

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF KENTUCKY

Case number (if known) Chapter **11**

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Paintsville Investors, LLC**

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and *doing business as* names
DBA Mountain Manor of Paintsville
DBA Buckingham Place

3. Debtor's federal Employer Identification Number (EIN) **61-1143010**

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1025 Euclid Avenue, US 40
Paintsville, KY 41240

Number, Street, City, State & ZIP Code

Johnson
County

P. O. Box 326
Prestonsburg, KY 41653-0326

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **mountainmanorofpaintsville.com**

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor **Paintsville Investors, LLC** Case number (if known) _____
Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8051

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No.
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Paintsville Investors, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes.

Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Paintsville Investors, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on **April 9, 2018**
MM / DD / YYYY

X /s/ Franklin D. Fitzpatrick, Trustee
Signature of authorized representative of debtor

Franklin D. Fitzpatrick, Trustee
Printed name

Title **Manager**

18. Signature of attorney

X /s/ Dean A. Langdon
Signature of attorney for debtor

Date **April 9, 2018**
MM / DD / YYYY

Dean A. Langdon 40104
Printed name

DelCotto Law Group PLLC
Firm name

**200 North Upper St.
Lexington, KY 40507**
Number, Street, City, State & ZIP Code

Contact phone **(859) 231-5800** Email address

40104 KY
Bar number and State

Fill in this information to identify the case:

Debtor name Paintsville Investors, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF KENTUCKY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

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

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

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

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

Executed on April 9, 2018

X /s/ Franklin D. Fitzpatrick, Trustee

Signature of individual signing on behalf of debtor

Franklin D. Fitzpatrick, Trustee

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Paintsville Investors, LLC**
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF KENTUCKY**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AFLAC 1932 Wynnton Road Columbus, GA 31999						\$4,440.48
Akers & Akers PO Box 330 Staffordsville, KY 41256						\$3,736.00
Anthem Blue Cross Blue Shield PO Box 105124 Atlanta, GA 30348-5124						\$42,329.61
Brock McVey Co 1100 Brock McVey Drive Box 55487 Lexington, KY 40555-5487						\$27,901.71
CloudNexus Technologies 6500 Glenridge Park Place Suite 5 Louisville, KY 40222						\$3,858.00
DeBra-Kuempel, Inc. PO Box 701620 Cincinnati, OH 45270-1620						\$10,264.08
Functional Pathways 10133 Sherrill Blvd. Suite 200 Knoxville, TN 37932						\$330,838.24

Debtor **Paintsville Investors, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Health Systems of Kentucky 329 Townepark Circle Louisville, KY 40243						\$35,020.00
Healthcare Services Group 3220 Tillman Drive Suite 300 Bensalem, PA 19020						\$77,180.52
It's Never 2 Late Department 999254 PO Box 173802 Denver, CO 80217-3850						\$6,798.84
Kentucky State Treasurer 501 High Street PO Box 491 Frankfort, KY 40602-0491						\$11,339.00
MedCare Pharmacy - Ashland 12270 Kevin Ave. Ashland, KY 41102						\$97,558.01
Medline Industries, Inc. Dept CH 14400 Palatine, IL 60055-4400						\$16,287.30
Napier Gault Schupbach & Stevens, PLC 730 W Main Street Suite 400 Louisville, KY 40202		Legal services				\$66,148.55
Paintsville Utilities PO Box 630734 Paintsville, KY 41240						\$2,837.09
Patricia Akers 2424 KY RT 1426 Banner, KY 41603		promissory note				\$6,911.51
Service Office Supply & Printing, Inc. 1011 Powell Lane PO Box 894 Flatwoods, KY 41139						\$2,990.51

Debtor **Paintsville Investors, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Stites & Harbison PLLC Attn: Matthew Breetz 400 W. Market St., Suite 1800 Louisville, KY 40202		legal services				\$60,171.52
Sysco/Louisville PO Box 32470 Louisville, KY 40232-2470						\$27,937.31
X-Caliber Capital 22 West Padonia Rd. Suite B-221 Timonium, MD 21093		Building and improvements Mountain Manor and Buckingham Place	Disputed	\$8,814,372.24	\$5,300,000.00	\$3,514,372.24

Fill in this information to identify the case:

Debtor name Paintsville Investors, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF KENTUCKY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

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

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>5,300,000.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>1,713,719.66</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>7,013,719.66</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>8,922,986.24</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>11,339.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>875,428.42</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>9,809,753.66</u>

Fill in this information to identify the case:

Debtor name Paintsville Investors, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF KENTUCKY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

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

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

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand			\$0.00
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Activity Fund - resident funds, BB&T</u>	<u>checking</u>	<u>0232</u>	\$2,691.30
3.2. <u>Medicare receipts - account swept to operating account daily</u>	<u>checking</u>	<u>3290</u>	\$0.00
3.3. <u>BB&T (debit card acct.)</u>	<u>Checking</u>	<u>8304</u>	\$5,906.61
3.4. <u>BB&T operating account</u>	<u>checking account</u>	<u>4039</u>	\$278,246.37
3.5. <u>BB&T (payroll acct)</u>	<u>checking</u>	<u>8290</u>	\$4,840.93
3.6. <u>BB&T - resident funds, not estate property</u>	<u>checking acct</u>	<u>4126</u>	\$1,391.00

Debtor Paintsville Investors, LLC Case number (If known) _____
Name

3.7. BB&T, social security payments - account is swept to operating account each day checking account 6667 \$0.00

3.8. BB&T - resident funds, not property of the estate checking account 3118 \$2,715.82

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

5. **Total of Part 1.**

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

\$295,792.03

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

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

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

Description, including name of holder of deposit

7.1. Reserve Fund for Replacements, held by X-Caliber Capital \$190,834.00

7.2. deposit on utilities \$33,396.00

7.3. Patient deposits \$5,972.65

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

Description, including name of holder of prepayment

8.1. Prepaid insurance \$213,780.25

8.2. Prepaid taxes and licenses \$2,420.85

8.3. Prepaid - other \$967.25

9. **Total of Part 2.**

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

\$447,371.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

Debtor Paintsville Investors, LLC Case number (If known) _____
Name

☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 708,928.74 - 0.00 = \$708,928.74
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 4,995.20 - 0.00 = \$4,995.20
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 771.22 - 0.00 = \$771.22
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 0.00 - 0.00 = \$0.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 150,730.50 - 0.00 = \$150,730.50
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 17,020.89 - 0.00 = \$17,020.89
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 40,910.08 - 0.00 = \$40,910.08
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

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

\$923,356.63

Part 4: Investments

13. **Does the debtor own any investments?**

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

Part 5: Inventory, excluding agriculture assets

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

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

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				

Debtor Paintsville Investors, LLC Case number (If known) _____
Name

Medical supplies,
medications, dietary,
nursing, laundry and
housekeeping supplies

\$0.00 Recent cost \$41,000.00

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$41,000.00

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

- ☒ No
☐ Yes

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

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

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

- ☒ No
☐ Yes

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

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

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

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office furniture, including desks, chairs, file cabinets, nurse stations, shelving, etc.	Unknown	Liquidation	Unknown
Beds, chairs, tables, lamps, decorations, patient lifts and related furnishings used in patient rooms	Unknown	Liquidation	Unknown
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Various computers, server, printers, wireless system, telephone system, camera security system	Unknown	Liquidation	Unknown

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor Paintsville Investors, LLC Case number (If known) _____
Name

43. **Total of Part 7.**

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

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

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

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

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

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

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2010 Ford Van, E3 F4 VIN ****2988	\$0.00		\$6,000.00
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Food preparation and serving equipment, including stoves, refrigerators, dishwashers, ice machines, appliances, utensils; Laundry equipment including washers and dryers; various medical equipment such as lifts, portable showers, reclining tubs, concentrators, etc.			
		Unknown	Liquidation	Unknown

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$6,000.00

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

- ☒ No
☐ Yes

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

- ☒ No
☐ Yes

Part 9: Real property

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

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

Debtor Paintsville Investors, LLC Case number (If known) _____
Name

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

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Real property and improvements consisting of 126 bed skilled nursing facility and 20 unit independent living facility located at 1025 Euclid Ave., US 40, Paintsville, Johnson County, Kentucky	99 year leasehold interest	\$0.00	Tax records	\$5,300,000.00

56. Total of Part 9.

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

\$5,300,000.00

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

- ☒ No
☐ Yes

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

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites mountainmanorofpaintsville.com	\$0.00		\$100.00
62. Licenses, franchises, and royalties Software licensed/used at facility	\$0.00		\$0.00
Certificate of need for 126 skilled nursing beds; skilled nursing facility license	\$0.00		\$100.00

63. Customer lists, mailing lists, or other compilations

Debtor Paintsville Investors, LLC Case number (If known) _____
Name

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

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

\$200.00

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

☐ No

☒ Yes

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

☒ No

☐ Yes

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

☒ No

☐ Yes

Part 11: All other assets

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

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

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor Paintsville Investors, LLC Case number (If known) _____
Name

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$295,792.03</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$447,371.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$923,356.63</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$41,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$6,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$5,300,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$200.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$1,713,719.66</u>	+ 91b. <u>\$5,300,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$7,013,719.66</u>

Fill in this information to identify the case:

Debtor name Paintsville Investors, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF KENTUCKY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	First Insurance Funding Corp. <small>Creditor's Name</small> 450 Skokie Blvd., Ste 1000 Northbrook, IL 60062-7917 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 9/1/17 Last 4 digits of account number 7181 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Unearned premium on commercial liability insurance policy Describe the lien insurance premium finance agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$108,614.00	\$213,780.25

2.2	U.S. Dept. of Housing & Urban Dvlpmt <small>Creditor's Name</small> Office of Residential Care Facilities Risk Management Branch - Attn: Tim Coon 1670 Broadway Denver, CO 80202-4801 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred	Describe debtor's property that is subject to a lien Describe the lien Govt. guarantee of mortgage loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$0.00	Unknown
-----	--	--	---------------	----------------

Debtor **Paintsville Investors, LLC**

Case number (if know)

Name

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.3 X-Caliber Capital

Creditor's Name

**22 West Padonia Rd.
Suite B-221
Timonium, MD 21093**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2013

Last 4 digits of account number

3118

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Real property and improvements consisting of 126 bed skilled nursing facility and 20 unit independent living facility located at 1025 Euclid Ave., US 40, Paintsville, Johnson County, Kentucky

\$8,814,372.24

\$5,300,000.00

Describe the lien

First Mortgage and security agreement on all assets

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$8,922,986.24

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**U.S. Attorney's Office
Attn: Robert M. Duncan, Jr.
U.S. Attorney Eastern District of Ky.
260 W. Vine St., Suite 300
Lexington, KY 40507-1612**

Line **2.2**

**U.S. Dept. of Housing and Urban Develop
451 7th Street, S.W.
Washington, DC 20410**

Line **2.2**

Fill in this information to identify the case:

Debtor name **Paintsville Investors, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF KENTUCKY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

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

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Federal Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Kentucky State Treasurer 501 High Street PO Box 491 Frankfort, KY 40602-0491	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,339.00	\$11,339.00
	Date or dates debt was incurred 12/31/2015 Last 4 digits of account number 5573 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	Paintsville Investors, LLC Name	Case number (if known)
--------	---	------------------------

3.1	Nonpriority creditor's name and mailing address Ability Network Dept CH 16577 Palatine, IL 60055-6577 Date(s) debt was incurred <u>3/22/2018</u> Last 4 digits of account number <u>8521</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,047.90
-----	---	--	-------------------

3.2	Nonpriority creditor's name and mailing address Absolute Exterminating PO Box 1903 Paintsville, KY 41240 Date(s) debt was incurred <u>3/2/2018</u> Last 4 digits of account number <u>2236</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$390.00
-----	---	--	-----------------

3.3	Nonpriority creditor's name and mailing address AFLAC 1932 Wynnton Road Columbus, GA 31999 Date(s) debt was incurred <u>3/26/2018</u> Last 4 digits of account number <u>QQ97</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,440.48
-----	--	--	-------------------

3.4	Nonpriority creditor's name and mailing address Akers & Akers PO Box 330 Staffordsville, KY 41256 Date(s) debt was incurred <u>3/7/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,736.00
-----	--	--	-------------------

3.5	Nonpriority creditor's name and mailing address Alco Sales & Service 6851 High Grove Blvd Burr Ridge, IL 60527 Date(s) debt was incurred <u>2/9/2018</u> Last 4 digits of account number <u>6643</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.10
-----	---	--	-----------------

3.6	Nonpriority creditor's name and mailing address Allied Cleaning Solutions 11600 Commonwealth Drive Louisville, KY 40299-2236 Date(s) debt was incurred <u>3/14/2018</u> Last 4 digits of account number <u>0030</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,603.99
-----	--	--	-------------------

3.7	Nonpriority creditor's name and mailing address American United Life Insurance Company Group Premium 5870 Reliable Parkway Chicago, IL 60686-0058 Date(s) debt was incurred <u>3/17/2018</u> Last 4 digits of account number <u>4542</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,510.72
-----	---	--	-------------------

Debtor	Paintsville Investors, LLC Name	Case number (if known)
--------	---	------------------------

3.8	Nonpriority creditor's name and mailing address Anthem Blue Cross Blue Shield PO Box 105124 Atlanta, GA 30348-5124 Date(s) debt was incurred <u>4/1/2018</u> Last 4 digits of account number <u>8779</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,329.61
-----	---	--	--------------------

3.9	Nonpriority creditor's name and mailing address Appalachian Newspapers PO Box 802 Pikeville, KY 41502 Date(s) debt was incurred <u>2/28/2018</u> Last 4 digits of account number <u>7834</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.75
-----	---	--	-----------------

3.10	Nonpriority creditor's name and mailing address Appalachian Wireless PO Box 630734 Cincinnati, OH 45263-0734 Date(s) debt was incurred <u>3/16/2018</u> Last 4 digits of account number <u>2729</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.04
------	--	--	-----------------

3.11	Nonpriority creditor's name and mailing address Apple Valley Sanitation PO Box 429 Hager Hill, KY 41222-0429 Date(s) debt was incurred <u>3/27/2018</u> Last 4 digits of account number <u>6332</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.00
------	--	--	-----------------

3.12	Nonpriority creditor's name and mailing address AT&T (AT&T(RES)) PO Box 5014 Carol Stream, IL 60197-5014 Date(s) debt was incurred <u>3/30/2018</u> Last 4 digits of account number <u>6185</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.60
------	--	--	----------------

3.13	Nonpriority creditor's name and mailing address AT&T (AT) PO Box 105262 Atlanta, GA 30348-5262 Date(s) debt was incurred <u>3/14/2018</u> Last 4 digits of account number <u>9186</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$706.32
------	--	--	-----------------

3.14	Nonpriority creditor's name and mailing address B&W TV and Appliance Co. 871 Ky HWY 40W Staffordsville, KY 41256 Date(s) debt was incurred <u>3/1/2018</u> Last 4 digits of account number <u>5808</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$622.22
------	---	--	-----------------

Debtor	Paintsville Investors, LLC Name _____	Case number (if known) _____
--------	---	------------------------------

3.15	Nonpriority creditor's name and mailing address Baylor Commercial Door & Hardware 101 23rd Street Suite 100 Corbin, KY 40701 Date(s) debt was incurred <u>3/21/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$760.00
------	--	--	-----------------

3.16	Nonpriority creditor's name and mailing address Brock McVey Co 1100 Brock McVey Drive Box 55487 Lexington, KY 40555-5487 Date(s) debt was incurred <u>3/26/2018</u> Last 4 digits of account number <u>4741</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,901.71
------	--	--	--------------------

3.17	Nonpriority creditor's name and mailing address Broughton Foods LLC Suiza Dairy Group LLC 25854 Network Place Chicago, IL 60673-1258 Date(s) debt was incurred <u>4/2/2018</u> Last 4 digits of account number <u>9708</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,723.76
------	---	--	-------------------

3.18	Nonpriority creditor's name and mailing address ClearPath Mutual Insurance Co. 200 Executive Park Louisville, KY 40207 Date(s) debt was incurred <u>3/29/2018</u> Last 4 digits of account number <u>017A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.00
------	--	--	----------------

3.19	Nonpriority creditor's name and mailing address CloudNexus Technologies 6500 Glenridge Park Place Suite 5 Louisville, KY 40222 Date(s) debt was incurred <u>4/3/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,858.00
------	---	--	-------------------

3.20	Nonpriority creditor's name and mailing address CMS Dept. of Health & Human Svcx 61 Forsythe St., SW Suite 4T20 Atlanta, GA 30303-8909 Date(s) debt was incurred <u>Ongoing</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential fines or recoupment rights</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
------	--	---	----------------

3.21	Nonpriority creditor's name and mailing address Coddie Jude, POA for Paula Van Hoose c/o McHugh Fuller Law Group PLLC 97 Elias Whiddon Road Hattiesburg, MS 39402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	----------------

Debtor	Paintsville Investors, LLC Name	Case number (if known)
--------	---	------------------------

3.22	Nonpriority creditor's name and mailing address Costco Membership PO Box 34783 Seattle, WA 98124-1783 Date(s) debt was incurred <u>2/22/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
------	---	--	-----------------

3.23	Nonpriority creditor's name and mailing address Cox Auto Parts Co., Inc. 813 Broadway Avenue Paintsville, KY 41240 Date(s) debt was incurred <u>3/28/2018</u> Last 4 digits of account number <u>1055</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.06
------	--	--	---------------

3.24	Nonpriority creditor's name and mailing address Creative Forecasting, Inc. PO Box 7789 Colorado Springs, CO 80933-7789 Date(s) debt was incurred <u>3/11/2018</u> Last 4 digits of account number <u>1388</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
------	--	--	----------------

3.25	Nonpriority creditor's name and mailing address Cull & Hayden PSC PO Box 1515 210 Washington Street Frankfort, KY 40602 Date(s) debt was incurred <u>2/28/2018</u> Last 4 digits of account number <u>3001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,760.00
------	---	--	-------------------

3.26	Nonpriority creditor's name and mailing address Curbell Medical Products Inc. 62882 Collection Center Drive Chicago, IL 60693-0628 Date(s) debt was incurred <u>3/28/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$647.13
------	--	--	-----------------

3.27	Nonpriority creditor's name and mailing address DeBra-Kuempel, Inc. PO Box 701620 Cincinnati, OH 45270-1620 Date(s) debt was incurred <u>3/16/2018</u> Last 4 digits of account number <u>8043</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,264.08
------	---	--	--------------------

3.28	Nonpriority creditor's name and mailing address Dietary Consultants, Inc. PO Box 1870 Richmond, KY 40476-1870 Date(s) debt was incurred <u>3/1/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,190.30
------	--	--	-------------------

Debtor Name	Case number (if known)
Paintsville Investors, LLC	
3.29 Nonpriority creditor's name and mailing address Direct Supply, Inc. PO Box 88201 Milwaukee, WI 53288-0201 Date(s) debt was incurred <u>3/2/2018</u> Last 4 digits of account number <u>6463</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$899.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30 Nonpriority creditor's name and mailing address Dish PO Box 94063 Palatine, IL 60094-4063 Date(s) debt was incurred <u>3/8/2018</u> Last 4 digits of account number <u>8575</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$475.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31 Nonpriority creditor's name and mailing address Diversified Anesthesia, LLC PO Box 1405 Berea, KY 40403 Date(s) debt was incurred <u>2/26/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$795.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32 Nonpriority creditor's name and mailing address Duplicator Sales & Service 831 East Broadway Louisville, KY 40204 Date(s) debt was incurred <u>4/12/2018</u> Last 4 digits of account number <u>5613</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,631.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33 Nonpriority creditor's name and mailing address Estate of Betty Marshall et al. c/o Corey T. Fannin, Esq. Wilkes & McHugh, P.A. P O Box 1747 Lexington, KY 40588-1747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34 Nonpriority creditor's name and mailing address Estate of Buddy Boy Senters c/o Carter & Lucas P O Box 852 Pikeville, KY 41502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35 Nonpriority creditor's name and mailing address Estate of Forest Pelfrey, et al. c/o Carter & Lucas P O Box 852 Pikeville, KY 41502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
3.36	Nonpriority creditor's name and mailing address Estate of Mavis Fyffe c/o Hare Wynn Newell & Newton LLP 220 W. Vine St., Ste. 700 Lexington, KY 40507 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address Estate of Shirley F. Davis c/o Kinner & Patton 245 Main St. Paintsville, KY 41240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address Express Mobile Diagnostic Services, LLC 2030 Ader Road Jeannette, PA 15644 Date(s) debt was incurred <u>4/3/2018</u> Last 4 digits of account number <u>KO23</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address Functional Pathways 10133 Sherrill Blvd. Suite 200 Knoxville, TN 37932 Date(s) debt was incurred <u>3/31/2018</u> Last 4 digits of account number <u>3900</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address GNXCOR Inc. 19 Lardner Street Cambridge, ON N3C 4K6 CANADA Date(s) debt was incurred <u>3/14/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address Health Systems of Kentucky 329 Townepark Circle Louisville, KY 40243 Date(s) debt was incurred <u>3/31/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Healthcare Services Group 3220 Tillman Drive Suite 300 Bensalem, PA 19020 Date(s) debt was incurred <u>1/30/2018</u> Last 4 digits of account number <u>no41</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Paintsville Investors, LLC Name	Case number (if known) _____
--------	---	------------------------------

3.43	Nonpriority creditor's name and mailing address Highland Electrical Supply Corp 104 Depot Road Paintsville, KY 41240 Date(s) debt was incurred <u>3/27/2018</u> Last 4 digits of account number <u>MOUNMA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$861.11
------	--	--	-----------------

3.44	Nonpriority creditor's name and mailing address Hobart Sales & Service Andrews Food Equipment, LLC 101 Roxalana Business Park II Dunbar, WV 25064 Date(s) debt was incurred <u>3/9/2018</u> Last 4 digits of account number <u>4063</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$976.40
------	--	--	-----------------

3.45	Nonpriority creditor's name and mailing address It's Never 2 Late Department 999254 PO Box 173802 Denver, CO 80217-3850 Date(s) debt was incurred <u>4/2/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,798.84
------	--	--	-------------------

3.46	Nonpriority creditor's name and mailing address Janice Bayes c/o Carter & Lucas P O Box 852 Pikeville, KY 41502 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	----------------

3.47	Nonpriority creditor's name and mailing address Jimmy D. Crum c/o Glenn M. Hammond, Esq. 685 Hambley Blvd., Ste. 3 Pikeville, KY 41501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	----------------

3.48	Nonpriority creditor's name and mailing address Julia Ratliff by C. Eric Ratliff c/o Glenn M. Hammond, Esq. P O Box 1109 Pikeville, KY 41502-1109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	----------------

3.49	Nonpriority creditor's name and mailing address KAHCF PO Box 95 Louisville, KY 40295-0174 Date(s) debt was incurred <u>4/1/2018</u> Last 4 digits of account number <u>0309</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,706.80
------	--	--	-------------------

Debtor	Name	Case number (if known)
3.50	Nonpriority creditor's name and mailing address KCI USA PO Box 301557 Dallas, TX 75303-1557 Date(s) debt was incurred <u>2/28/2018</u> Last 4 digits of account number <u>6148</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,856.15
3.51	Nonpriority creditor's name and mailing address Kentucky Cabinet for Health & Family Svc Dept. of Medicaid Services 275 E. Main St. Frankfort, KY 40621 Date(s) debt was incurred <u>Ongoing</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential fine or recoupment rights Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Unknown
3.52	Nonpriority creditor's name and mailing address King's Daughters Service Area 2201 Lexington Ave. PO Box 151 Ashland, KY 41101-2843 Date(s) debt was incurred <u>2/1/2018</u> Last 4 digits of account number <u>3989</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$509.76
3.53	Nonpriority creditor's name and mailing address King, Sam Box 237 Burnside, KY 42519 Date(s) debt was incurred <u>1992</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: party to lease agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00
3.54	Nonpriority creditor's name and mailing address King, Tom R. and Billie Jean Box 27 Paintsville, KY 41240 Date(s) debt was incurred <u>1992</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: party to lease agreement Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00
3.55	Nonpriority creditor's name and mailing address Lafferty Enterprises, Inc. PO Box 1263 Prestonsburg, KY 41653 Date(s) debt was incurred <u>1/30/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,676.51
3.56	Nonpriority creditor's name and mailing address Lincare 14839 W 95th Street Lenexa, KS 66215 Date(s) debt was incurred <u>3/31/2018</u> Last 4 digits of account number <u>MountainMnrPntsville</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,755.00

Debtor	Name	Case number (if known)
3.57	Nonpriority creditor's name and mailing address Living Design, Inc 47015 SD Highway 44 Worthing, SD 57077 Date(s) debt was incurred <u>3/1/2018</u> Last 4 digits of account number <u>0018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$272.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address Lowe's Business Account PO Box 530970 Atlanta, GA 30353-0970 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>5053</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,379.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	Nonpriority creditor's name and mailing address MedCare Pharmacy - Ashland 12270 Kevin Ave. Ashland, KY 41102 Date(s) debt was incurred <u>3/31/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$97,558.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address Medline Industries, Inc. Dept CH 14400 Palatine, IL 60055-4400 Date(s) debt was incurred <u>3/27/2018</u> Last 4 digits of account number <u>9117</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,287.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	Nonpriority creditor's name and mailing address Miller, Phyllis and Franklin 3548 Lawndale Road Reisterstown, MD 21136 Date(s) debt was incurred <u>1992</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>party to lease agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address MobilexUSA PO Box 17462 Baltimore, MD 21297-0518 Date(s) debt was incurred <u>3/1/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$540.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address Napier Gault Schupbach & Stevens, PLC 730 W Main Street Suite 400 Louisville, KY 40202 Date(s) debt was incurred <u>1/29/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$66,148.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Paintsville Investors, LLC Name _____	Case number (if known) _____
--------	---	------------------------------

3.64	Nonpriority creditor's name and mailing address Optima Solutions 322 S. 6th Street Griffin, GA 30224 Date(s) debt was incurred <u>3/1/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<hr/>			
3.65	Nonpriority creditor's name and mailing address Paintsville Fire/EMS PO Box 589 Madisonville, KY 42431 Date(s) debt was incurred <u>2/24/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,783.04
<hr/>			
3.66	Nonpriority creditor's name and mailing address Paintsville HMA Physician Management PO Box 11422 Belfast, ME 04915-4005 Date(s) debt was incurred <u>3/1/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$373.83
<hr/>			
3.67	Nonpriority creditor's name and mailing address Paintsville Utilities PO Box 630734 Paintsville, KY 41240 Date(s) debt was incurred <u>3/27/2018</u> Last 4 digits of account number <u>0010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,837.09
<hr/>			
3.68	Nonpriority creditor's name and mailing address Pamela Jean McKenzie 410 7th St. Paintsville, KY 41240 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$744.00
<hr/>			
3.69	Nonpriority creditor's name and mailing address Patricia Akers 2424 KY RT 1426 Banner, KY 41603 Date(s) debt was incurred <u>6/3/14</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>promissory note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,911.51
<hr/>			
3.70	Nonpriority creditor's name and mailing address Performance Health 28100 Torch Pkwy Warrenville, IL 60555 Date(s) debt was incurred <u>3/12/2018</u> Last 4 digits of account number <u>6127</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$633.52

Debtor	Paintsville Investors, LLC Name _____	Case number (if known) _____
--------	---	------------------------------

3.71	Nonpriority creditor's name and mailing address Phyllis Miller 3548 Lawndale Reisterstown, MD 21136 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$744.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address Pikeville Medical Center PO Box 2917 Pikeville, KY 41502 Date(s) debt was incurred <u>1/8/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$203.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services PO Box 371887 Pittsburgh, KY 15250-7887 Date(s) debt was incurred <u>3/6/2018</u> Last 4 digits of account number <u>3887</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$420.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address Retina and Vitreous Associates of KY PO Box 101870 Roswell, GA 30077 Date(s) debt was incurred <u>7/3/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$978.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address Robin E. McGuffin Stites & Harbison PLLC 250 W. Main St., Suite 2300 Lexington, KY 40507 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal services - Kretzer</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address S&S Worldwide Inc PO Box 210 Hartford, CT 06141-0210 Date(s) debt was incurred <u>3/15/2018</u> Last 4 digits of account number <u>6916</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$85.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	Nonpriority creditor's name and mailing address Safe Care 749 S. Grant Avenue Indianapolis, IN 46203 Date(s) debt was incurred <u>3/6/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,805.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Paintsville Investors, LLC**
Name

Case number (if known)

3.78	Nonpriority creditor's name and mailing address Safety 1st PO Box 142 Prestonsburg, KY 41653 Date(s) debt was incurred <u>4/3/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
3.79	Nonpriority creditor's name and mailing address Sandy Valley Transportation Services 81 Resource Court Prestonsburg, KY 41653 Date(s) debt was incurred <u>2/28/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.00
3.80	Nonpriority creditor's name and mailing address Service Office Supply & Printing, Inc. 1011 Powell Lane PO Box 894 Flatwoods, KY 41139 Date(s) debt was incurred <u>3/28/2018</u> Last 4 digits of account number <u>3210</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,990.51
3.81	Nonpriority creditor's name and mailing address Shawn E. King 105 Ash Street Ferguson, KY 42533 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,488.79
3.82	Nonpriority creditor's name and mailing address Shred-All Documents PO Box 2894 Pikeville, KY 41502 Date(s) debt was incurred <u>2/28/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.00
3.83	Nonpriority creditor's name and mailing address Southeastern Employers Association, Inc. 1000 Sycamore Street PO Box 1886 Bristol, VA 24203-1886 Date(s) debt was incurred <u>4/1/2018</u> Last 4 digits of account number <u>6585</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.84	Nonpriority creditor's name and mailing address Stites & Harbison PLLC Attn: Matthew Breetz 400 W. Market St., Suite 1800 Louisville, KY 40202 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>2375</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,171.52

Debtor	Paintsville Investors, LLC Name	Case number (if known)
--------	---	------------------------

3.85	Nonpriority creditor's name and mailing address Sturgill, Turner, Barker & Maloney, PLLC 333 West Vince Street Suite 1500 Lexington, KY 40507 Date(s) debt was incurred <u>2/2/2018</u> Last 4 digits of account number <u>002M</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$621.00
------	--	---	-----------------

3.86	Nonpriority creditor's name and mailing address Sysco/Louisville PO Box 32470 Louisville, KY 40232-2470 Date(s) debt was incurred <u>4/3/2018</u> Last 4 digits of account number <u>4734</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,937.31
------	--	---	--------------------

3.87	Nonpriority creditor's name and mailing address The Sherwin-Williams Co. 4223 N Mayo Trail Pikeville, KY 41501-9803 Date(s) debt was incurred <u>3/8/2018</u> Last 4 digits of account number <u>3873</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.44
------	--	---	-----------------

3.88	Nonpriority creditor's name and mailing address Thyssenkrupp Elevator Corp PO Box 933004 Atlanta, GA 31193-3004 Date(s) debt was incurred <u>4/1/2018</u> Last 4 digits of account number <u>0095</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$773.48
------	--	---	-----------------

3.89	Nonpriority creditor's name and mailing address TMS-Marlin PO Box 140795 Orlando, FL 32814 Date(s) debt was incurred <u>2/22/2018</u> Last 4 digits of account number <u>6956</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$542.00
------	--	---	-----------------

3.90	Nonpriority creditor's name and mailing address Uncle Charlie's Meats PO Box 1028 Richmond, KY 40476-1028 Date(s) debt was incurred <u>4/2/2018</u> Last 4 digits of account number <u>5800</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,340.05
------	--	---	-------------------

3.91	Nonpriority creditor's name and mailing address Vascular Institute of Kentucky PO Box 2058 Ashland, KY 41105-2058 Date(s) debt was incurred <u>2/16/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.44
------	--	---	-----------------

Debtor **Paintsville Investors, LLC**
Name

Case number (if known)

3.92	Nonpriority creditor's name and mailing address WH Boykin Jr. MD 336 29th Street Suite 101 Ashland, KY 41101-1976 Date(s) debt was incurred <u>11/3/2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.75
3.93	Nonpriority creditor's name and mailing address White, Thelma and Dee Wayne 931 Lyon Avenue Paintsville, KY 41240 Date(s) debt was incurred <u>1992</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>party to lease agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.94	Nonpriority creditor's name and mailing address Willia Webb, by & through Renee Kretzer c/o Stephen M. Garcia, Esq. Garcia, Artigliere & Medby 444 East Main St., Suite 108 Lexington, KY 40507 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending personal injury claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Brad Teeters, Esq. Teeters & May 982 Broadway Paintsville, KY 41240	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.2	Jim G. Vanover, Esq. Vanover, Hall & Bartley, PSC 152 3rd Street Pikeville, KY 41501	Line <u>3.46</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.3	Kyle Salyer, Esq. Salyer Law Office, PLLC P O Box 2213 Paintsville, KY 41240	Line <u>3.35</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.4	Osborne, O'Bryan & Butcher, PLLC P O Box 479 Paintsville, KY 41240	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.5	Paintsville Hospital Company, LLC c/o Phillips Parker Orberson & Arnett 716 West Main St., Ste. 300 Almo, KY 42020	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

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

Debtor **Paintsville Investors, LLC**
Name

Case number (if known)

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **11,339.00**

5b. + \$ **875,428.42**

5c. \$ **886,767.42**

Fill in this information to identify the case:

Debtor name **Paintsville Investors, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF KENTUCKY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Copier lease - 48 month lease dated 5/17/16**

State the term remaining **24 months**

List the contract number of any government contract _____

**Duplicator Sales & Service, Inc.
2308 Versailles Rd.
Lexington, KY 40504**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Pharmacy Products and Services Agreement**

State the term remaining **after first year, either party may terminate**

List the contract number of any government contract _____

**Home Care Pharmacy, LLC
d/b/a Med Care Pharmacy #48532
12509 Rebecca Ave.
Ashland, KY 41102**

2.3. State what the contract or lease is for and the nature of the debtor's interest **original lessor**

State the term remaining _____

List the contract number of any government contract _____

**Phyllis Jean McKenzie
410 7th St.
Paintsville, KY 41240**

2.4. State what the contract or lease is for and the nature of the debtor's interest **original lessor**

State the term remaining _____

List the contract number of any government contract _____

**Phyllis Miller
3548 Lawndale
Reisterstown, MD 21136**

Debtor 1 **Paintsville Investors, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **postage meter and equipment lease - 51 month lease**

State the term remaining

List the contract number of any government contract

**Pitney Bowes
P O Box 371887
Pittsburgh, PA 15250-7887**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **99 year Lease and Addendum between Sam King, Tom and Billie Jean King, Thelma White and Dee Wayne White, and Phyllis Miller and Franklin Miller (Lessors) and Paintsville Investors, Inc. (Lessee). Recorded in Book No. 213 at page 86 on March 25, 1993**
- State the term remaining **74 years**

List the contract number of any government contract

See below

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **original lessor**

State the term remaining

List the contract number of any government contract

**Shawn E. King
105 Ash Street
Ferguson, KY 42533**

Fill in this information to identify the case:

Debtor name **Paintsville Investors, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF KENTUCKY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

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

1. Do you have any codebtors?

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

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

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Emily Jones-Gray**
1025 Euclid Ave. US 40 Paintsville, KY 41240

Estate of Mavis Fyffe

☐ D _____
☒ E/F **3.36**
☐ G _____

2.2 **Emily Jones-Gray, Administrator**
1025 Euclid Ave., US 40 Paintsville, KY 41240

Julia Ratliff by C. Eric Ratliff

☐ D _____
☒ E/F **3.48**
☐ G _____

2.3 **Emily Jones-Gray, Administrator**
1025 Euclid Ave, US 40 Paintsville, KY 41240

Coddie Jude, POA for Paula Van Hoose

☐ D _____
☒ E/F **3.21**
☐ G _____

2.4 **Health Systems of Kentucky LLC**
329 Townepark Cir Louisville, KY 40243

Estate of Mavis Fyffe

☐ D _____
☒ E/F **3.36**
☐ G _____

2.5 **Health Systems of Kentucky LLC**
329 Townepark Cir Louisville, KY 40243

Janice Bayes

☐ D _____
☒ E/F **3.46**
☐ G _____

Debtor **Paintsville Investors, LLC**

Case number (if known) _____

Additional Page to List More Codebtors

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

Column 1: Codebtor

Column 2: Creditor

2.6	Health Systems of Kentucky, LLC	329 Townepark Cir Louisville, KY 40243	Coddie Jude, POA for Paula Van Hoose	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.21</u> <input type="checkbox"/> G _____
-----	--	---	---	---

2.7	Health Systems of Kentucky, LLC	329 Townepark Cir Louisville, KY 40243	Estate of Betty Marshall et al.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.33</u> <input type="checkbox"/> G _____
-----	--	---	--	---

2.8	Health Systems of Kentucky, LLC	329 Townepark Cir Louisville, KY 40243	Estate of Forest Pelfrey, et al.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.35</u> <input type="checkbox"/> G _____
-----	--	---	---	---

**United States Bankruptcy Court
Eastern District of Kentucky**

In re **Paintsville Investors, LLC**

Debtor(s)

Case No.

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Franklin D. Fitzpatrick, Trustee P O Box 326 Prestonsburg, KY 41653		50	Membership interest
Patricia Akers		50	Membership interest

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Manager** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **April 9, 2018**

Signature **/s/ Franklin D. Fitzpatrick, Trustee
Franklin D. Fitzpatrick, Trustee**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Eastern District of Kentucky**

In re **Paintsville Investors, LLC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF MAILING LIST MATRIX

I, the Manager of the corporation named as the petitioner(s) in the above-styled bankruptcy action, declare under penalty of perjury that the attached mailing list matrix of creditors and other parties in interest consisting of **12** page(s) is true and correct and complete, to the best of my (our) knowledge.

Date: **April 9, 2018**

/s/ Franklin D. Fitzpatrick, Trustee

Franklin D. Fitzpatrick, Trustee/Manager

Signer/Title

I, **Dean A. Langdon 40104**, counsel for the petitioner(s) in the above-styled bankruptcy action, declare that the attached Master Address List consisting of **12** page(s) has been verified by comparison to Schedules D through H to be complete, to the best of my knowledge. I further declare that the attached Master Address List can be relied upon by the Clerk of Court to provide notice to all creditors and parties in interest as related to me by the debtor(s) in the above-styled bankruptcy action until such time as any amendments may be made.

Date: **April 9, 2018**

/s/ Dean A. Langdon

Signature of Attorney

Dean A. Langdon 40104

DeCotto Law Group PLLC

200 North Upper St.

Lexington, KY 40507

(859) 231-5800 Fax: (859) 281-1179

Ability Network
Dept CH 16577
Palatine IL 60055-6577

Absolute Exterminating
PO Box 1903
Paintsville KY 41240

AFLAC
1932 Wynnton Road
Columbus GA 31999

Akers & Akers
PO Box 330
Staffordsville KY 41256

Alco Sales & Service
6851 High Grove Blvd
Burr Ridge IL 60527

Allied Cleaning Solutions
11600 Commonwealth Drive
Louisville KY 40299-2236

American United Life Insurance Company
Group Premium
5870 Reliable Parkway
Chicago IL 60686-0058

Anthem Blue Cross Blue Shield
PO Box 105124
Atlanta GA 30348-5124

Appalachian Newspapers
PO Box 802
Pikeville KY 41502

Appalachian Wireless
PO Box 630734
Cincinnati OH 45263-0734

Apple Valley Sanitation
PO Box 429
Hager Hill KY 41222-0429

AT&T (AT&T (RES))
PO Box 5014
Carol Stream IL 60197-5014

AT&T (AT)
PO Box 105262
Atlanta GA 30348-5262

B&W TV and Appliance Co.
871 Ky HWY 40W
Staffordsville KY 41256

Baylor Commercial Door & Hardware
101 23rd Street
Suite 100
Corbin KY 40701

Brad Teeters, Esq.
Teeters & May
982 Broadway
Paintsville KY 41240

Brock McVey Co
1100 Brock McVey Drive
Box 55487
Lexington KY 40555-5487

Broughton Foods LLC
Suiza Dairy Group LLC
25854 Network Place
Chicago IL 60673-1258

ClearPath Mutual Insurance Co.
200 Executive Park
Louisville KY 40207

CloudNexus Technologies
6500 Glenridge Park Place
Suite 5
Louisville KY 40222

CMS
Dept. of Health & Human Svcx
61 Forsythe St., SW Suite 4T20
Atlanta GA 30303-8909

Coddie Jude, POA for Paula Van Hoose
c/o McHugh Fuller Law Group PLLC
97 Elias Whiddon Road
Hattiesburg MS 39402

Costco Membership
PO Box 34783
Seattle WA 98124-1783

Cox Auto Parts Co., Inc.
813 Broadway Avenue
Paintsville KY 41240

Creative Forecasting, Inc.
PO Box 7789
Colorado Springs CO 80933-7789

Cull & Hayden PSC
PO Box 1515
210 Washington Street
Frankfort KY 40602

Curbell Medical Products Inc.
62882 Collection Center Drive
Chicago IL 60693-0628

DeBra-Kuempel, Inc.
PO Box 701620
Cincinnati OH 45270-1620

Dietary Consultants, Inc.
PO Box 1870
Richmond KY 40476-1870

Direct Supply, Inc.
PO Box 88201
Milwaukee WI 53288-0201

Dish
PO Box 94063
Palatine IL 60094-4063

Diversified Anesthesia, LLC
PO Box 1405
Berea KY 40403

Duplicator Sales & Service
831 East Broadway
Louisville KY 40204

Duplicator Sales & Service, Inc.
2308 Versailles Rd.
Lexington KY 40504

Emily Jones-Gray
1025 Euclid Ave. US 40
Paintsville KY 41240

Emily Jones-Gray, Administrator
1025 Euclid Ave., US 40
Paintsville KY 41240

Emily Jones-Gray, Administrator
1025 Euclid Ave, US 40
Paintsville KY 41240

Estate of Betty Marshall et al.
c/o Corey T. Fannin, Esq.
Wilkes & McHugh, P.A.
P O Box 1747
Lexington KY 40588-1747

Estate of Buddy Boy Senters
c/o Carter & Lucas
P O Box 852
Pikeville KY 41502

Estate of Forest Pelfrey, et al.
c/o Carter & Lucas
P O Box 852
Pikeville KY 41502

Estate of Mavis Fyffe
c/o Hare Wynn Newell & Newton LLP
220 W. Vine St., Ste. 700
Lexington KY 40507

Estate of Shirley F. Davis
c/o Kinner & Patton
245 Main St.
Paintsville KY 41240

Express Mobile Diagnostic Services, LLC
2030 Ader Road
Jeannette PA 15644

First Insurance Funding Corp.
450 Skokie Blvd., Ste 1000
Northbrook IL 60062-7917

Functional Pathways
10133 Sherrill Blvd.
Suite 200
Knoxville TN 37932

GNXCOR Inc.
19 Lardner Street
Cambridge, ON N3C 4K6
CANADA

Health Systems of Kentucky
329 Townepark Circle
Louisville KY 40243

Health Systems of Kentucky LLC
329 Townepark Cir
Louisville KY 40243

Health Systems of Kentucky, LLC
329 Townepark Cir
Louisville KY 40243

Healthcare Services Group
3220 Tillman Drive
Suite 300
Bensalem PA 19020

Highland Electrical Supply Corp
104 Depot Road
Paintsville KY 41240

Hobart Sales & Service
Andrews Food Equipment, LLC
101 Roxalana Business Park II
Dunbar WV 25064

Home Care Pharmacy, LLC
d/b/a Med Care Pharmacy #48532
12509 Rebecca Ave.
Ashland KY 41102

Internal Revenue Service
P.O. Box 7346
Philadelphia PA 19101-7346

It's Never 2 Late
Department 999254
PO Box 173802
Denver CO 80217-3850

Janice Bayes
c/o Carter & Lucas
P O Box 852
Pikeville KY 41502

Jim G. Vanover, Esq.
Vanover, Hall & Bartley, PSC
152 3rd Street
Pikeville KY 41501

Jimmy D. Crum
c/o Glenn M. Hammond, Esq.
685 Hambley Blvd., Ste. 3
Pikeville KY 41501

Julia Ratliff by C. Eric Ratliff
c/o Glenn M. Hammond, Esq.
P O Box 1109
Pikeville KY 41502-1109

KAHCF
PO Box 95
Louisville KY 40295-0174

KCI USA
PO Box 301557
Dallas TX 75303-1557

Kentucky Cabinet for Health & Family Svc
Dept. of Medicaid Services
275 E. Main St.
Frankfort KY 40621

Kentucky State Treasurer
501 High Street
PO Box 491
Frankfort KY 40602-0491

King's Daughters Service Area
2201 Lexington Ave.
PO Box 151
Ashland KY 41101-2843

King, Sam
Box 237
Burnside KY 42519

King, Tom R. and Billie Jean
Box 27
Paintsville KY 41240

Kyle Salyer, Esq.
Salyer Law Office, PLLC
P O Box 2213
Paintsville KY 41240

Lafferty Enterprises, Inc.
PO Box 1263
Prestonsburg KY 41653

Lincare
14839 W 95th Street
Lenexa KS 66215

Living Design, Inc
47015 SD Highway 44
Worthing SD 57077

Lowe's Business Account
PO Box 530970
Atlanta GA 30353-0970

MedCare Pharmacy - Ashland
12270 Kevin Ave.
Ashland KY 41102

Medline Industries, Inc.
Dept CH 14400
Palatine IL 60055-4400

Miller, Phyllis and Franklin
3548 Lawndale Road
Reisterstown MD 21136

MobilexUSA
PO Box 17462
Baltimore MD 21297-0518

Napier Gault Schupbach & Stevens, PLC
730 W Main Street
Suite 400
Louisville KY 40202

Optima Solutions
322 S. 6th Street
Griffin GA 30224

Osborne, O'Bryan & Butcher, PLLC
P O Box 479
Paintsville KY 41240

Paintsville Fire/EMS
PO Box 589
Madisonville KY 42431

Paintsville HMA Physician Management
PO Box 11422
Belfast ME 04915-4005

Paintsville Hospital Company, LLC
c/o Phillips Parker Orberson & Arnett
716 West Main St., Ste. 300
Almo KY 42020

Paintsville Utilities
PO Box 630734
Paintsville KY 41240

Pamela Jean McKenzie
410 7th St.
Paintsville KY 41240

Patricia Akers
2424 KY RT 1426
Banner KY 41603

Performance Health
28100 Torch Pkwy
Warrenville IL 60555

Phyllis Jean McKenzie
410 7th St.
Paintsville KY 41240

Phyllis Miller
3548 Lawndale
Reisterstown MD 21136

Pikeville Medical Center
PO Box 2917
Pikeville KY 41502

Pitney Bowes
P O Box 371887
Pittsburgh PA 15250-7887

Pitney Bowes Global Financial Services
PO Box 371887
Pittsburgh KY 15250-7887

Retina and Vitreous Associates of KY
PO Box 101870
Roswell GA 30077

Robin E. McGuffin
Stites & Harbison PLLC
250 W. Main St., Suite 2300
Lexington KY 40507

S&S Worldwide Inc
PO Box 210
Hartford CT 06141-0210

Safe Care
749 S. Grant Avenue
Indianapolis IN 46203

Safety 1st
PO Box 142
Prestonsburg KY 41653

Sandy Valley Transportation Services
81 Resource Court
Prestonsburg KY 41653

See below

Service Office Supply & Printing, Inc.
1011 Powell Lane
PO Box 894
Flatwoods KY 41139

Shawn E. King
105 Ash Street
Ferguson KY 42533

Shred-All Documents
PO Box 2894
Pikeville KY 41502

Southeastern Employers Association, Inc.
1000 Sycamore Street
PO Box 1886
Bristol VA 24203-1886

Stites & Harbison PLLC
Attn: Matthew Breetz
400 W. Market St., Suite 1800
Louisville KY 40202

Sturgill, Turner, Barker & Maloney, PLLC
333 West Vince Street
Suite 1500
Lexington KY 40507

Sysco/Louisville
PO Box 32470
Louisville KY 40232-2470

The Sherwin-Williams Co.
4223 N Mayo Trail
Pikeville KY 41501-9803

Thyssenkrupp Elevator Corp
PO Box 933004
Atlanta GA 31193-3004

TMS-Marlin
PO Box 140795
Orlando FL 32814

U.S. Attorney's Office
Attn: Robert M. Duncan, Jr.
U.S. Attorney Eastern District of Ky.
260 W. Vine St., Suite 300
Lexington KY 40507-1612

U.S. Dept. of Housing & Urban Dvlpmt
Office of Residential Care Facilities
Risk Management Branch - Attn: Tim Coon
1670 Broadway
Denver CO 80202-4801

U.S. Dept. of Housing and Urban Develop
451 7th Street, S.W.
Washington DC 20410

Uncle Charlie's Meats
PO Box 1028
Richmond KY 40476-1028

Vascular Institute of Kentucky
PO Box 2058
Ashland KY 41105-2058

WH Boykin Jr. MD
336 29th Street
Suite 101
Ashland KY 41101-1976

White, Thelma and Dee Wayne
931 Lyon Avenue
Paintsville KY 41240

Willa Webb, by & through Renee Kretzer
c/o Stephen M. Garcia, Esq.
Garcia, Artigliere & Medby
444 East Main St., Suite 108
Lexington KY 40507

X-Caliber Capital
22 West Padonia Rd.
Suite B-221
Timonium MD 21093

**United States Bankruptcy Court
Eastern District of Kentucky**

In re **Paintsville Investors, LLC**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Paintsville Investors, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

April 9, 2018

Date

/s/ Dean A. Langdon

Dean A. Langdon 40104

Signature of Attorney or Litigant
Counsel for **Paintsville Investors, LLC**
DelCotto Law Group PLLC

**200 North Upper St.
Lexington, KY 40507
(859) 231-5800 Fax:(859) 281-1179**