty</b> REMARKS:				<b>\$25,000.00</b>
ACCT #: <b>xxx3650</b> <b>STRYKER SALES CORPORATION</b> <b>P.O. BOX 70119</b> <b>CHICAGO, IL 60673-0119</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$513.70</b>
ACCT #: <b>xxxx9766</b> <b>SYNTHES</b> <b>1302 Wrights Lane East</b> <b>West Chester, PA 19380</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$22,238.53</b>
ACCT #: <b>xx2171</b> <b>SYSCO</b> <b>P.O. BOX 560700</b> <b>LEWISVILLE, TX 75056-0700</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$23,884.46</b>

Sheet no. 51 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$89,430.15**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>TEXAS BOARD OF NURSING 333 GUADALUPE, TOWER 3, STE 460 AUSTIN, TX 78701</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$65.00</b>
ACCT #: <b>x8387</b> <b>TEXAS HOSPITAL ASSOCIATION DEPT 1821 THA BIRMINGHAM, AL 35287-1821</b>		DATE INCURRED: CONSIDERATION: <b>Membership Fees</b> REMARKS:				<b>\$10,241.00</b>
ACCT #: <b>1010</b> <b>TEXAS HOSPITAL INSURANCE EXCHANGE 8310-1NORTH CAPITAL OF TEXAS HIGHWA BLGD 1,STE.250 AUSTIN, TX 78731</b>		DATE INCURRED: CONSIDERATION: <b>Insurance Premium</b> REMARKS: <b>General Professional Liability Insurance</b>				<b>\$79,594.20</b>
ACCT #: <b>TEXAS MUTUAL P O BOX 12029 AUSTIN, TX 78711</b>		DATE INCURRED: CONSIDERATION: <b>Insurance</b> REMARKS:				<b>\$715.19</b>
ACCT #: <b>THE BOWIE NEWS P.O. BOX 831 218 W. TARRANT STREET BOWIE, TX 76230</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$230.90</b>
ACCT #: <b>THE CSI COMPANIES, INC, P O BOX 890841 CHARLOTTE, NC 28289</b>		DATE INCURRED: CONSIDERATION: <b>Contract labor</b> REMARKS:				<b>\$12,729.60</b>

Sheet no. 52 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$103,575.89**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx4302</b> <b>THE HARTFORD</b> <b>P.O. BOX 2907</b> <b>HARTFORD, CT 6104</b>		DATE INCURRED: CONSIDERATION: <b>Insurance</b> REMARKS:				<b>\$2,070.26</b>
ACCT #: <b>N/A</b> <b>THE NURSES LOUNGE</b> <b>758 E BETHEL SCHOOL RD</b> <b>COPPELL, TX 75019</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$990.00</b>
ACCT #: <b>xxS475</b> <b>THE SSI GROUP, INC.</b> <b>4721 Morrison Drive</b> <b>Mobile, AL 36609</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$4,739.53</b>
ACCT #: <b>xxx5408</b> <b>THE STANDARD REGISTER COMPANY</b> <b>P.O. BOX 840655</b> <b>DALLAS, TX 75284</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,884.87</b>
ACCT #: <b>NTCH</b> <b>TMF HEALTH QUALITY INSTITUTE</b> <b>BRIDGEPOINT I, SUITE 300</b> <b>5918 WEST COURTYARD DRIVE</b> <b>AUSTIN, TX 78730</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,441.67</b>
ACCT #: <b>Tom Clarke</b> <b>8026 Vantage Drive, Suite 105</b> <b>San Antonio, TX 78230</b>		DATE INCURRED: CONSIDERATION: <b>Staffing Agency</b> <b>Zook Consulting</b> REMARKS:				<b>\$4,697.00</b>

Sheet no. 53 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$15,823.33**

Total >  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**Total >**



B6F (Official Form 6F) (12/07) - Cont.  
 In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>N/A</b> <b>TORCH</b> P. O. Box 14547 AUSTIN, TX 78761		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,500.00</b>
ACCT #: <b>xxx83-TX</b> <b>TORNIER,INC</b> P.O. Box 4631 Houston, TX 77210		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,570.00</b>
ACCT #: <b>5072</b> <b>TOSHIBA AMERICA MEDICAL SYSTEMS INC</b> P.O. BOX 91605 CHICAGO, IL 60693		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$59,149.96</b>
ACCT #: <b>Tracy L Helton</b> 108 PR 204 Bowie, TX 76230		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$220.00</b>
ACCT #: <b>xxxx-xxxxxxPORT</b> <b>TRG HEALTH CARE SOLUTIONS</b> 600 S. CHERRY STREET SUITE 530 DENVER, CO 80246		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$180.22</b>
ACCT #: <b>x0422</b> <b>TRI-ANIM HEALTH SERVICES</b> 5000 Turtle Crossing Dublin, OH 43016		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,230.98</b>

Sheet no. 54 of 59 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$64,851.16**

**Total >**  
 (Use only on last page of the completed Schedule F.)  
 (Report also on Summary of Schedules and, if applicable, on the  
 Statistical Summary of Certain Liabilities and Related Data.)

**Total >**

B6F (Official Form 6F) (12/07) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>N/A</b> <b>TRIPLE D WATER HEATER SERVICE CO</b> <b>P O BOX 445</b> <b>SPRINGTOWN, TX 76082</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$510.00</b>
ACCT #: <b>xx2817</b> <b>TRUVEN HEALTH ANALYTICS INC.</b> <b>1 North Dearborn Street, 14th Fl.</b> <b>CHICAGO, IL 60602</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$22,960.86</b>
ACCT #: <b>Tyce Simmons</b> <b>210 Runaway Bay Dr.</b> <b>RUNAWAY BAY, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Patient refund</b> REMARKS:				<b>\$255.67</b>
ACCT #: <b>xx0498</b> <b>TYCO HEALTHCARE GROUP</b> <b>15 HAMPSHIRE ST</b> <b>MANSFIELD, MA 02048</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>(\$46.76)</b>
ACCT #: <b>xx9797</b> <b>UNIFIRST HOLDINGS, INC.</b> <b>P O BOX 7580</b> <b>HALTOM CITY, TX 76111</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$887.07</b>
ACCT #: <b>United Healthcare</b> <b>PO Box 740804</b> <b>ATLANTA, GA 30374</b>		DATE INCURRED: CONSIDERATION: <b>Insurance refund</b> REMARKS:				<b>\$371.51</b>

Sheet no. 55 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$24,938.35**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>United Healthcare of Texas, Inc.</b> <b>5800 Granite Parkway, Suite 900</b> <b>Plano, TX 75024</b>		DATE INCURRED: CONSIDERATION: <b>Insurance refund</b> REMARKS:				<b>\$371.51</b>
ACCT #: <b>xx1615</b> <b>UNIVERSAL HOSPITAL SERVICES</b> <b>2201 Brookhollow Dr.</b> <b>Suite 145</b> <b>Arlington, TX 76006</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$8,241.02</b>
ACCT #: <b>xx0498</b> <b>US SURGICAL</b> <b>DRAWER 198032</b> <b>ATLANTA, GA 30384</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,569.90</b>
ACCT #: <b>N/A</b> <b>VALU-RITE PHARMACY</b> <b>709 WW RAY CIRCLE</b> <b>BRIDGEPORT, TX 76426</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>(\$2.75)</b>
ACCT #: <b>xxx1080</b> <b>VAUGHN CONSTRUCTION</b> <b>10355 WESTPARK DRIVE</b> <b>HOUSTON, TX 77042</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$52,844.00</b>
ACCT #: <b>xxxxxxxx-x0001</b> <b>VERIZON</b> <b>P.O. Box 105378</b> <b>Atlanta, GA 30348</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,287.08</b>

Sheet no. 56 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$64,310.76**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

--

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>VITAL HEALTHCARE</b> 11 East Lathrop Ave. Savannah, GA 31415		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$50.67</b>
ACCT #: <b>N/A</b> <b>VONCO MEDICAL PRODUCTS, INC.</b> 11480 ANAHEIM DRIVE DALLAS, TX 75229		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$797.50</b>
ACCT #: <b>W.L. GORE &amp; ASSOCIATES, INC</b> 1505 N.4TH ST. P.O. Box 2400 Flagstaff, AZ 86003		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$6,785.00</b>
ACCT #: <b>xxxx0856</b> <b>WELCH ALLYN, INC.</b> 4341 State Street Road P.O. Box 220 Skaneateles Falls, NY 13153		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$710.00</b>
ACCT #: <b>WEST 380 MOB, LLC</b> 808 W.W. Ray Circle Bridgeport, TX 76426		DATE INCURRED: CONSIDERATION: <b>Rent</b> REMARKS:				<b>\$137,766.09</b>
ACCT #: <b>N/A</b> <b>WHITNEY BLAIR HOPKINS RD, LD</b> 121 SCENIC RIDGE DRIVE WEATHERFORD, TX 76087		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$900.00</b>

Sheet no. 57 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$147,009.26**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxRIDG</b> <b>WILLIAMS MEDICAL COMPANY</b> <b>1150 SOUTH LAS BRISAS PLACE</b> <b>PLACENTIA, CA 92870</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$882.24</b>
ACCT #: <b>Windsor Sterling</b> <b>7100 Commerce Way, Suite 285</b> <b>Brentwood, TN 37027</b>		DATE INCURRED: CONSIDERATION: <b>Insurance refund</b> REMARKS:				<b>\$145.70</b>
ACCT #: <b>WISE COUNTY MEDICAL AND SURGICAL AS</b> <b>1001 EAGLE DRIVE</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Radiologist fees</b> REMARKS:				<b>\$37,350.56</b>
ACCT #: <b>xxx2457</b> <b>WISE COUNTY MESSENGER ADVERTISING</b> <b>P.O. BOX 149</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,970.40</b>
ACCT #: <b>WISE REGIONAL HEALTH SYSTEM</b> <b>609 Medical Center Dr.</b> <b>DECATUR, TX 76234</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$5,019.82</b>
ACCT #: <b>WOODTOOLS OF TEXAS, LTD.</b> <b>13719 SAN PEDRO SUITE</b> <b>SAN ANTONIO, TX 78232</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$1,119.95</b>

Sheet no. 58 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$46,488.67**

**Total >**  
**(Use only on last page of the completed Schedule F.)**  
**(Report also on Summary of Schedules and, if applicable, on the**  
**Statistical Summary of Certain Liabilities and Related Data.)**

**Total >**

B6F (Official Form 6F) (12/07) - Cont.

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>WORLD INS. P.O. BOX 2529 REFUNDS DEPARTMENT OMAHA, NE 48403</b>		DATE INCURRED: CONSIDERATION: <b>Insurance</b> REMARKS:				<b>\$43.44</b>
ACCT #: <b>xx4488</b> <b>WRIGHT MEDICAL TECHNOLOGIES P.O. BOX 503482 ST LOUIS, MO 63150</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,400.00</b>
ACCT #: <b>Yellowbook P.O. Box 3162 Cedar Rapids, LA 52406</b>		DATE INCURRED: CONSIDERATION: <b>Trade Debt</b> REMARKS:				<b>\$2,000.00</b>
ACCT #: <b>ZIEGLER 250 E. WISCONSIN AVENUE SUITE 1900 MILWAUKEE, WI 53202</b>		DATE INCURRED: CONSIDERATION: <b>Management Fees</b> REMARKS:				<b>\$11,142.26</b>

Sheet no. 59 of 59 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal > \$15,585.70**

**Total > \$10,707,463.12**

**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)**

B6G (Official Form 6G) (12/07)

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p><b>3M</b> 575 W. Murray Blvd Murray, UT 84123</p>	<p>Software License and Service Agreement</p>
<p><b>AccuTrace Testing, Inc.</b> 5612 SW Green Oaks Blvd. #D Arlington, TX 76017</p>	<p>Testing Agreement</p>
<p><b>ACIS Innovative Solutions</b> PO Box 3274 McKinney, TX 75072</p>	<p>Bi-annual service inspection and preventative maintenance and inspection of chillers, cooling towers, condenser water pumps, and boilers</p>
<p><b>Advanced Nuclear Consultants LLC</b> 16710 Hedgecroft Drive Suite 106 Houston, TX 77060</p>	<p>Lease to Purchase Agreement</p>
<p><b>Aetna Health, Inc.</b> Provider Contract Management Network Operations S.W. Region 2777 Stemmons Freeway #300 Dallas, TX 75207</p>	<p>Hospital Services Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 1*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Allmed Healthcare Management</b>                      12400 High Bluff Dr.                      San Diego, CA 92130</p>	<p>External Peer Review Services Agreement</p>
<p><b>Ameripath</b>                      4350 Alpha Road                      Dallas, TX 75244-4401</p>	<p>Third Party Billing Agreement</p>
<p><b>Apnea Specialists</b>                      2410 W. Memorial Rd., Ste. C432                      Oklahoma City, OK 73134</p>	<p>Professional Services Agreement</p>
<p><b>Aramark</b></p>	<p>Linen Services Agreement</p>
<p><b>Aris Telaradiology Professional Corp</b>                      5655 Hudson Dr., Ste. 210                      Hudson, OH 44238</p>	<p>Agreement for Radiology Professional Services</p>



In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 2*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Arthrex</b>                      1370 Creekside Blvd                      Naples, FL 34108</p>	<p>Shaver System Agreement</p>
<p><b>Beckman Coulter, Inc.</b>                      PO Box 169015                      11800 SW 147th Ave., MC 42-B06                      Miami, FL 33116-9015</p>	<p>Maintenance and preventative maintenance on ACL Elite                      Pro Laboratory equipment</p>
<p><b>Biomerieux, Inc.</b>                      100 Randolph Avenue                      Durham, NC 27712</p>	<p>Service Agreement</p>
<p><b>Blair Hopkins</b>                      121 Scenic Ridge Dr.                      Weatherford, TX 76087</p>	<p>Independent Contractor Agreement for dietician services                      and supervision</p>
<p><b>Blaylock Anesthesia Group, PA</b>                      118 PR 3414                      Bridgeport, TX 76426</p>	<p>Professional Services Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 3*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Blue Cross Blue Shield of Texas</b>                      1001 E. Lookout Dr.                      Richardson, TX 75082</p>	<p>Hospital Agreement for PPO/POS Network Participation</p>
<p><b>Boy Scouts of America - Longhorn Council</b>                      Attn: Jeff Peters, Camp Director                      Sid Richardson Camp                      PO Box 54190                      Hurst, TX 76054</p>	<p>Medical and emergency services for Scouts, adults and staff from Sid Richardson Scout Ranch Summer Camp</p>
<p><b>Bravo Health</b>                      6801 Gaylord Parkway, Suite 401                      Frisco, TX 75034</p>	<p>Hospital Provider Agreement</p>
<p><b>Bridgeport Leasing Associates</b>                      808 Woodrow Wilson Ray Circle                      Bridgeport, TX 76426</p>	<p>(Lessor) Ground lease at 1903 Doctors' Hospital Drive, Bridgeport, TX                      Lessee is West 380 Medical Office Building</p>
<p><b>Bridgewood Executive Suites</b>                      1709 Edgewood Apt. 306                      Bridgeport, TX 76426</p>	<p>Residential Lease Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 4*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Broadlane, Inc.</b>                      2060 Craigshine Rd                      St. Louis, MO 63146</p>	<p>Group Purchasing and Contracting Services Agreement</p>
<p><b>Cambio Life Recovery Center</b>                      1903 Doctors Hospital Dr                      Bridgeport, TX 76426</p>	<p>Memorandum of Agreement</p>
<p><b>Card Diva Payment Processing</b>                      PO Box 192364                      Dallas, TX 75219</p>	<p>Merchant Processing Application and Agreement</p>
<p><b>Cardinal Health</b>                      3000 West Interstate 20                      Grand Prarie, TX 75052</p>	<p>Master Distribution Agreement</p>
<p><b>CareFlite</b>                      3110 Great Southwest Pkwy                      Grand Prarie, TX 75052</p>	<p>Group Membership Agreement</p>



In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Continuation Sheet No. 6

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Community Tissue Services</b>                      349 South Main Street                      Dayton, OH 45402</p>	<p>Memorandum of Understanding</p>
<p><b>Cook Children's HealthPlan</b>                      Attn: President                      801 Seventh Ave.                      Ft. Worth, TX 76104</p>	<p>Hospital Services Agreement</p>
<p><b>Cook Children's Medical Center</b>                      801 Seventh Avenue                      Ft. Worth, TX 76104</p>	<p>Patient Transfer Agreement</p>
<p><b>Correctional Healthcare Agreement</b>                      Frost Bank Building Suite 917                      2201 Market St.                      Galveston, TX 77552</p>	<p>Correctional Healthcare Agreement</p>
<p><b>Corrections Corporation of America</b>                      222 Lake Road                      Bridgeport, TX 76426</p>	<p>Service Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Continuation Sheet No. 7

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Coventry Healthcare National Network, In</b>                      VP Network Management                      100 E. Royal Ln., Ste 105                      Irving, TX 75039</p>	<p>Managed care contract</p>
<p><b>Cummins Southern Plains</b>                      600 North Watson Rd                      Arlington, TX 76011</p>	<p>Planned Maintenance Agreement</p>
<p><b>DexOne</b>                      1615 Bluff City Hwy                      Bristol, TN 37620</p>	<p>Advertising Agreement</p>
<p><b>Dish Network</b>                      Dept 0063                      Palatine, IL 60055</p>	<p>Service Agreement</p>
<p><b>DNV Healthcare, Inc.</b>                      400 Techne Center Drive, Ste 100                      Milford, OH 45150</p>	<p>Accreditation Services Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Continuation Sheet No. 8

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Dr. Elva Alejandro Camero</b>                      PO Box 1021                      Decatur, TX 76234</p>	<p>Hospital and Physician Recruitment Agreement</p>
<p><b>Dr. Jeff Alling</b>                      265 Hidden Meadow                      Rhome, TX 76078</p>	<p>Coverage Agreement</p>
<p><b>Dr. Kelly Tibbels</b>                      PO BOX 1021                      Decatur, TX 76234</p>	<p>Call Coverage Agreement</p>
<p><b>Dr. Scott Stowers</b>                      PO Box 552                      Bridgeport, TX 76426</p>	<p>Call coverage agreement</p>
<p><b>Dr. Shawn White</b>                      153 PR 2170                      Decatur, TX 76234</p>	<p>Call coverage contract</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 9*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Durbin &amp; Company, LLP</b>                      2950 50th Street                      Lubbock, TX 79413</p>	<p>Audit Agreement</p>
<p><b>Embarq Centurion</b>                      900 Springmill Road                      Mailstop OHMANJ0101                      Mansfield, OH 44906</p>	<p>Service agreement for purchase, installation and service of                      telephone system</p>
<p><b>EMS Academy Training Division</b>                      10300 FM 1902                      Crowley, TX 76036</p>	<p>Affiliation Agreement</p>
<p><b>eSolutions &amp; Co.</b>                      401 West Frontier Lane                      Suite 101                      Olathe, KS 66061</p>	<p>Services Agreement</p>
<p><b>Financial Corporation of America</b>                      12515 Research Blvd                      Bldg. 2, Ste. 100                      Austin, TX 78759</p>	<p>Collection Services Agreement</p>



In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 10*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>First Databank, Inc.</b>                      1111 Bayhill Drive                      San Bruno, CA 94066</p>	<p>Standard License Agreement</p>
<p><b>GE Capital Solutions</b>                      PO Box 740428                      Atlanta, GA 30374</p>	<p>Term Lease Master Agreement (refinancing of telephone system)</p>
<p><b>GE Healthcare</b>                      PO Box 641936                      Pittsburgh, PA 15264-1936</p>	<p>Software License Services Agreement</p>
<p><b>GE Healthcare - OEC</b>                      2984 Collection Center Dr.                      Chicago, IL 60693</p>	<p>Service loaner agreement for C-Arm maintenance and preventative maintenance on surgical fluoroscopy</p>
<p><b>GE Healthcare - OEC</b>                      2984 Collections Center Dr.                      Chicago, IL 60693</p>	<p>Surgery Services &amp; Support Contract                      Comprehensive Protection Plan</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Continuation Sheet No. 11

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>GroupOne</b> 250 Decker Drive Irving, TX 75062	Subscription Agreement
<b>Guardian Insurance Company</b> PO Box 677458 Dallas, TX 75267	Dental/Vision Insurance
<b>Harris Methodist Hospital</b> 1301 Pennsylvania Avenue Fort Worth, TX 76104	Transfer Agreement
<b>HealthSmart</b> Attn: Legal Department 222 W. Las Colinas Blvd., Ste 600N Irving, TX 75039	Participating Provider Agreement
<b>Higginbotham and Associates</b> 500 W. 13th Street Ft. Worth, TX 76102	Business Associate Agreement

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 12*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.</p>
<p><b>Hospira</b> NEED ADDRESS</p> <p><b>HSA Bank</b> 695 N. 8th St. 420 Sheboygan, WI 53081</p> <p><b>Humana Military Healthcare Services</b> Network Development Department 500 W. Main St. Louisville, KY 40201</p> <p><b>IESI Justin</b> 802 Topeka Justin, TX 76247</p> <p><b>IMMTRAC</b> PO Box 149347 Austin, TX 78714</p>	<p>Medication Management Systems Contract for Healthtrust Purchasing Group Memberse</p> <p>ACH Agreement</p> <p>Hospital Services Agreement</p> <p>Bulk trash recepticals and trash removal service</p> <p>Registry Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 13*

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p><b>Independent Medical Systems</b>                      Attn: Director of Network Development                      12221 Merit Drive, Ste 1950                      Dallas, TX 75251</p>	<p>Provider Participation Agreement</p>
<p><b>Integra Care Home Health</b>                      1300 Halsell, Ste 101                      Bridgeport, TX 76426</p>	<p>Business Associate Agreement</p>
<p><b>Integra Care Hospice</b>                      1451 West US 380, Bldg. 1                      Decatur, TX 76234</p>	<p>Managed care contract</p>
<p><b>Integrated Solutions</b>                      1201 South Collegeville Rd                      Collegeville, PA 19335</p>	<p>Substance Abuse Testing Services Agreement</p>
<p><b>John Peter Smith Hospital</b>                      1500 S. Main Street                      Ft. Worth, TX 76131</p>	<p>Graduate Medical Education Resident Rotation Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Continuation Sheet No. 14

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Kingsbridge Healthcare Finance</b>                      150 North Field Dr., Suite 193                      Lake Forest, IL 60045</p>	<p>Master Equipment Rental Agreement (for scopes used in the surgery department)</p>
<p><b>Language Line Interpreter Services</b>                      PO Box 202564                      Dallas, TX 76320</p>	<p>Services Agreement</p>
<p><b>LaQuinta Inn</b>                      2000 10th St                      Bridgeport, TX 76426</p>	<p>Direct Bill Agreement</p>
<p><b>Lase 'R' Ventures</b>                      125 Smokehill Ln                      Woodstock, GA 30188</p>	<p>Service Rental Agreement</p>
<p><b>Lexi-Comp Knowledge Solution</b>                      1100 Terex Rd                      Hudson, OH 44236</p>	<p>Site License Agreement</p>

In re **West 380 Family Care Facility**Case No. 12-46274-11  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES***Continuation Sheet No. 15*

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p><b>LifeGift Organ Donation</b> 1701 River Run Suite 300 Ft. Worth, TX 76107</p>	<p>Donor Istitution Agreement</p>
<p><b>Lone Star Lawn and Landscape</b> 124 Vista Drive Decatur, TX 76234</p>	<p>Lawn Services Agreement</p>
<p><b>MAJ Consulting</b> 2119 Banks Street Houston, TX 77098</p>	<p>Master Subcontract Agreement</p>
<p><b>Max L. Ludeke</b> 15334 Climbing Branch Dr. Houston, TX 77068</p>	<p>Employment Agreement</p>
<p><b>McKesson Health Solutions</b> 22423 Network Place Chicago, IL 60673</p>	<p>Master Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 16*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>MDI</b>                      822 HWY A1A North, Ste 310                      Ponte Vedra Beach, FL 32082</p>	<p>Independent Contractor Provider Services Purchase Agreement</p>
<p><b>MedAssets Net Revenue Systems LLC</b>                      PO Box 405652                      Atlanta, GA 30384</p>	<p>Master Services Agreement</p>
<p><b>Medical Automation Systems, Inc.</b>                      need address</p>	<p>Software connectivity acquisition and maintenance agreement</p>
<p><b>Medical Solutions</b>                      9101 Western Avenue Ste 101                      Omaha, NE 68114</p>	<p>Contract Services Agreement</p>
<p><b>Millipore</b>                      290 Concord Rd.                      Billerica, MA 01821</p>	<p>Service Agreement for preventative maintenance on the water purification system (essential to laboratory operations)</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Continuation Sheet No. 17

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>MModal</b>                      PO Box 102467                      Atlanta, GA 30368</p>	<p>Service Agreement</p>
<p><b>MultiPlan, Inc.</b>                      Attn: Mark Tabak                      115 Fifth Avenue                      New York, NY 10003-1004</p>	<p>Participating Facility Agreement</p>
<p><b>Mutual Assurance Administrators</b>                      ATTN: Sandy Locke                      15305 N. Dalls Pkwy #100                      Colonnade III                      Addison, TX 75001</p>	<p>Plan Administrator for self-funded ERISA qualified health plan</p>
<p><b>NCTTRAC</b>                      600 Six Flags Dr #160                      Arlington, TX 76011</p>	<p>Memorandum of Agreement and HIPAA Privacy Compliance Agreement</p>
<p><b>North Central Texas College</b>                      1525 W. California Street                      Gainsville, TX 76240</p>	<p>Associate Degree Nursing Program</p>



In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 18*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>NurseFinders</b>                      PO Box 910738                      Dallas, TX 75391</p>	<p>Facility Staffing Agreement</p>
<p><b>Omicell</b>                      1201 Charleston Rd.                      Mountain View, CA 94043</p>	<p>Agreement to rent drug distribution units</p>
<p><b>Omicell</b>                      1201 Charleston Rd                      Mountain View, CA 94043</p>	<p>Purchase and Sale Agreement</p>
<p><b>Parkland Hospital</b>                      5201 Harry Hines Blvd.                      Dallas, TX 75235</p>	<p>Transfer Agreement</p>
<p><b>Pathology Associates of North Texas</b>                      1209 Brook Avenue                      Wichita Falls, TX 76301</p>	<p>Pathology Coverage Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 19*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>PCM Group, Inc.</b>                      PO Box 1736                      Lindale, TX 75771</p>	<p>Business Associate Agreement</p>
<p><b>Peak Health Solutions, Inc.</b>                      PO Box 1300                      Suisum City, CA 94585</p>	<p>Remote Coding Agreement</p>
<p><b>Pitney Bowes</b>                      PO Box 371887                      Pittsburgh, PA 15250</p>	<p>Lease and service of postage meter and two weighing                      platforms</p>
<p><b>PLAZA MEDICAL CENTER OF FORT WORTH</b>                      PO Box 406329                      Atlanta, GA 30304</p>	<p>Patient Transfer Agreement</p>
<p><b>PMP Billing</b>                      200 Signature Place                      Lebanon, TN 37087</p>	<p>Business Associate Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 20*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>PNC Bank</b>                      5200 S Yale, Suite 400                      Tulsa, OK 74135</p>	<p>Provider Participation Agreement</p>
<p><b>Praxair Healthcare Services</b>                      7000 High Grove Blvd.                      Burr Ridge, IL 60527</p>	<p>Bulk supply contract for oxygen</p>
<p><b>Praxair Healthcare Services</b>                      4344 Irving Blvd                      Dallas, TX 75247</p>	<p>Supply Agreement</p>
<p><b>Precision Water Technologies</b>                      4287 Beltline Rd                      Suite 286                      Addison, TX 75001</p>	<p>Service/Chemical Agreement</p>
<p><b>Prentice Infusions Consultants LLC</b>                      704 Derting E Rd                      Aurora, TX 76078</p>	<p>Services Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 21*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Press Ganey Associates, Inc</b>                      PO Box 88335                      Milwaukee, WI 53288</p>	<p>Business Associate Agreement</p>
<p><b>Prime Health Services</b>                      7110 Crossroads Blvd.                      Brentwood, TN 37027</p>	<p>Hospital Agreement</p>
<p><b>Prolucent Workforce Management</b>                      13727 Noel Rd. Suite 1400                      Dallas, TX 75240</p>	<p>Management Services Agreement</p>
<p><b>Protection Systems</b>                      2404 Arbuckle Ct.                      Dallas, TX 75229</p>	<p>Alarm monitoring service for alarms in 4 elevators</p>
<p><b>PROTECTION SYSTEMS</b>                      2404 Arbuckle Ct                      Dallas, TX 75229</p>	<p>Service Agreement</p>

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 22*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Physician Synergy Group</b>                      5605 N. McArthur Blvd. #310                      Irving, TX 75038</p>	<p>Confidentiality Agreement</p>
<p><b>Quest Diagnostics</b>                      PO Box 841725                      Dallas, TX 75284</p>	<p>Services Agreement</p>
<p><b>Remal, Inc.</b>                      PO Box 14428                      Lenexa, KS 66215</p>	<p>End User Agreement</p>
<p><b>Roche Diagnostics Corporation</b>                      MC 5021                      PO Box 660367                      Dallas, TX 75266</p>	<p>Service Agreement</p>
<p><b>Scholz, Klein &amp; Friends</b>                      Enlightened Retirement Group                      8610 N. New Braunfels                      San Antonio, TX 78217</p>	<p>Service Agreement</p>

In re **West 380 Family Care Facility**Case No. 12-46274-11  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Continuation Sheet No. 23

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p><b>Senior Care Center</b> 1102 Stevens, Suite 4 Bridgeport, TX 76426</p>	Transfer Agreement
<p><b>Siemens</b> 3090 Premiere Parkway, Ste 600 Duluth, GA 30097</p>	Service Agreement: preventative maintenance on the chemistry analyzer
<p><b>Siemens Healthcare Diagnostics</b> Glasgow Business Community Bldg. 500, Mailbox 540 PO Box 6101 Newark, DE 19714-6101</p>	Equipment Sale Agreement
<p><b>Siemens Healthcare Diagnostics, Inc.</b> 3090 Premiere Parkway, Ste 600 Duluth, GA 30097</p>	Equipment Sale Agreement
<p><b>Solaris Healthcare</b> 2250 S. FM 51 #400 Decatur, TX 76234</p>	Hospice Contract

In re **West 380 Family Care Facility**Case No. 12-46274-11  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES***Continuation Sheet No. 24*

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>Solaris Healthcare</b> 2250 S. FM 51 #400 Decatur, TX 76234	Business Associate Agreement
<b>Sonus Medical Imaging, LLC</b> 4285 Old Decatur Rd. #100 Alvord, TX 76225	Service Agreement
<b>StaffQuest</b> 5608 Malvey Ave. #105 Ft. Worth, TX 76107	Staffing Agreement
<b>Stanley Security Solutions</b> DEPT CH 10651 Palatine, IL 60055-0651	Installation and Service Agreement
<b>Star Council</b> PO Box 976 Stephenville, TX 76401	Memorandum of Understanding

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 25*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Stericycle, Inc.</b>                      4010 Commercial Ave.                      Northbrook, IL 60062</p>	<p>Services Agreement</p>
<p><b>Storz Endoscopy</b>                      600 Corporate Pointe                      Culver City, CA 90230</p>	<p>Service Agreement</p>
<p><b>Superior Health Plan</b>                      2100 S. IH 35, Ste 202                      Austin, TX 78704</p>	<p>Hospital Provider Agreement</p>
<p><b>Surgical First Assist</b></p>	<p>Understanding of Surgical First Assists Services</p>
<p><b>SYNTHES</b>                      1302 Wrights Lane East                      West Chester, PA 19380</p>	<p>Trauma Products Agreement</p>



In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 26*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Tarleton State University</b>                      1501 Enderly Place                      Ft. Worth, TX 76104</p>	<p>Training Affiliation Agreement</p>
<p><b>Tarrant County Hospital District</b>                      1500 S. Main St.                      Ft. Worth, TX 76104</p>	<p>Graduate Resident Rotation Agreement</p>
<p><b>Tex-Safe Industrial Training Phlebotomy                      Program</b>                      717 Magnolia St.                      Jacksboro, TX 76458</p>	<p>Industrial Training Agreement</p>
<p><b>Texas Christian University</b>                      TCU Box 298626                      Ft. Worth, TX 76129</p>	<p>Educational Affiliation Agreement</p>
<p><b>Texas Health Harris</b>                      Methodist Hospital                      1301 Pennsylvania Avenue                      Fort Worth, TX 76104</p>	<p>Patient Transfer Agreement</p>

In re **West 380 Family Care Facility**Case No. 12-46274-11  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES***Continuation Sheet No. 27*

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p><b>Texas Mutual Insurance Company</b> PO Box 841843 Dallas, TX 75284-1843</p>	Workers Compensation Insurance
<p><b>Texas True Choice</b> 5000 Legacy Dr., Suite 190 Plano, TX 75024</p>	Facility Agreement
<p><b>The CSI Companies</b> PO Box 890841 Charlotte, NC 28289</p>	Direct Hire Agreement
<p><b>The SSI Group</b> 4721 Morrison Dr. Mobile, AL 36609</p>	Master Service Agreement
<p><b>Thomson Reuters (Healthcare), Inc.</b> 777 East Eisenhower Parkway Ann Arbor, MI 48108</p>	Subscription Agreement

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
 (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 28*

<p>NAME AND MAILING ADDRESS, INCLUDING ZIP CODE,                  OF OTHER PARTIES TO LEASE OR CONTRACT.</p>	<p>DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S                  INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL                  PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT                  CONTRACT.</p>
<p><b>Three Rivers</b>                      PO Box 1021                      Decatur, TX 76234</p>	<p>Provider Network Agreement</p>
<p><b>TMF Health Quality Institute</b>                      BRIDGEPOINT I, SUITE 300                      5918 WEST COURTYARD DRIVE                      AUSTIN, TX 78730</p>	<p>Review Services Agreement</p>
<p><b>TOSHIBA AMERICA MEDICAL SYSTEMS INC</b>                      P.O. BOX 91605                      CHICAGO, IL 60693</p>	<p>Service Agreement</p>
<p><b>Total Laboratory Solutions, Inc.</b></p>	<p>Service Agreement</p>
<p><b>TRG HEALTH CARE SOLUTIONS</b>                      600 S. CHERRY STREET                      SUITE 530                      DENVER, CO 80246</p>	<p>Service Agreement</p>

In re **West 380 Family Care Facility**Case No. 12-46274-11  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES***Continuation Sheet No. 29*

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p><b>Unicare Life and Health</b> 3820 American Drive, Ste 100 Plano, TX 75075</p>	<p>Managed care contract</p>
<p><b>UniFirst</b> PO Box 7580 Haltom City, TX 76111</p>	<p>Customer Service Agreement</p>
<p><b>United Healthcare of Texas, Inc.</b> 5800 Granite Parkway Suite 900 Plano, TX 75024</p>	<p>Facility Participation Agreement</p>
<p><b>University of Texas Health Science Cntr.</b> at Fort Worth 3500 Camp Bowie Ft. Worth, TX 76107</p>	<p>Affiliation Agreement for Student Rotations</p>
<p><b>UT Southwestern Med. Center</b> 5323 Harry Hines Blvd. Dallas, TX 75390</p>	<p>Donor Services Agreement</p>

In re **West 380 Family Care Facility**Case No. 12-46274-11  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Continuation Sheet No. 30

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p><b>UTMB-CMC</b> 301 University Place Galveston, TX 77555</p>	<p>Agreement for Correctional Offsite Healthcare Services</p>
<p><b>Vanderbilt University</b> School of Nursing 461 21st Ave. S Nashville, TN 37240</p>	<p>Clinical Affiliation Agreement</p>
<p><b>Verizon Wireless</b> 2219 S. Loop 288 Denton, TX 76205-4991</p>	<p>Purchase and monthly service of 11 cell phones</p>
<p><b>Verizon Wireless</b> PO Box 105378 Atlanta, GA 30348</p>	<p>Service Agreement</p>
<p><b>Weatherford College</b> 225 College Park Dr. Weatherford, TX 76086</p>	<p>Clinical Affiliation Agreement</p>

In re **West 380 Family Care Facility**Case No. 12-46274-11  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Continuation Sheet No. 31

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>West 380 Medical Office Building, LLC</b> 1903 Doctors' Hospital Dr., Ste 20 Bridgeport, TX 76426	Sleep lab office space effective May 14, 2012 through May 14, 2015
<b>West 380 Medical Office Building, LLC</b> 1903 Doctors' Hospital Dr., Ste 20 Bridgeport, TX 76426	Physical therapy office space lease effective May 14, 2012 through May 14, 2015
<b>Wise Regional Health Systems</b> 609 Medical Center Dr. Decatur, TX 76234	Cooperative Assistance Agreement
<b>Wise/Chem Safe Pest Control</b> PO Box 951 Decatur, TX 76234	Service Agreement
<b>Yellowbook</b> PO Box 411450 Melbourne, FL 32941	Advertising Agreement

B6H (Official Form 6H) (12/07)

In re **West 380 Family Care Facility**

Case No. 12-46274-11  
(if known)

### SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

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

In re **West 380 Family Care Facility**Case No. **12-46274-11**Chapter **11**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	1	\$24,405,000.00			
B - Personal Property	Yes	5	\$13,815,047.51			
C - Property Claimed as Exempt	No					
D - Creditors Holding Secured Claims	Yes	1			\$71,352,110.81	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3			\$813,974.15	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	60			\$10,707,463.12	
G - Executory Contracts and Unexpired Leases	Yes	32				
H - Codebtors	Yes	1				
I - Current Income of Individual Debtor(s)	No					N/A
J - Current Expenditures of Individual Debtor(s)	No					N/A
	TOTAL	103	\$38,220,047.51	\$82,873,548.08		



B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **West 380 Family Care Facility**

Case No. 12-46274-11

(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Corporate Executive Officer of the 501(c)(3) Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 104 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

(Total shown on summary page plus 1.)

Date 12/13/2012

Signature /s/ Max Ludeke

**Max Ludeke**  
**Corporate Executive Officer**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]