

**United States Bankruptcy Court
Western District of Louisiana**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Meridian Psychiatric Hospital, Inc.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 27-5170874	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 146 Shaman Road Ruston, LA	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code 71270	ZIP Code
County of Residence or of the Principal Place of Business: Lincoln	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	THIS SPACE IS FOR COURT USE ONLY
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

<p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Meridian Psychiatric Hospital, Inc.</p>	
<p>All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)</p>		
<p>Location Where Filed: - None -</p>	<p>Case Number:</p>	<p>Date Filed:</p>
<p>Location Where Filed:</p>	<p>Case Number:</p>	<p>Date Filed:</p>
<p>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)</p>		
<p>Name of Debtor: - None -</p>	<p>Case Number:</p>	<p>Date Filed:</p>
<p>District:</p>	<p>Relationship:</p>	<p>Judge:</p>
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>	
<p>Exhibit C</p>		
<p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>		
<p>Exhibit D</p>		
<p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>		
<p>Information Regarding the Debtor - Venue</p> <p>(Check any applicable box)</p>		
<p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, 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.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>		
<p>Certification by a Debtor Who Resides as a Tenant of Residential Property</p> <p>(Check all applicable boxes)</p>		
<p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">_____ (Name of landlord that obtained judgment)</p> <p style="text-align: center;">_____ (Address of landlord)</p>		
<p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>		

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Meridian Psychiatric Hospital, Inc.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Signature of Attorney*

X /s/ Robert W. Raley
Signature of Attorney for Debtor(s)

Robert W. Raley #11082

Printed Name of Attorney for Debtor(s)

Raley & Associates

Firm Name

290 Benton Road Spur
Bossier City, LA 71111

Address

Email: rralley52@bellsouth.net

318-747-2230 Fax: 318-747-0106

Telephone Number

August 22, 2013

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

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

X /s/ Eghosa Aideyan
Signature of Authorized Individual

Eghosa Aideyan

Printed Name of Authorized Individual

Vice President

Title of Authorized Individual

August 22, 2013

Date

United States Bankruptcy Court
Western District of Louisiana

In re Meridian Psychiatric Hospital, Inc.

Debtor(s)

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
AmericPride PO Box 667 Bemidji, MN 56619	AmericPride PO Box 667 Bemidji, MN 56619	Invoices; 3810002808, 3810002816, 3800117972, 3800122319, 3800120921, 3800123720, 3800119531, 3800125096		952.84
AT&T PO Box 667 Atlanta, GA 30348	AT&T PO Box 667 Atlanta, GA 30348	Invoice: 3189827991001050 0		952.50
CareLearning 100 Association Drive Charleston, WV 25311	CareLearning 100 Association Drive Charleston, WV 25311	Invoice: 21454 & 22154		3,187.50
Cindy Savell c/o Mark Perkins Perkins & Associates 401 Market Street, Suite 900 Shreveport, LA 71101	Cindy Savell c/o Mark Perkins Perkins & Associates Shreveport, LA 71101	Unpaid wages		43,699.41
Dubach Air & Heat 629 Ball Road Dubach, LA 71235	Dubach Air & Heat 629 Ball Road Dubach, LA 71235	Invoice: 13-1481 & 13-1480		1,567.63
Fuqua Paper Supply LLC, et al c/o Chris L Bowman 330 East Main Street PO Box 19 Jonesboro, LA 71251	Fuqua Paper Supply LLC, et al c/o Chris L Bowman 330 East Main Street Jonesboro, LA 71251	Paper supplier		26,501.19
ICS One Renaissance Blvd Oakbrook Terrace, IL 60181	ICS One Renaissance Blvd Oakbrook Terrace, IL 60181	Invoice: 20142359 & 10091684		6,754.00
Impact 1809 Northpointe Lane Suite 203 Ruston, LA 71270	Impact 1809 Northpointe Lane Suite 203 Ruston, LA 71270	Invoice: 826, 815,851, 874, 897		23,541.45

B4 (Official Form 4) (12/07) - Cont.

In re Meridian Psychiatric Hospital, Inc.

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101	Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101	Unpaid taxes		184,202.31
LA Workforce Commission PO Box 60019 New Orleans, LA 70160	LA Workforce Commission PO Box 60019 New Orleans, LA 70160	Unpaid quarterly taxes		772.67
LapCorp PO Box 12140 Burlington, NC 27216	LapCorp PO Box 12140 Burlington, NC 27216	Invoice: 17456660		4,718.75
Louisiana Department of Revenue PO Box 1231 Baton Rouge, LA 70821	Louisiana Department of Revenue PO Box 1231 Baton Rouge, LA 70821	State tax liability		17,234.67
Medical Temps, Inc. c/o Joseph Fick, Jr. Newman, Mathis, Brady & Spedale 212 Veterans Blvd. Metairie, LA 70005	Medical Temps, Inc. c/o Joseph Fick, Jr. Newman, Mathis, Brady & Spedale Metairie, LA 70005	Staffing Agreement		1,965.97
One Tree Psychiatry 101 N 2nd Street Suite 104 West Monroe, LA 71291	One Tree Psychiatry 101 N 2nd Street Suite 104 West Monroe, LA 71291	Invoices for Horatio Millin Jr., MD		10,000.00
Psi-Priority Medical Staffing c/o Shuey Smith LLC 401 Edwards Street Suite 1300 Shreveport, LA 71101	Psi-Priority Medical Staffing c/o Shuey Smith LLC 401 Edwards Street Shreveport, LA 71101	Staffing Agreement		50,079.26
PSS PO Box 846260 Dallas, TX 75284	PSS PO Box 846260 Dallas, TX 75284	Invoice: 86782283, 86852093, 86938048, 87027189, 87027391, 87064676, 87077762, 87079909, 87089529		756.26
Shaw Oxygen Company 2914 Desiard Street Monroe, LA 71210	Shaw Oxygen Company 2914 Desiard Street Monroe, LA 71210	Invoice: 8715N		537.16
Simplex Grimmell Dept Ch 10320 Palatine, IL 60055	Simplex Grimmell Dept Ch 10320 Palatine, IL 60055	Invoice: 40470821, 76292615		1,874.00
T-Mobile PO Box 660252 Dallas, TX 75266-0252	T-Mobile PO Box 660252 Dallas, TX 75266-0252	Invoice: 877786813		2,041.71

B4 (Official Form 4) (12/07) - Cont.

In re Meridian Psychiatric Hospital, Inc.
Debtor(s)

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Vandenburg c/o Chris L. Bowman 330 Main Street Jonesboro, LA 71251	Vandenburg c/o Chris L. Bowman 330 Main Street Jonesboro, LA 71251	Rental Agreement		277,000.00

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

I, the Vice President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date August 22, 2013Signature /s/ Eghosa Aideyan
Eghosa Aideyan
Vice President

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

Afni
404 Brock Drive
POB 3715
Bloomington, IL 61702

AmericPride
PO Box 667
Bemidji, MN 56619

AT&T
PO Box 667
Atlanta, GA 30348

ATP Lock and Key
1411 Farmerville Hwy
Ruston, LA 71270

CareLearning
100 Association Drive
Charleston, WV 25311

Cindy Savell
c/o Mark Perkins
Perkins & Associates
401 Market Street, Suite 900
Shreveport, LA 71101

Confidential Research Services
PO Box 999
Harvey, LA 70059

Dubach Air & Heat
629 Ball Road
Dubach, LA 71235

Fuqua Paper Supply LLC, et al
c/o Chris L Bowman
330 East Main Street
PO Box 19
Jonesboro, LA 71251

Holsteads
1718 Trade Drive
Ruston, LA 71270

ICS
One Renaissance Blvd
Oakbrook Terrace, IL 60181

Impact
1809 Northpointe Lane
Suite 203
Ruston, LA 71270

InfoCubic
9250 E. Costilla Avenue
Suite 525
Greenwood Village, CO 80112

Internal Revenue Service
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101

LA Workforce Commission
PO Box 60019
New Orleans, LA 70160

LapCorp
PO Box 12140
Burlington, NC 27216

Louisiana Department of Revenue
POB 1231
Baton Rouge, LA 70821

Louisiana Department of Revenue
PO Box 1231
Baton Rouge, LA 70821

Medical Temps, Inc.
c/o Joseph Fick, Jr.
Newman, Mathis, Brady & Spedale
212 Veterans Blvd.
Metairie, LA 70005

MedPre Disposal
75 Executive Drive
Suite 202
Aurora, IL 60504

Monroe Welding Supply
410 N 18th Street
PO Box 371
Monroe, LA 71210

Office Techs
102 South Trenton
Ruston, LA 71270

One Tree Psychiatry
101 N 2nd Street
Suite 104
West Monroe, LA 71291

Psi-Priority Medical Staffing
c/o Shuey Smith LLC
401 Edwards Street
Suite 1300
Shreveport, LA 71101

PSS
PO Box 846260
Dallas, TX 75284

Public Safety Innovations
122 Hubbard Road
Winnfield, LA 71483

Safety Security Results
3305 Arthur Drive
Ruston, LA 71270

Shaw Oxygen Company
2914 Desiard Street
Monroe, LA 71210

Simplex Grimmell
Dept Ch 10320
Palatine, IL 60055

T-Mobile
PO Box 660252
Dallas, TX 75266-0252

Terminix
PO Box 742592
Cincinnati, OH 45274

Vandenburg
c/o Chris L. Bowman
330 Main Street
Jonesboro, LA 71251

**United States Bankruptcy Court
Western District of Louisiana**

In re **Meridian Psychiatric Hospital, Inc.**

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Vice President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **August 22, 2013**

/s/ Eghosa Aideyan

Eghosa Aideyan/Vice President

Signer/Title

**United States Bankruptcy Court
Western District of Louisiana**

In re Meridian Psychiatric Hospital, Inc.

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 Meridian Psychiatric Hospital, Inc. 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:

**Liner Anekwe
c/o Eghosa Aideyan
Registered Agent
146 Shaman Drive
Ruston, LA 71270**

None [*Check if applicable*]

August 22, 2013

Date

/s/ Robert W. Raley

Robert W. Raley #11082

Signature of Attorney or Litigant

Counsel for Meridian Psychiatric Hospital, Inc.

Raley & Associates

290 Benton Road Spur

Bossier City, LA 71111

318-747-2230 Fax:318-747-0106

rraley52@bellsouth.net